EXTENDED TO OCTOBER 15, 2019

## **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.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Form **991** 

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

Inspection

| <u> </u>               | . 0. 0.   | 22017 Calcitual year, or tax year beginning DEC 1, 2017 and   | chaing I          | OV 30, 2010                  |   |  |  |  |
|------------------------|---|---|-------------------|------------------------------|---|--|--|--|
|                        | Check if applicable   | C Name of organization  |                   | D Employer identific         | cation number                                       |  |  |  |
|                        | — Addre   | HEAVY CONSTRUCTORS ASSOCIATION OF THE   |                   |                              |   |  |  |  |
| ⊢                      | chang<br>Name   |   | 23_7              | 154194                       |   |  |  |  |
| 늗                      | lchang<br>Initial   | Doing business as     Number and street (or P.O. box if mail is not delivered to street address)  | <del> </del>      |                              |   |  |  |  |
| F                      | lreturn<br>lFiṇal   | 1100 መል፣እጠሙ   | Room/suite        |                              | 530-1 <u>703</u>                                    |  |  |  |
| _                      | —lreturn.<br>termin<br>ated   |   | I                 | G Gross receipts \$          | 1,557,152.  |  |  |  |
| [                      | Amen  |   |                   | H(a) Is this a group re      |   |  |  |  |
| 一                      | Applic  |   |                   | for subordinates             |   |  |  |  |
|                        | pendir  | SAME AS C ABOVE   | $\kappa l \alpha$ | H(b) Are all subordinates in |   |  |  |  |
|                        | Tax-ex  | empt status 501(c)(3) 501(c) ( 6 ) ◀ (insert no.) 4947(a)(1)  | or 1 527          | If "No," attach a            | list (see instructions)                             |  |  |  |
| J                      | Websit  | te: ► WWW.KCHEAVYCONSTRUCTION.COM   | - 1               | H(c) Group exemption         | n number 🕨  |  |  |  |
|                        |   | organization Corporation X Trust Association Other  | L Year            | of formation: 1972           | A State of legal domicile; MO                       |  |  |  |
| P                      | art I   | Summary   | <del></del>       |                              |   |  |  |  |
| •                      |   | Briefly describe the organization's mission or most significant activities SEE  | SCHEDU            | LE O                         | · <del>- ··· · · · · · · · · · · · · · · · · </del> |  |  |  |
| Governance             |   |   |                   |                              | <del></del>   |  |  |  |
| er i                   | 2   | Check this box   if the organization discontinued its operations or dispo   | sed of more       | 1 . 1                        | sets  |  |  |  |
| ò                      | 3   | Number of voting members of the governing body (Part VI, line 1a)   |                   | 3                            | 4   |  |  |  |
|                        |   | Number of independent voting members of the governing body (Part VI, line 1b)   |                   | 4                            | 0   |  |  |  |
| ries                   | 5   | Total number of individuals employed in calendar year 2017 (Part V, line 2a)  Total number of volunteers (estimate if necessary)  |                   | <u>-</u> 5                   | 0   |  |  |  |
| Activities &           | 72  | · · · · · · · · · · · · · · · · · · ·   | /ED               | 7a                           | 0.  |  |  |  |
| ¥                      | '   | Net unrelated business taxable income from Form 990-T, line 34  |                   | ပါ <u>7</u> b                | 0.  |  |  |  |
|                        |   | d.  | \\                | Prior Year                   | Current Year  |  |  |  |
| _                      | 8   | Contributions and grants (Part VIII, line 1h)  Program service revenue (Part VIII, line 2g)   | 2019              | တ် 1 0.                      | 0.  |  |  |  |
| an a                   | 9   | Program service revenue (Part VIII, line 2g)  |                   | <b>毕1,785,543</b> 。          | 1,550,134.  |  |  |  |
| Revenue                | 10  | Investment income (Part VIII, column (A), lines 3, 4, and 7d)   |                   | 10,835.                      | 7,018.  |  |  |  |
| α.                     | 11  | Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) |                   | 0.                           | 0.  |  |  |  |
|                        | 12  | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  |                   | 1,796,378.                   | 1,557,152.  |  |  |  |
|                        | 13  | Grants and similar amounts paid (Part IX, column (A), lines 1-3)  |                   | 1,014,645.                   | 1,572,606.  |  |  |  |
|                        | 14  | Benefits paid to or for members (Part IX, column (A), line 4)   |                   | 0.                           | 0.  |  |  |  |
| S                      | 15  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | 0.                | 0.                           |   |  |  |  |
| Expense                | 16a   | Professional fundraising fees (Part IX, column (A), line 11e)   | <u>,  </u>        | 0.                           | 0.  |  |  |  |
| Ž                      | Ь.  | Total fundraising expenses (Part IX, column (D), line 25)   | <u> </u>          | 777 070                      | 472 067   |  |  |  |
|                        | ''  | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | _                 | 777,978.                     | 472,067.<br>2,044,673.                              |  |  |  |
|                        | 1   | Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12  | <u></u>           | 3,755.                       | <487,521.>  |  |  |  |
| <u></u>                | $\overline{}$   | nevenue less expenses. Subtract line 16 from line 12  |                   | ginning of Current Year      | End of Year   |  |  |  |
| ets or                 | 20  | Total assets (Part X, line 16)  | 100               | 1,119,252.                   | 684,701.  |  |  |  |
| Asse                   | 21  | Total liabilities (Part X, line 26)   |                   | 0.                           | 0.  |  |  |  |
| Set 1                  | =   | Net assets or fund balances Subtract line 21 from line 20   | <del></del>       | 1,119,252.                   | 684,701.  |  |  |  |
|                        | art II  | Signature Block   |                   |                              |   |  |  |  |
| Und                    | ler pena  | Ities of perjury, I declare that I have examined this return, including accompanying schedule   | s and statem      | ents, and to the best of my  | knowledge and belief, it is                         |  |  |  |
| true                   | , correc  | t, and complete. Declaration of preparer (other than officer) is based on all information of w  | hich preparer     | has any knowledge.           | - / -   |  |  |  |
|                        |   | Milliano  |                   | 10//                         | 9/19  |  |  |  |
| Sig                    | n   | Signature of other  | _                 | Date /                       |   |  |  |  |
| Hei                    | re  | BRIDGETTE WILLIAMS, EXECUTIVE DIRECTOR  | ₹                 |                              |   |  |  |  |
| _                      |   |   | 1                 | Date Check                   | PTIN  |  |  |  |
| Do:                    |   | Print/Type preparer's name Preparer's signature   | [                 | ,,                           |   |  |  |  |
|                        |   |   |                   |                              |   |  |  |  |
| Preparer   Firm's name |   |   |                   |                              |   |  |  |  |
| J36                    | Silly   | KANSAS CITY, MO 64112   | •                 | Phone no 81                  | 6-945-5500  |  |  |  |
| Ma                     | May the IRS discuss this return with the preparer shown above? (see instructions)  X Yes No |   |                   |                              |   |  |  |  |
|                        | 01 11-2   | · · · · · · · · · · · · · · · · · · ·   | ons.              | <del></del>                  | Form <b>990</b> (2017)                              |  |  |  |
|                        |   | EE SCHEDULE O FOR ORGANIZATION MISSION ST   |                   | T CONTINUAT                  | · · ·   |  |  |  |

# HEAVY CONSTRUCTORS ASSOCIATION OF THE GRTR KC AREA INDUS ADVCMT FUND

| Form      | 990 (2017) GRTR KC AREA INDUS ADVCMT FUND  | 23-7154194                 | Page 2       |
|-----------|--|----------------------------|--------------|
|           | rt III Statement of Program Service Accomplishments  |                            |              |
|           | ' Check if Schedule O contains a response or note to any line in this Part III                                     |                            | X            |
| 1         | Briefly describe the organization's mission  |                            |              |
|           | SEE SCHEDULE O   |                            |              |
|           |  |                            |              |
|           |  |                            |              |
|           |  |                            |              |
| 2         | Did the organization undertake any significant program services during the year which were not listed on the       |                            | -            |
|           | prior Form 990 or 990-EZ?  | Yes                        | X No         |
|           | 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?       | Yes                        | X No         |
|           | If "Yes," describe these changes on Schedule O   |                            |              |
| 4         | Describe the organization's program service accomplishments for each of its three largest program services, as     |                            |              |
|           | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other | rs, the total expenses, ar | nd           |
|           | revenue, if any, for each program service reported   |                            | <del>,</del> |
| 4a        | (Code) (Expenses \$ 2,044,673. including grants of \$) (Reven  |                            |              |
|           | TO ADMINISTER PROGRAMS FOR THE PURPOSE OF PROMOTING AND  | ADVANCING TH               | <u> </u>     |
|           | CONSTRUCTION INDUSTRY.   |                            |              |
|           |  |                            |              |
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|           |  | <del></del>                |              |
|           |  |                            |              |
|           |  |                            |              |
| 4b        | (Code) (Expenses \$) (Reven  | ue \$                      | )            |
|           |  |                            |              |
|           |  |                            |              |
|           |  |                            |              |
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|           |  |                            |              |
|           |  |                            |              |
| 4c        | (Code) (Expenses \$) (Reven  | ue \$                      | )            |
|           |  |                            |              |
|           |  |                            |              |
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|           |  |                            |              |
|           |  |                            |              |
|           |  |                            |              |
| 4d        | Other program services (Describe in Schedule O)  |                            |              |
|           | (Expenses \$ including grants of \$ ) (Revenue \$  |                            |              |
| <u>4e</u> | Total program service expenses ► 2,044,673.  | Δ                          | 90 (2017)    |

Form 990 (2017) GRTR KC AREA INDUS ADVCMT FUND
Part IV Checklist of Required Schedules 23-7154194

|     | 1   |     | 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   |     | Х        |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for   |     |     |          |
|     | public office? If "Yes," complete Schedule C, Part I  | 3   | X   |          |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect  |     |     |          |
|     | during the tax year? If "Yes," complete Schedule C, Part II   | 4   |     |          |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or  |     |     |          |
|     | similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III  | 5   | X   |          |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to   |     | -   |          |
|     | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  | 6   |     | X        |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space,   |     |     |          |
|     | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | 7   |     | X        |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete  |     |     |          |
|     | Schedule D, Part III  | 8   |     | X        |
| 9   | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for   |     |     |          |
|     | amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?   |     |     |          |
|     | If "Yes," complete Schedule D, Part IV  | 9   |     | Х        |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent   |     |     |          |
|     | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  | 10  |     | 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 |     | X        |
| 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 |     | X        |
| С   | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total  |     |     |          |
|     | assets reported in Part X, line 167 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 167 If "Yes," complete Schedule D, Part IX   | 11d |     | X        |
|     | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | 11e |     | X        |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses   |     | ₹.  |          |
|     | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  | 11f | Х   |          |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete   |     |     |          |
|     | Schedule D, Parts XI and XII  | 12a |     | Х        |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year?   | 40: |     | х        |
| 12  | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional to the organization a school described in section 170(b)(1)(A)(i)(2, if   Ves,   a second to Cabada S | 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?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,        | 14a |     | ┝▀       |
| O   | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000  |     |     |          |
|     | or more? If "Yes," complete Schedule F, Parts I and IV  | 14b |     | Х        |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any   | 140 |     | <u> </u> |
|     | foreign organization? If "Yes," complete Schedule F, Parts II and IV  | 15  |     | Х        |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to  |     |     |          |
|     | 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,   |     |     |          |
| ••  | 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  |     |     |          |
|     | 1c and 8a? If "Yes," complete Schedule G, Part II   | 18  |     | х        |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"  |     |     |          |
|     | complete Schedule G. Part III   | 19  |     | х        |
|     | MATHEMATIC CONTINUES OF LITTLE III  |     | 990 |          |

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GRTR KC AREA INDUS ADVCMT FUND

| Pa  | TIV Checklist of Hequirea Schedules (continued)   |     |     |          |
|-----|---|-----|-----|----------|
|     | •   |     | Yes |          |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                                     | 20a | L   | X        |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                    | 20b |     | <u> </u> |
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or                     | ł   |     | İ        |
|     | domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II                               | 21  | Х   | <u> </u> |
| 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 29 If "Yes," complete Schedule I, Parts I and III   | 22  | X   | <u> </u> |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current      |     |     |          |
|     | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete                  |     | 1   | Ì        |
|     | Schedule J .  | 23  | X   | Ĺ        |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the         |     |     |          |
|     | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete              |     |     |          |
|     | Schedule K If "No", go to line 25a  | 24a |     | X        |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                               | 24b |     |          |
| С   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease            |     |     |          |
|     | any tax-exempt bonds?   | 24c |     |          |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                         | 24d |     |          |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit                    |     |     |          |
|     | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I                                   | 25a |     |          |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and      |     |     |          |
|     | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete           |     |     |          |
|     | Schedule L, Part I  | 25b |     |          |
| 26  | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or           |     |     |          |
|     | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"          |     |     |          |
|     | complete Schedule L, Part II  | 26  |     | 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             |     |     |          |
|     | of any of these persons? If "Yes," complete Schedule L, Part III  | 27  |     | X        |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV               |     |     |          |
|     | instructions for applicable filing thresholds, conditions, and exceptions)  |     | l.  |          |
| а   | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV                         | 28a |     | X        |
| ь   | 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 |     | 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  |     | X        |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations?  |     |     |          |
|     | If "Yes," complete Schedule N, Part I   | 31_ | L   | 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  |     | X        |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations                      |     |     |          |
|     | sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I   | 33  |     | X        |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and       |     |     |          |
|     | Part V, line 1  | 34  | Х   |          |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a |     | Х        |
|     | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity       |     |     |          |
|     | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   | 35b |     | L        |
| 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  |     | <u> </u> |
| 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   |          |

Form **990** (2017)

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| Pa     | Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V   |  |   |               |  |  |  |  |  |
|--------|--|--|---|---------------|--|--|--|--|--|
|        |  |  | Yes                                     | No            |  |  |  |  |  |
| 1a     | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  |  | <b>3</b> .43                            | 340           |  |  |  |  |  |
|        | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0  |  |   |               |  |  |  |  |  |
| С      | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming   |  |   |               |  |  |  |  |  |
|        | (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   | Х                                       |               |  |  |  |  |  |
|        | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  | 2000                                       | 77.75<br>27.75                          |               |  |  |  |  |  |
| За     | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3a   | L                                       | X             |  |  |  |  |  |
| b      | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O   | 3b   |   |               |  |  |  |  |  |
| 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   |   | Х             |  |  |  |  |  |
| b      | If "Yes," enter the name of the foreign country  |  | 2.00 P                                  |               |  |  |  |  |  |
|        | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)   | 23   | نَّهُ الْ                               |               |  |  |  |  |  |
| 5a     | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a   |   | X             |  |  |  |  |  |
| b      | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b   |   | X             |  |  |  |  |  |
| c      | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?   | 5c   |   |               |  |  |  |  |  |
| 6a     | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit  |  |   |               |  |  |  |  |  |
|        | any contributions that were not tax deductible as charitable contributions?  | 6a   |   | X             |  |  |  |  |  |
| b      | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts   |  |   |               |  |  |  |  |  |
|        | were not tax deductible?   | 6b   | 201 C . 01                              | . > 9494      |  |  |  |  |  |
| 7      | Organizations that may receive deductible contributions under section 170(c).  |  | 18 N                                    |               |  |  |  |  |  |
| а      | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  | 7a   |   | —             |  |  |  |  |  |
|        | If "Yes," did the organization notify the donor of the value of the goods or services provided?  |  |   |               |  |  |  |  |  |
| С      | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required  |  |   | ŀ             |  |  |  |  |  |
|        | to file Form 8282?   | 7c   | V 34                                    | 5 14 (Sec. 2) |  |  |  |  |  |
|        | If "Yes," indicate the number of Forms 8282 filed during the year 7d   | -<br>5.79                                  | <u> </u>                                |               |  |  |  |  |  |
| е      | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e   |   |               |  |  |  |  |  |
| f      | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7f   |   | -             |  |  |  |  |  |
| 9      | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7g   |   | ├             |  |  |  |  |  |
| _      | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | <b>7h</b>                                  | ٠, ١٠٠٠ ، ٢                             | 27.0          |  |  |  |  |  |
| 8      | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the   | 322  | £ £                                     | ii S          |  |  |  |  |  |
| ^      | sponsoring organization have excess business holdings at any time during the year?   | 8  | `2 " Sar                                | 1 30,25       |  |  |  |  |  |
| 9      | Sponsoring organizations maintaining donor advised funds.  |  | تحسد                                    | تنسنت         |  |  |  |  |  |
| a      | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a<br>9b                                   |   | <del> </del>  |  |  |  |  |  |
| 10     | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9D   |   | 72234         |  |  |  |  |  |
| 10     | Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12  | 1 3 S                                      | 1875                                    |               |  |  |  |  |  |
| a<br>b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | 177 S                                      | ,                                       |               |  |  |  |  |  |
| 11     | Section 501(c)(12) organizations. Enter  |  |   |               |  |  |  |  |  |
|        | Gross income from members or shareholders  |  |   |               |  |  |  |  |  |
| b      | Gross income from other sources (Do not net amounts due or paid to other sources against   |  | ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) |               |  |  |  |  |  |
| -      | amounts due or received from them)   |  | 16.03                                   |               |  |  |  |  |  |
| 12a    |  | 12a  | تضنيخ                                   |               |  |  |  |  |  |
|        | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b  |  | ija<br>Kali                             |               |  |  |  |  |  |
| 13     | Section 501(c)(29) qualified nonprofit health insurance issuers.   |  |   |               |  |  |  |  |  |
|        | Is the organization licensed to issue qualified health plans in more than one state?   | 13a  |   |               |  |  |  |  |  |
| _      | Note. See the instructions for additional information the organization must report on Schedule O   | 16 12 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | , , , ,                                 | - 199         |  |  |  |  |  |
| ь      | Enter the amount of reserves the organization is required to maintain by the states in which the   |  | 1200 m                                  |               |  |  |  |  |  |
| -      | organization is licensed to issue qualified health plans   |  |   |               |  |  |  |  |  |
| c      | Enter the amount of reserves on hand   |  |   |               |  |  |  |  |  |
|        | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a  |   | Х             |  |  |  |  |  |
|        | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  | 14b  |   |               |  |  |  |  |  |
|        | The state of the s |  | 990                                     | /2017         |  |  |  |  |  |

HEAVY CONSTRUCTORS ASSOCIATION OF THE GRTR KC AREA INDUS ADVCMT FUND 23-7154194 Form 990 (2017) 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  $\overline{\mathbf{X}}$ Check if Schedule O contains a response or note to any line in this Part VI Section 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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 4 b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? 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? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7h persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a a The governing body? X 8b b Each committee with authority to act on behalf of the governing body? 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 Section B. Policies This Section B requests information about policies not required by the Internal Revenue Code.)

|     | This decilon b requests information about policies for required by the internal referred dode.   |      | Yes         | No                                     |
|-----|--|------|-------------|--|
| 10a | Did the organization have local chapters, branches, or affiliates?   | 10a  |             | Х                                      |
|     | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,   |      |             |  |
|     | and branches to ensure their operations are consistent with the organization's exempt purposes?  | 10b  |             |  |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | 11a  |             | X                                      |
| b   | and the state of t |      |             |  |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13  | 12a  |             | X                                      |
| b   | and the second s | 12b  |             |  |
| c   | The state of the s |      |             |  |
| _   | in Schedule O how this was done  | 12c  |             |  |
| 13  | Did the organization have a written whistleblower policy?  | 13   |             | Х                                      |
| 14  | Did the organization have a written document retention and destruction policy?   | 14   |             | Х                                      |
| 15  | Did the process for determining compensation of the following persons include a review and approval by independent   |      |             |  |
|     | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  |      |             | ŀ                                      |
| а   | The organization's CEO, Executive Director, or top management official   | 15a  |             | X                                      |
|     | Other officers or key employees of the organization  | 15b  |             | х                                      |
|     | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  | 100  |             |  |
| 162 | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a  |      |             |  |
| 104 | taxable entity during the year?  | 16a  |             | X                                      |
| b   |  | 100  |             |  |
| ь   |  |      |             |  |
|     | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's   | 16b  | <del></del> |  |
|     | exempt status with respect to such arrangements?   | LIOD | Щ.,,        | ــــــــــــــــــــــــــــــــــــــ |

| 17 | List the states with which a copy of this Form 550 is required to be filled F   |  |  |  |  |  |  |  |  |
|----|---|--|--|--|--|--|--|--|--|
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available  |  |  |  |  |  |  |  |  |
|    | for public inspection. Indicate how you made these available. Check all that apply.   |  |  |  |  |  |  |  |  |
|    | Own website Another's website X Upon request Other (explain in Schedule O)  |  |  |  |  |  |  |  |  |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial |  |  |  |  |  |  |  |  |
|    | statements available to the public during the tax year.   |  |  |  |  |  |  |  |  |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records                            |  |  |  |  |  |  |  |  |
|    | BRIDGETTE WILLIAMS - 816-753-6443   |  |  |  |  |  |  |  |  |
|    | 1100 WALNUT ST STE 2950, KANSAS CITY, MO 64106  |  |  |  |  |  |  |  |  |
|    |   |  |  |  |  |  |  |  |  |

NONE

732006 11-28-17

Section C. Disclosure

List the extremited with which a permit of this Enem 000 is required to be filled

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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

## 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 organiz |                     | or any related organization compensate  |                       |               |              |                                 |              | sated any current officer, director, or trustee |                                  |                          |  |  |
|---------------------------------------|---------------------|---|-----------------------|---------------|--------------|---------------------------------|--------------|---|----------------------------------|--------------------------|--|--|
| (A)                                   | (B)                 |   |                       |               |              | _                               |              | (D)   | (E)                              | (F)                      |  |  |
| Name and Title                        | Average             | Position<br>(do not check more than one |                       |               |              |                                 |              | Reportable                                      | Reportable                       | Estimated                |  |  |
|                                       | hours per           | box                                     | , unle                | ss per        | son i        | s both                          | an           | compensation                                    | compensation                     | amount of                |  |  |
|                                       | week                | ⊢                                       |                       | Γ             | 1            | T                               |              | from  | from related                     | other                    |  |  |
|                                       | (list any hours for | in Signatura                            |                       |               |              | _                               |              | the organization                                | organizations<br>(W-2/1099-MISC) | compensation<br>from the |  |  |
|                                       | related             | 9                                       | eg<br>gg              |               |              | Sate                            |              | (W-2/1099-MISC)                                 | (** 2) 1033 (***00)              | organization             |  |  |
|                                       | organizations       | Individual trustee or director          | Institutional trustee |               | ae<br>Ae     | Highest compensated<br>employee |              | (** = * * * * * * * * * * * * * * * * *         |                                  | and related              |  |  |
|                                       | below               | deal                                    | e da                  | <sub>is</sub> | Key employee | est co                          | ie.          |   |                                  | organizations            |  |  |
|                                       | line)               | 횰                                       | ııstı                 | Officer       | ķ            | E High                          | Former       |   |                                  |                          |  |  |
| (1) TREY BOWEN                        | 10.00               |   |                       |               | 1            |                                 |              |   |                                  |                          |  |  |
| PAST PRESIDENT                        | 10.00               | X                                       | L                     | L.            | L            | ╙                               |              | 0.  | 0.                               | 0.                       |  |  |
| (2) BARCLAY HORNUNG                   | 10.00               |   |                       |               | 1            |                                 |              |   |                                  |                          |  |  |
| IMMEDIATE PAST PRESIDENT              | 10.00               | X                                       | <u> </u>              |               | _            |                                 |              | 0.  | 0.                               | 0.                       |  |  |
| (3) DAVID KISSICK                     | 10.00               |   |                       |               | 1            |                                 |              |   |                                  | _                        |  |  |
| PRESIDENT                             | 10.00               | X                                       |                       | X             | _            | igspace                         |              | 0.  | 0.                               | 0.                       |  |  |
| (4) PATRICK O'DONNELL                 | 10.00               |   |                       |               | l            |                                 |              |   | _                                | _                        |  |  |
| VICE PRESIDENT                        | 10.00               | X                                       | _                     | Х             | _            |                                 |              | 0.  | 0.                               | 0.                       |  |  |
| (5) EDWARD DESOIGNIE                  | 20.00               | 1                                       |                       |               |              |                                 |              |   |                                  | _                        |  |  |
| FORMER EXECUTIVE DIRECTOR             | 40.00               | Ļ                                       | <u> </u>              | Х             | _            | $oxed{oxed}$                    |              | 0.  | 236,898.                         | 0.                       |  |  |
| (6) BRIDGETTE WILLIAMS                | 20.00               | 1                                       |                       |               |              |                                 |              |   |                                  |                          |  |  |
| EXECUTIVE DIRECTOR                    | 40.00               |   |                       | Х             | L            | <u> </u>                        |              | 0.  | 184,551.                         | 15,000.                  |  |  |
| (7) STEVE KELLERMEN                   | 10.00               |   |                       |               |              | ŀ                               |              |   |                                  |                          |  |  |
| TREASURER                             | 10.00               | $\vdash$                                | _                     | X             |              | <u> </u>                        |              | 0.  | 0.                               | 0.                       |  |  |
|                                       |                     | ł                                       |                       |               |              |                                 |              |   |                                  | !                        |  |  |
|                                       |                     | ⊢                                       | <b> </b> -            |               |              | $\vdash$                        |              |   |                                  |                          |  |  |
|                                       |                     | ł                                       |                       |               | l            |                                 | ŀ            |   |                                  |                          |  |  |
|                                       |                     | ⊢                                       | -                     | -             | ┝            | ⊢                               | _            |   |                                  |                          |  |  |
|                                       | <u> </u>            | ł                                       |                       |               |              |                                 |              |   |                                  | •                        |  |  |
|                                       |                     | ⊢                                       | ⊢                     | H             | ⊢            | -                               |              |   |                                  |                          |  |  |
|                                       |                     | ┨                                       |                       |               |              |                                 |              |   |                                  |                          |  |  |
|                                       |                     | <del> </del>                            | _                     | H             | -            |                                 |              | <u> </u>  |                                  |                          |  |  |
|                                       |                     | ł                                       |                       |               |              |                                 |              |   |                                  |                          |  |  |
|                                       |                     | ┢                                       | ⊢                     | H             | ⊢            | -                               |              |   |                                  |                          |  |  |
|                                       |                     | ł                                       |                       |               |              |                                 |              |   |                                  | •                        |  |  |
|                                       |                     | ├─                                      | ⊢                     |               | ⊢            | $\vdash$                        | -            |   |                                  |                          |  |  |
|                                       |                     | ł                                       |                       |               |              |                                 |              |   |                                  |                          |  |  |
|                                       |                     | $\vdash$                                | $\vdash$              |               | $\vdash$     | $\vdash$                        | $\vdash$     | -   |                                  |                          |  |  |
|                                       |                     | 1                                       |                       |               | 1            |                                 |              |   |                                  |                          |  |  |
|                                       |                     | $\vdash$                                | $\vdash$              | $\vdash$      | $\vdash$     | $\vdash$                        | <del> </del> |   | _                                |                          |  |  |
|                                       | -                   | ł                                       |                       |               |              |                                 |              |   |                                  |                          |  |  |
|                                       |                     | $\vdash$                                | $\vdash$              | $\vdash$      |              | $\vdash$                        |              |   |                                  | - ,                      |  |  |
|                                       |                     | 1                                       |                       |               |              |                                 |              |   |                                  |                          |  |  |
|                                       |                     | <u> </u>                                |                       |               | L            |                                 | L            | L   | L                                | <u> </u>                 |  |  |

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Form 990 (2017)

| (A) Name and title  | tees, Key Emp<br>(B)<br>Average   |                 |  | (C<br>Pos | C)<br>ition  | 1        |                                      | (D)  Reportable          | (E)  Reportable   |  | Es  | (F)<br>timate | ed               |  |                              |
|---|---|-----------------|--|-----------|--|----------|--------------------------------------|--------------------------|-------------------|--|---|---------------|------------------|--|------------------------------|
| Name and the  | hours per<br>week<br>(list any<br>hours for<br>related<br>organizations<br>below<br>line) | tee or director | do not check more than one to the community in the commun |           | box, unless person is both officer and a director/truste |          | rson is both an<br>director/trustee) |                          | tee)              | compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | compensation<br>from related<br>organization<br>(W-2/1099-MIS | on<br>d<br>is | com<br>fr<br>org | nount of other pensar om the anization direlated | of<br>tion<br>e<br>ion<br>ed |
|   |   |                 |  |           |  |          |                                      |                          |                   |  |   |               |                  |  |                              |
|   |   | _               |  |           |  | _        |                                      |                          |                   |  |   |               |                  |  |                              |
|   |   | _               |  |           | ļ  | _        |                                      |                          |                   |  |   |               |                  |  |                              |
|   |   | <br>            |  |           |  |          | _                                    |                          |                   |  |   |               |                  |  |                              |
|   |   |                 |  |           |  | -        |                                      |                          |                   |  |   |               |                  |  |                              |
|   |   | _               |  | <u>.</u>  |  | <u> </u> |                                      |                          |                   |  |   |               |                  |  |                              |
|   |   |                 |  |           |  |          |                                      |                          |                   |  |   |               |                  |  |                              |
|   |   | _               |  |           |  |          |                                      |                          |                   |  |   |               |                  |  |                              |
| 1b Sub-total  |   | l               |  |           | <u> </u>   | <u> </u> | <u> </u>                             | 0.                       | 421,4             |  | 1   | 5,0           |                  |  |                              |
| c Total from continuation sheets to Part VI<br>d Total (add lines 1b and 1c)                    | I, Section A  |                 |  |           |  |          | <b>▶</b>                             | 0.                       | 421,4             | 0.<br>49.  | 1   | 5,00          | 0.<br>00.        |  |                              |
| Total number of individuals (including but n compensation from the organization                 | ot limited to th  | ose             | liste  | d at      | ove  | e) wh    | o re                                 | eceived more than \$100, | 000 of reportable | e  |   |               | 0                |  |                              |
| 3 Did the organization list any former officer,   | director, or tru  | uste            | e, ke  | y en      | nplo   | yee,     | or i                                 | highest compensated er   | mployee on        | ſ  |   | Yes           | No               |  |                              |
| line 1a? If "Yes," complete Schedule J for s  4 For any individual listed on line 1a, is the su | ım of reportabl   |                 |  |           |  |          |                                      |                          | he organization   |  | 3<br>   |               | <u> </u>         |  |                              |
| and related organizations greater than \$150 bid any person listed on line 1a receive or a      | accrue comper   | ısatı           | on fr  | om        | any  | unre     |                                      |                          | dual for services | -  | 4   | х<br>—        |                  |  |                              |
| rendered to the organization? If "Yes." com<br>Section B. Independent Contractors               |   |                 |  |           |  |          |                                      |                          |                   |  | 5   |               | Х                |  |                              |
| Complete this table for your five highest co<br>the organization. Report compensation for       |   |                 |  |           |  |          |                                      |                          |                   | pensat   | ion fro   | m             |                  |  |                              |
| (A)<br>Name and business  | address   | N               | ONE  | 3         |  |          |                                      | (B)<br>Description of s  | services          | C  | (C<br>ompe  | ;)<br>nsation | n                |  |                              |
|   |   |                 |  |           |  |          | _                                    |                          |                   |  |   |               |                  |  |                              |
|   |   |                 |  |           |  |          |                                      |                          |                   |  |   |               |                  |  |                              |
|   |   |                 |  |           |  |          | _                                    |                          |                   |  |   | _             |                  |  |                              |
|   |   |                 |  |           |  |          |                                      |                          |                   |  |   |               |                  |  |                              |
| O. Table who of advantage in the  | - فيط جميلومياوم  | _4 1            |  |           | <b>.</b>   |          |                                      | abaya) who was a         | are then          |  |   |               |                  |  |                              |
| Total number of independent contractors (ii     \$100,000 of compensation from the organic      |   | oc 111          | ····ec   | . 10      |  | )        |                                      | above) who received mi   | ore urall         | ·  | Form  | 990 (2        | 2017             |  |                              |
|   |   |                 |  |           |  |          |                                      |                          |                   |  | OITH  | (             | ۱/۱ ب            |  |                              |

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# HEAVY CONSTRUCTORS ASSOCIATION OF THE GRTR KC AREA INDUS ADVCMT FUND

Rart VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or (D) Revenue excluded from tax under (C) Unrelated Total revenue business exempt function revenue revenue 1 a Federated campaigns b Membership dues Fundraising events d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above Q Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f Business Code 1,511,024.1,511,024. 2 a COLLECTIVE BARGAINING 900099 **b MEETING & APPRECIATION** 900099 39,110. f All other program service revenue 550,134. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 7,018. 7,018. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c) See Part IV, line 18 Other b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses . c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a d All other revenue Total. Add lines 11a-11d 1,557,152.1 Total revenue. See instructions. Form 990 (2017) 732009 11-28-17

23-7154194 Page 10

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b, Management and Program service 7b, 8b, 9b, and 10b of Part VIII expenses expenses general expenses Grants and other assistance to domestic organizations 1,564,606 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 8,000. individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes Fees for services (non-employees) 286,175. Management Legal 6,500. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, 30,738 column (A) amount, list line 11g expenses on Sch O.) 48,142. Advertising and promotion 12 5,226. Office expenses 13 Information technology 14 15 Royalties 16 Occupancy Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 95,281. Conferences, conventions, and meetings 19 20 21 Payments to affiliates Depreciation, depletion, and amortization 22 23 Insurance 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.) PAYROLL EXPENSES All other expenses 2,044,673 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720)

16071017 143399 395586

| art X                            | Balance Sheet   |                                       |  |  |
|----------------------------------|---|---------------------------------------|--|--|
| -                                | Check if Schedule O contains a response or note to any line in this Part X        | · · · · · · · · · · · · · · · · · · · |  |  |
|                                  |   | (A)<br>Beginning of year              |  | (B)<br>End of year                         |
| 1                                | Cash - non-interest-bearing   | 361,809.                              | 1  | 192,116                                    |
| 2                                | Savings and temporary cash investments  | 209,616.                              | 2  | 73,358                                     |
| 3                                | Pledges and grants receivable, net  |                                       | 3  |  |
| 4                                | Accounts receivable, net  |                                       | 4  |  |
| 5                                | Loans and other receivables from current and former officers, directors,          |                                       | CONTRACT CON |  |
| •                                | trustees, key employees, and highest compensated employees Complete               |                                       |  |  |
| İ                                | Part II of Schedule L   |                                       | 5  |  |
| 6                                | Loans and other receivables from other disqualified persons (as defined under     |                                       | i v  | 4-1-5-1-6-1-6                              |
|                                  | section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing |                                       |  |  |
|                                  | employers and sponsoring organizations of section 501(c)(9) voluntary             |                                       |  |  |
| .                                | employees' beneficiary organizations (see instr). Complete Part II of Sch L       |                                       | 6  | <u>                                   </u> |
| 7                                | Notes and loans receivable, net   |                                       | 7  |  |
| į ΄ β                            | Inventories for sale or use   |                                       | 8  |  |
| 9                                | Prepaid expenses and deferred charges   |                                       | 9  |  |
| 10a                              |   |                                       | (S/8)**  |  |
| '0"                              | basis Complete Part VI of Schedule D 10a  |                                       |  |  |
| b                                |   |                                       | 10c  |  |
| 11                               | Investments - publicly traded securities  | 547,827.                              | 11   | 418,26                                     |
| 12                               | Investments - other securities See Part IV, line 11                               | 31.702.70                             | 12   | 220,20                                     |
| 13                               | Investments - program-related See Part IV, line 11                                |                                       | 13   |  |
| 14                               | Intangible assets   |                                       | 14   |  |
| 15                               | Other assets See Part IV, line 11   | 0.                                    | 15   | . 96                                       |
| 16                               | Total assets. Add lines 1 through 15 (must equal line 34)                         | 1,119,252.                            | 16   | 684,70                                     |
| 17                               | Accounts payable and accrued expenses   | 1/223/2320                            | 17   | 001,10                                     |
| 18                               | Grants payable  |                                       | 18   |  |
| 19                               | Deferred revenue  |                                       | 19   |  |
| 20                               | Tax-exempt bond liabilities   |                                       | 20   |  |
| 21                               | Escrow or custodial account liability Complete Part IV of Schedule D              |                                       | 21   |  |
| 100                              | Loans and other payables to current and former officers, directors, trustees,     | 金香港等等的家庭 各种                           | · Pook   |  |
|                                  | key employees, highest compensated employees, and disqualified persons            |                                       | (\$/\$)<br>(&. &.  |  |
| 22                               | Complete Part II of Schedule L  |                                       | 22   | STATESTA A REPORT A                        |
| 23                               | Secured mortgages and notes payable to unrelated third parties                    |                                       | 23   |  |
| 24                               | Unsecured notes and loans payable to unrelated third parties                      |                                       | 24   |  |
| 25                               | Other liabilities (including federal income tax, payables to related third        |                                       |  |  |
| 23                               | parties, and other liabilities not included on lines 17-24) Complete Part X of    |                                       |  |  |
|                                  | Schedule D  |                                       | 25   |  |
| 26                               | Total liabilities. Add lines 17 through 25  | 0.                                    | 26   |  |
| 125                              | Organizations that follow SFAS 117 (ASC 958), check here X and                    |                                       | ~ 4 JS   | CITTERVARE                                 |
|                                  | complete lines 27 through 29, and lines 33 and 34.                                |                                       | 東京 東京 東京 東京 東京 東京 東京 東京 東京 東京 東京 東京 東京 東   |  |
| 27                               | Unrestricted net assets   | 1,119,252.                            | 27   | 684,70                                     |
| 28                               | Temporarily restricted net assets   |                                       | 28   |  |
| 29                               | Permanently restricted net assets   |                                       | 29   |  |
| 27<br>28<br>29<br>30<br>31<br>32 | Organizations that do not follow SFAS 117 (ASC 958), check here                   | <b>设备建筑公司通过的</b> 企                    | <b>新教教</b>   | <b>化多数的现在分类的</b>                           |
|                                  | and complete lines 30 through 34.   |                                       | 銀合門  |  |
| 30                               | Capital stock or trust principal, or current funds                                |                                       | 30   |  |
| 31                               | Paid-in or capital surplus, or land, building, or equipment fund                  |                                       | 31   |  |
| 32                               | Retained earnings, endowment, accumulated income, or other funds                  |                                       | 32   | <u> </u>                                   |
| 33                               | Total net assets or fund balances   | 1,119,252.                            | 33   | 684,70                                     |
| 1 00                             | rotarios acceso or raine seminoco .   | 1,119,252.                            | 34   | 684,701                                    |

Form 990 (2017)

|      | 990 (2017) GRTR KC AREA INDUS ADVCMT FUND   | 23-       | 7154194       | Pag | <sub>ge</sub> 12 |
|------|---|-----------|---------------|-----|------------------|
| Pa   | rt XI Reconciliation of Net Assets  |           |               |     |                  |
|      | ' Check if Schedule O contains a response or note to any line in this Part XI                                       |           | <del></del> - |     |                  |
|      |   |           | 4             |     |                  |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)   | 1         | 1,55          | 1,1 | 52.              |
| 2    | Total expenses (must equal Part IX, column (A), line 25)  | 2         | 2,04          |     |                  |
| 3    | Revenue less expenses. Subtract line 2 from line 1  | 3         | <487          |     |                  |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                           | 4         | 1,119         |     |                  |
| 5    | Net unrealized gains (losses) on investments  | 5         |               | L,7 | 55.              |
| 6    | Donated services and use of facilities  | 6         |               |     |                  |
| 7    | Investment expenses   | 7         |               |     |                  |
| 8    | Prior period adjustments  | 8         | 52            | 1,2 |                  |
| 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        | 684           | 4,7 | 01.              |
| , Pa | rt XIII Financial Statements and Reporting  |           |               |     | _                |
|      | Check if Schedule O contains a response or note to any line in this Part XII  |           |               |     | بلا              |
|      |   |           |               | Yes | No               |
| 1    | Accounting method used to prepare the Form 990 X Cash Accrual Other   |           |               | ,   | 1                |
|      | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule      | 0         |               |     |                  |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?                     |           | 2a            | X   |                  |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed     | on a      |               |     | ļ                |
|      | separate basis, consolidated basis, or both   |           |               |     | I                |
|      | X Separate basis Consolidated basis Both consolidated and separate basis  |           |               |     |                  |
| b    | Were the organization's financial statements audited by an independent accountant?                                  |           | 2b            |     | X                |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate    | basıs,    |               |     | ı                |
|      | consolidated basis, or both   |           |               |     |                  |
|      | Separate basis Consolidated basis Both consolidated and separate basis  |           |               | ٠   | Í                |
| c    | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the  | audıt,    |               |     |                  |
|      | review, or compilation of its financial statements and selection of an independent accountant?                      |           | 2c            |     | X                |
|      | If the organization changed either its oversight process or selection process during the tax year, explain in Sche  | dule O    | [ - ]         |     |                  |
| За   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin | gle Audr  | : []          |     |                  |
|      | 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  | red audit |               |     |                  |
|      | or audits, explain why in Schedule O and describe any steps taken to undergo such audits                            |           | 3b            |     |                  |
|      |   |           | Form          | 990 | (2017)           |

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

## **Political Campaign and Lobbying Activities**

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

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.

OMB No 1545-0047

2017

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

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

| <ul> <li>Section 501(c)(4), (5), or (6) organiz</li> <li>Name of organization</li> <li>HRAVY</li> </ul> | ations Complete Part III  CONSTRUCTORS ASSOCI   | TATTON OF T                                     | PUR Em  | olover identification number   |
|---|---|---|---|--|
|   | C AREA INDUS ADVCM  |   | L T L L L L L L L L L L L L L L L L L L                                   | 23-7154194   |
| Part I-A   Complete if the or   | rganization is exempt under   | section 501(c)                                  | or is a section 527 o   |  |
|   | nization's direct and indirect political ditures  |   | n Part IV   | \$1,115,100.   |
| Part I-B Complete if the or   | rganization is exempt under   | section 501(c)(                                 | 3).   |  |
| ·   | x incurred by the organization under  |   |   | \$   |
|   | ix incurred by organization managers  |   | •   | \$   |
| 3 If the organization incurred a sect   | ion 4955 tax, did it file Form 4720 for   | this year?                                      |   | Yes No   |
| 4a Was a correction made?   |   |   |   | Yes No   |
| b If "Yes," describe in Part IV   |   |   |   | -1/0)  |
|   | rganization is exempt under   |   | <del></del>   |  |
|   | ed by the filing organization for section   |   |   | \$   |
| 2 Enter the amount of the filing orga   | anization's funds contributed to other  | r organizations for se                          |   | •  |
| exempt function activities  | All of od 5 to be a sed   | F 4400 DOI                                      | •   | \$   |
|   | es Add lines 1 and 2 Enter here and   | on Form 1120-POL                                | ,   | ¢  |
| line 17b  4 Did the filing organization file For  | m 1100 DOL for this year?   |   |   | \$No   |
| contributions received that were j  | employer identification number (EIN)<br>zation listed, enter the amount paid for<br>promptly and directly delivered to a solf<br>If additional space is needed, provide | om the filing organiz<br>eparate political orga | zation's funds Also enter the anization, such as a separa                 | ne amount of political   |
| (a) Name  | (b) Address   | (c) EIN   | (d) Amount paid from<br>filing organization's<br>funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
| GIVE 'EM A BRAKE  | TOPEKA, KS 66612  |   | 1,000   | . 0.   |
|   | PO BOX 411525   |   |   |  |
| PROGRESS KC PAC   | KANSAS CITY, MO 6   |   | 50,000  | . 0.   |
| PARSON & ASSOCIATES   | KANSAS CITY, MO<br>64108  |   | 15,000  | . 0.   |
| FREEDOM   | KANSAS CITY, MO<br>64127  |   | 57,500  | . 0.   |
| KANSAS GOOD ROADS   | 919 S KANSAS AVE<br>TOPEKA, KS 66612  |   | 60,000  | . 0.   |
| KANSAS VALUE  | P.O. BOX 2124<br>TOPEKA, KS 66601   |   | 200,000   | . 0.   |

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

Schedule C (Form 990 or 990-EZ) 2017

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SEE PART IV FOR CONTINUATION

| Schedule C (Form 990 or 990 EZ) 2017 G Part II-A   Complete if the orga | RTR KC ARI                             | BA INDUS ADV<br>mpt under section   | CMT FUND<br>501(c)(3) and file                     | 23-'<br>d Form 5768 (el | 7154194 Page 2 ection under |
|---|--|---|--|-------------------------|-----------------------------|
| section 501(h)).  |  |   |  |                         |                             |
| A Check ► I If the filing organization                                  | on belongs to an af                    | filiated group (and list in   | Part IV each affiliated of                         | group member's nan      | ne, address, EIN,           |
| expenses, and share   |  | •   |  |                         |                             |
| B Check I if the filing organization                                    | on checked box A a                     | and "limited control" pro   | visions apply                                      |                         | <del></del>                 |
| Lımits<br>(The term "expendit   | (a) Filing<br>organization's<br>totals | (b) Affiliated group<br>totals  |  |                         |                             |
| 1a Total lobbying expenditures to influe                                | nce public opinion                     | (grass roots lobbying)  |  |                         |                             |
| <b>b</b> Total lobbying expenditures to influe                          | •                                      |   |  | -                       |                             |
| c Total lobbying expenditures (add line                                 | •                                      | ., ( , 5,   |  |                         |                             |
| d Other exempt purpose expenditures                                     | •                                      |   | Ī  |                         |                             |
| e Total exempt purpose expenditures                                     |  | d)  | ļ  |                         |                             |
| f Lobbying nontaxable amount Enter                                      |  |   | columns  |                         | <del></del>                 |
| If the amount on line 1e, column (a) or                                 | - I                                    | bbying nontaxable am  | 1.5  |                         | 1                           |
| Not over \$500,000  |  | f the amount on line 1e   | Junit is.  |                         |                             |
| •                                 |  |   | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |                         | 1                           |
| Over \$500,000 but not over \$1,000,0                                   |  | 000 plus 15% of the exc   |  |                         |                             |
| Over \$1,000,000 but not over \$1,500                                   | ess over \$1,000,000                   |   |  |                         |                             |
| Over \$1,500,000 but not over \$17,00                                   |  | 000 plus 5% of the exce   | ss over \$1,500,000.                               |                         | ]                           |
| Over \$17,000,000   | \$1,000                                | 1,000   |  |                         | 1                           |
| g Grassroots nontaxable amount (ente                                    | •                                      |   |  |                         |                             |
| i Subtract line 1f from line 1c If zero c                               |  |   | ļ t  |                         | ,                           |
| j If there is an amount other than zero                                 | -                                      | r line 1. did the organiz   | tion file Form 4720                                |                         | <u> </u>                    |
| reporting section 4911 tax for this ye                                  |  | inte ii, did the organiza   | ation me i omi 4720                                |                         | Yes No                      |
| (Some organizations tha   | 4-Year A                               | veraging Period Under<br>501(h) election do not<br>rate instructions for li | nave to complete all of                            | f the five columns b    |                             |
|   | Lobbying Expe                          | enditures During 4-Yea  | r Averaging Period                                 | ···-                    |                             |
| Calendar year<br>(or fiscal year beginning in)                          | (a) 2014                               | <b>(b)</b> 2015   | (c) 2016   | ( <b>d</b> ) 2017       | (e) Total                   |
| 2a Lobbying nontaxable amount   | ,                                      |   |  |                         |                             |
| b Lobbying ceiling amount<br>(150% of line 2a, column(e))               |  |   |  | ····                    |                             |
| c Total lobbying expenditures   |  |   |  |                         |                             |
| d Grassroots nontaxable amount  |  |   |  |                         |                             |
| e Grassroots ceiling amount   | · · · · · · · · · · · · · · · · · · ·  |   | 1  |                         |                             |
| (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 GRTR KC AREA INDUS ADVCMT FUND 23-7154194 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                      | ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description  | (a                | 1)         | (b         | <del>)</del> |
|----------------------------|--|-------------------|------------|------------|--------------|
|                            | e lobbying activity  | Yes               | No         | Amo        | ount         |
| b<br>c<br>d<br>é<br>f<br>g | Mailings to members, legislators, or the public? Publications, or published or broadcast statements?   |                   |            |            |              |
|                            | If "Yes," enter the amount of any tax incurred under section 4912  |                   |            | <u> </u>   |              |
|                            | If "Yes," enter the amount of any tax incurred by organization managers under section 4912   | Alexander Sale    | Alle Sheri | F1 1 7.93  | 5 × 30% 50   |
|                            | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  1:III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).   | on 501(c)(        | 5), or sec |            | 1.00%. 8     |
|                            |  | -                 |            | Yes        | No           |
| 1                          | Were substantially all (90% or more) dues received nondeductible by members?   |                   | 1          |            | X            |
| 2                          | Did the organization make only in-house lobbying expenditures of \$2,000 or less?  |                   | 2          |            | X            |
| 3<br>Par                   | Did the organization agree to carry over lobbying and political campaign activity expenditures from to till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." | on 501(c)(        | 5), or sec |            | 3, is        |
| 1                          | Dues, assessments and similar amounts from members   |                   | 1          | 1.511      | ,024.        |
| 2                          | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)  | ical              | 1, 25, 4   | , -        |              |
| _                          | expenses for which the section 527(f) tax was paid).   |                   | 3.5        |            |              |
| а                          | Current year   |                   | 2a         | 1,115      | ,100.        |
| b                          |  |                   | 2b         |            |              |
| С                          | Total  |                   | 2c         | 1,115      | ,100.        |
| 3                          | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  |                   | 3          | 1,511      | .,024.       |
| 4                          | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex-<br>does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and<br>expenditure next year?  |                   | 4          |            |              |
| _5_                        | Taxable amount of lobbying and political expenditures (see instructions)   |                   | 5_         | <395,      | 924.>        |
| PAF                        | de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated ground inctions), and Part II-B, line 1. Also, complete this part for any additional information are I-C CONTINUATION FOR INCOMPLETE NAME/ADDRESS INF             | p list), Part II- |            | nd 2 (see  |              |
| PAF                        | RSON & ASSOCIATES  |                   |            |            |              |
| <u>151</u>                 | 8 E 18TH ST KANSAS CITY, MO 64108  | Schedu            | le C (Form | 990 or 990 | )-EZ) 2017   |

732043 11-09-17

| Part IV Supplemental Information (continued)            | 23-/154194 Page 4                    |
|---|--------------------------------------|
| FREEDOM   |                                      |
| 1202 BROOKLYN AVE P.O. BOX 270316 KANSAS CITY, MO 64127 |                                      |
| PART I-C CONTINUATION:                                  |                                      |
| ALLIANCE FOR SECURE KANSAS                              |                                      |
| P.O. BOX 5421 TOPEKA, KS 66605                          |                                      |
| COL (D) AMOUNT: 50000. COL (E) AMOUNT: 0.               |                                      |
| SAFERMO.COM   |                                      |
| PO BOX 7653 COLUMBIA, MO 65203                          |                                      |
| COL (D) AMOUNT: 625000. COL (E) AMOUNT: 0.              |                                      |
| WE ARE MO   |                                      |
| 227 JEFFERSON ST JEFFERSON CITY, MO 65101               |                                      |
| COL (D) AMOUNT: 50000. COL (E) AMOUNT: 0.               |                                      |
| A STRONGER DOTTE  |                                      |
| PO BOX 171855 KANSAS CITY, KS 66117                     |                                      |
| COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.                |                                      |
| SAVE KANSAS   |                                      |
| 4831 W 6TH STREET LAWRENCE, KS 66049                    |                                      |
| COL (D) AMOUNT: 1600. COL (E) AMOUNT: 0.                | <del></del>                          |
| NICE  |                                      |
| 2405 GRAND BLVD, STE 106 KANSAS CITY, MO 64108          |                                      |
| COL (D) AMOUNT: 5000. COL (E) AMOUNT: 0.                | Schedule C (Form 990 or 990-EZ) 2017 |

732044 11-09-17

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Supplemental Financial Statements**

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

► Attach to Form 990.

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

Open to Public Inspection

OMB No 1545-0047

HEAVY CONSTRUCTORS ASSOCIATION OF THE

Employer identification number

|          | GRTR KC AREA INDUS   |   | 23-7154194                                 |     |
|----------|--|---|--|-----|
| Pa       | t I Organizations Maintaining Donor Advise                           | ed Funds or Other Similar Funds or                | r Accounts. Complete if the                |     |
|          | organization answered "Yes" on Form 990, Part IV, III                |   |  |     |
|          |  | (a) Donor advised funds                           | (b) Funds and other accounts               |     |
| 1        | Total number at end of year  |   |  |     |
| 2        | Aggregate value of contributions to (during year)                    |   |  |     |
| 3        | Aggregate value of grants from (during year)                         |   |  |     |
| 4        | Aggregate value at end of year                                       |   |  |     |
| 5        | Did the organization inform all donors and donor advisors in         | writing that the assets held in donor advised     | funds                                      |     |
|          | are the organization's property, subject to the organization's       | s exclusive legal control?                        | Yes I                                      | No  |
| 6        | Did the organization inform all grantees, donors, and donor a        | advisors in writing that grant funds can be use   | ed only                                    |     |
|          | for charitable purposes and not for the benefit of the donor         | or donor advisor, or for any other purpose cor    | nferring                                   |     |
|          | impermissible private benefit?                                       |   | Yes Yes                                    | No  |
| Pai      | t II Conservation Easements. Complete if the or                      | rganization answered "Yes" on Form 990, Par       | rt IV, line 7.                             |     |
| 1        | Purpose(s) of conservation easements held by the organizat           | on (check all that apply)                         |  |     |
|          | Preservation of land for public use (e.g., recreation or             | education) Preservation of a historic             | cally important land area                  |     |
|          | Protection of natural habitat  | Preservation of a certific                        | ed historic structure                      |     |
|          | Preservation of open space   |   |  |     |
| 2        | Complete lines 2a through 2d if the organization held a qual         | ified conservation contribution in the form of    | a conservation easement on the last        |     |
|          | day of the tax year  |   | Held at the End of the Tax Ye              | ar  |
| а        | Total number of conservation easements                               |   | 2a   |     |
| b        | Total acreage restricted by conservation easements                   |   | 2b   |     |
| c        | Number of conservation easements on a certified historic str         | ructure included in (a)                           | 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           | sement is located >                               |  |     |
| 5        | Does the organization have a written policy regarding the pe         | eriodic monitoring, inspection, handling of       |  |     |
|          | violations, and enforcement of the conservation easements            | rt holds?   | Yes 🔲 I                                    | No  |
| 6        | Staff and volunteer hours devoted to monitoring, inspecting,         | , handling of violations, and enforcing conserv   | vation easements during the year           |     |
|          | <b>&gt;</b>  |   |  |     |
| 7        | Amount of expenses incurred in monitoring, inspecting, hand          | dling of violations, and enforcing conservation   | n easements during the year                |     |
|          | <b>▶</b> \$  |   |  |     |
| 8        | Does each conservation easement reported on line 2(d) above          | ve satisfy the requirements of section 170(h)(4   | 4)(B)(i)                                   |     |
|          | and section 170(h)(4)(B)(ii)?  |   | Yes 1                                      | No  |
| 9        | In Part XIII, describe how the organization reports conservat        | •   |  |     |
|          | include, if applicable, the text of the footnote to the organization | ation's financial statements that describes the   | organization's accounting for              |     |
| _        | conservation easements   |   | -  |     |
| Pai      | t III Organizations Maintaining Collections o                        |   | er Similar Assets.                         |     |
|          | Complete if the organization answered "Yes" on Forn                  | n 990, Part IV, line 8                            |  |     |
| 1a       | If the organization elected, as permitted under SFAS 116 (AS         |   |  |     |
|          | historical treasures, or other similar assets held for public ex     |   | e of public service, provide, in Part XIII |     |
|          | the text of the footnote to its financial statements that descr      |   |  |     |
| þ        | If the organization elected, as permitted under SFAS 116 (AS         |   |  |     |
|          | treasures, or other similar assets held for public exhibition, e     | education, or research in furtherance of public   | service, provide the following amount      | ts  |
|          | relating to these items  |   |  |     |
|          | (i) Revenue included on Form 990, Part VIII, line 1                  |   | ► \$<br>► \$                               |     |
|          | (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 ga | aın, provide                               |     |
|          | the following amounts required to be reported under SFAS 1           | 116 (ASC 958) relating to these items             |  |     |
| а        | Revenue included on Form 990, Part VIII, line 1                      |   | <b>&gt;</b> \$                             |     |
| <u>b</u> | Assets included in Form 990, Part X                                  |   |  |     |
| LHA      | For Paperwork Reduction Act Notice, see the Instruction              | s for Form 990.                                   | Schedule D (Form 990) 20                   | )17 |

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|          |  | AREA INDU              | -              |                                       |                     |              |                         |              | 54194                                 | <u>Page</u>       | <u>; 2</u> |
|----------|--|------------------------|----------------|---------------------------------------|---------------------|--------------|-------------------------|--------------|---------------------------------------|-------------------|------------|
| Pai      | rt III   Organizations Maintaining C   | ollections of Ar       | t, Histo       | orical Tre                            | asures, o           | r Other      | Simila                  | r Assets     | (continue                             | ed)               |            |
| 3        | Using the organization's acquisition, accessi                                    | on, and other record   | is, check      | any of the f                          | following that      | are a sig    | gnificant i             | use of its o | ollection it                          | ems               |            |
|          | (check all that apply)   |                        |                |                                       |                     |              |                         |              |                                       |                   |            |
| а        | Public exhibition  | •                      | d 🔲            | Loan or exc                           | hange progra        | ams          |                         |              |                                       |                   |            |
| b        | Scholarly research   | •                      | e 🗀            | Other                                 |                     |              |                         |              |                                       |                   |            |
| С        | Preservation for future generations  |                        |                |                                       |                     |              |                         |              |                                       |                   |            |
| 4        | Provide a description of the organization's co                                   | ollections and explai  | n how th       | ey further th                         | ne organizatio      | n's exen     | npt purpo               | se in Part   | XIII.                                 |                   |            |
| 5        | During the year, did the organization solicit o                                  | r receive donations    | of art, his    | storical treas                        | sures, or othe      | er sımılar   | assets                  |              |                                       |                   |            |
|          | to be sold to raise funds rather than to be ma                                   |                        |                |                                       |                     |              |                         |              | Yes                                   | <b> </b>          | No         |
| Pai      | rt IV Escrow and Custodial Arran   |                        |                |                                       |                     | "Yes" on     | Form 990                | ). Part IV.  | ine 9. or                             |                   |            |
|          | reported an amount on Form 990, Pai  |                        |                | <b>3</b>                              |                     |              |                         | , ,          | , -                                   |                   |            |
| 1a       | Is the organization an agent, trustee, custodi                                   | an or other intermed   | diary for o    | contributions                         | s or other ass      | sets not i   | ncluded                 |              |                                       |                   | _          |
|          | on Form 990, Part X?   |                        | ,              |                                       |                     |              |                         |              | Yes                                   |                   | ło         |
| h        | If "Yes," explain the arrangement in Part XIII                                   | and complete the fo    | llowing t      | ahle                                  |                     |              |                         |              |                                       |                   |            |
|          | Tes, explain the arrangement in rate Air   | and complete the re    | mowing t       | abic                                  |                     |              |                         |              | Amount                                |                   | _          |
| _        | Beginning balance  |                        |                |                                       |                     |              | 1c                      |              | 7 4110 4111                           |                   | _          |
|          | Additions during the year  |                        |                |                                       |                     |              | 1d                      |              |                                       |                   | _          |
| d        | Distributions during the year  |                        |                |                                       |                     |              | 1e                      |              |                                       |                   | _          |
| e        | • ,  |                        |                |                                       |                     |              | 1f                      |              |                                       |                   | _          |
| f<br>O-  | Ending balance   | arm 000 Dort V line    | . 01 . 60      |                                       | estadial aggs       | unt label    |                         |              | Yes                                   | $\overline{\Box}$ |            |
| 2a       | Did the organization include an amount on Fo                                     | •                      | -              |                                       |                     |              | ty /                    |              | _ res                                 | <b>"</b>          | 10         |
|          | If "Yes," explain the arrangement in Part XIII  It V Endowment Funds. Complete i |                        |                |                                       |                     |              | ^                       |              |                                       | Щ_                | _          |
| <u> </u> | Endownione Fands: Complete   |                        |                |                                       |                     |              |                         | voore book   | (a) Four v                            | oore bor          |            |
| 4-       | Decrease of week belongs   | (a) Current year       | (6) P          | rior year                             | (c) Two year        | SUACK        | (a) Tillee              | years back   | (e) Four ye                           | iai S Dac         | <u>.K</u>  |
| 1a       | Beginning of year balance  |                        | <del> </del>   |                                       | <del> </del>        |              |                         |              |                                       |                   | _          |
| ь        | Contributions  |                        | <del> </del> - |                                       | <u> </u>            |              | -                       |              |                                       |                   | _          |
| С        | Net investment earnings, gains, and losses                                       |                        |                |                                       | <del> </del>        | +            |                         |              |                                       |                   | _          |
| d        | Grants or scholarships   | <u>.</u>               |                |                                       |                     |              |                         |              |                                       |                   | _          |
| e        | Other expenditures for facilities  |                        |                |                                       |                     |              |                         |              |                                       |                   |            |
|          | and programs   |                        | 1              |                                       | 1                   | -            |                         |              |                                       |                   |            |
| f        | Administrative expenses  |                        | ļ              |                                       |                     |              |                         |              |                                       |                   |            |
| g        | End of year balance  |                        |                |                                       | <u> </u>            |              |                         |              |                                       |                   |            |
| 2        | Provide the estimated percentage of the curr                                     | ent year end balanc    | e (line 1g     | g, column (a)                         | )) held as          |              |                         |              |                                       |                   |            |
| а        | Board designated or quasi-endowment  |                        | %              |                                       |                     |              |                         |              |                                       |                   |            |
| b        | Permanent endowment  | %                      |                |                                       |                     |              |                         |              |                                       |                   |            |
| C        | Temporarily restricted endowment   | %                      |                |                                       |                     |              |                         |              |                                       |                   |            |
|          | The percentages on lines 2a, 2b, and 2c show                                     | uld equal 100%         |                |                                       |                     |              |                         |              |                                       |                   |            |
| 3a       | Are there endowment funds not in the posse                                       | ssion of the organiza  | ation tha      | t are held ar                         | nd administer       | ed for the   | e organiz               | ation        | <b>-</b>                              |                   |            |
|          | by   |                        |                |                                       |                     |              |                         |              | <u>\</u> Y                            | es N              | <u> </u>   |
|          | (i) unrelated organizations  |                        |                |                                       |                     |              |                         |              | 3a(i)                                 |                   |            |
|          | (ii) related organizations   |                        |                |                                       |                     |              |                         | -            | 3a(ii)                                |                   |            |
| b        | If "Yes" on line 3a(ii), are the related organiza                                | itions listed as requi | red on S       | chedule R?                            |                     | _            |                         |              | 3b                                    |                   |            |
| 4        | Describe in Part XIII the intended uses of the                                   |                        | wment f        | unds                                  |                     |              |                         |              | <del></del>                           |                   |            |
| Par      | rt VI Land, Buildings, and Equipm  | ent.                   |                |                                       |                     |              |                         |              |                                       |                   |            |
|          | Complete if the organization answered  | d "Yes" on Form 990    | 0, Part IV     | , line 11a S                          | ee Form 990         | , Part X,    | line 10                 |              |                                       |                   |            |
|          | Description of property  | (a) Cost or o          |                |                                       | or other<br>(other) |              | ccumulato<br>preciation | I            | (d) Book v                            | ralue             |            |
| 1a       | Land   |                        |                |                                       |                     |              |                         |              |                                       |                   |            |
| b        | Buildings  |                        |                |                                       |                     |              |                         |              |                                       |                   | _          |
|          | Leasehold improvements   |                        |                | · · · · · · · · · · · · · · · · · · · |                     |              |                         |              | · · · · · · · · · · · · · · · · · · · |                   |            |
|          | Equipment  |                        |                |                                       |                     | <del> </del> |                         |              |                                       |                   |            |
|          | Other  |                        |                |                                       |                     |              | <del></del>             | İ            |                                       |                   |            |
|          | I. Add lines 1a through 1e (Column (d) must e                                    | gual Form 990 Part     | X. colum       | n (B) line 1                          | 0c.)                |              |                         | <b></b>      |                                       | 0                 | ٠.         |
|          |  |                        |                |                                       |                     |              |                         |              |                                       |                   | _          |

|  | A INDUS ADVC               | MT FUND  | 23   | -7154194 Page 3  |
|--|----------------------------|--|--|--|
| Part VII Investments - Other Securities.   |                            |  | · · · · · · · · · · · · · · · · · ·  |  |
| Complete if the organization answered "Yes"  |                            |  |  | d of year market value   |
| (a) Description of security or category (including name of security)                     | (b) Book value             | (c) Method o   | of valuation Cost or end   | 1-of-year market value   |
| (1) Financial derivatives  |                            |  |  |  |
| (2) Closely-held equity interests  | <u> </u>                   |  |  |  |
| (3) Other  |                            |  | •  |  |
| (A)  | <b> </b>                   |  | <del></del>  |  |
| (B)  |                            |  |  |  |
| (C)  | -                          |  |  |  |
| (D)  | <del></del>                |  |  |  |
| (E)  | <u> </u>                   |  |  |  |
| <u>(F)</u>   | <u> </u>                   |  |  |  |
| (G)  | <del></del>                |  |  |  |
| (H)  | <u> </u>                   | Since below his wall and consultation in such  |  | estamente describe algebra con control de la constanta de la constanta de la constanta de la constanta de la c |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)                         | <u> </u>                   | The state of the s |  |  |
| Rart VIII Investments - Program Related.   |                            |  |  |  |
| Complete if the organization answered "Yes"  |                            |  |  | t t townston   |
| (a) Description of investment  | (b) Book value             | (c) Method o   | of valuation Cost or end   | 1-of-year market value   |
| · (1)  |                            |  |  |  |
| (2)  |                            |  |  |  |
| (3)  |                            |  |  |  |
| (4)  |                            |  |  |  |
| (5)  | ·                          |  |  |  |
| (6)  |                            |  |  |  |
|  | <b></b>                    |  |  |  |
| (8)  |                            |  |  |  |
| (9)  |                            | everyous extra milk 1 day.   | The state of the s | er-sum es vici e vicist scame de l'égippise vi   |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)                         | <u> </u>                   |  |  | The far will be to the time and  |
| Part IX Other Assets.  | - "                        |  |  |  |
| Complete if the organization answered "Yes" (  |                            | e 11d See Form 99  | 0, Part X, line 15   | 1 Anna Landing   |
| (a)  | Description                |  |  | (b) Book value   |
| (1)  |                            |  |  | ļ  |
| (2)  | •                          |  |  | ļ  |
| (3)  |                            |  |  | -  |
| (4)  | •                          |  |  | 1  |
| (5)  |                            |  |  | 1  |
| (6)  |                            |  |  |  |
|  |                            |  |  | ,  |
| (8)  |                            |  |  | ļ  |
| (9)  |                            |  |  | <u>'</u>   |
| Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X. Other Liabilities. | ,                          |  | <u> </u>   |  |
| Complete if the organization answered "Yes" of   | on Form 990, Part IV, line |  |  |  |
| 1. (a) Description of liability  |                            | (b) Book value   |  |  |
| (1) Federal income taxes   |                            |  |  |  |
| (2)  |                            |  |  |  |
| (3)  |                            |  |  |  |
| (4)  |                            |  |  |  |
| (5)  |                            |  |  |  |
| (6)  |                            |  |  |  |
| (7)  |                            |  |  |  |

Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.) 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 X.

Schedule D (Form 990) 2017

(8)

## HEAVY CONSTRUCTORS ASSOCIATION OF THE GRTR KC AREA INDUS ADVCMT FUND 23-7154194 Page 4

| Schedule D (Form 990) 2017 GRTR KC AREA INDUS ADVC  | MT FUND                                      | 23-7                     | 154194         | Page 4       |
|---|--|--------------------------|----------------|--------------|
| Part XI Reconciliation of Revenue per Audited Financial Stat  | ements With Revenu                           | e per Return.            |                |              |
| ' Complete if the organization answered "Yes" on Form 990, Part IV, lin   | e 12a  |                          |                |              |
| 1 Total revenue, gains, and other support per audited financial statements  |  | 1                        | 1,555,         | 397.         |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12  |  |                          |                |              |
| a Net unrealized gains (losses) on investments  | 2a <1  | ,755.>                   |                |              |
| <b>b</b> Donated services and use of facilities   | 2b   |                          |                |              |
| c Recoveries of prior year grants   | 2c   |                          |                |              |
| d Other (Describe in Part XIII)   | 2d   |                          | 4 -            |              |
| e Add lines 2a through 2d   |  | 2e                       | 1,557,         | 755.>        |
| 3 Subtract line 2e from line 1  |  | 3                        | 1,35/,         | 154.         |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1   | 1.1  |                          |                |              |
| a Investment expenses not included on Form 990, Part VIII, line 7b  | 4a   |                          |                |              |
| b Other (Describe in Part XIII.)  | 4b   | <del></del>              |                | Λ            |
| c Add lines 4a and 4b   |  | 4c 5                     | 1,557,         | 152          |
| 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Sta                                  | tements With Expens                          |                          |                | 132.         |
| Complete if the organization answered "Yes" on Form 990, Part IV, lin   |  |                          | -              |              |
| Total expenses and losses per audited financial statements  | <u>-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> | 1                        | 2,044,         | 673.         |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25  |  |                          | <u> </u>       |              |
| a Donated services and use of facilities  | 2a   |                          |                |              |
| b Prior year adjustments  | 2b   |                          |                |              |
| c Other losses  | 2c   |                          |                |              |
| d Other (Describe in Part XIII )  | 2d   |                          |                |              |
| e Add lines 2a through 2d   |  | 2e                       |                | 0.           |
| 3 Subtract line 2e from line 1  |  | 3                        | 2,044,         | 673 <b>.</b> |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1   |  | 1 1                      |                |              |
| a Investment expenses not included on Form 990, Part VIII, line 7b  | 4a   |                          |                |              |
| b Other (Describe in Part XIII )  | 4b   |                          |                | _            |
| c Add lines 4a and 4b   |  | 4c                       | 0 011          | 0.           |
| 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I. line 18 Part XIII) Supplemental Information.  | 3.)  | 5                        | 2,044,         | 6/3.         |
| <u> </u>  | Dowl IV Image 1h and 0h D                    | land V. Jima A. David V. | lima O. Dart V |              |
| Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4 lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide an |  | art v, line 4, Part X    | line 2, Part A | ١,           |
| miles 20 and 40, and 1 art All, lines 20 and 40 Aso complete this part to provide an  | ny additional information.                   |                          |                |              |
|   |  |                          |                |              |
| PART X, LINE 2:   |  |                          |                |              |
|   |  | •                        |                |              |
| THE FUND IS A NOT-FOR-PROFIT ORGANIZTAION   | EXEMPT FROM FI                               | EDERAL AND               | STATE          |              |
| THEOME THE INTER COUNTY FOLLOW FOLLOW   |  |                          | mira           |              |
| INCOME TAXES UNDER SECTION 501(C)(6) OF THE   | IE INTERNAL KE                               | AFMOR CODE               | · THE          |              |
| FUND IS NO LONGER SUBJECT TO INCOME TAX EX  | AMTNATIONS BY                                | יים אדאים אוו            | тит я∩нт       | RC           |
| FORD 15 NO DONGER SUBURCI TO INCOME TAX EX  | MITIMITOND DI                                | TAXING AU                | IIIOKIII       |              |
| FOR YEARS BEFORE 2015.  |  |                          |                |              |
|   |  |                          |                |              |
|   |  |                          |                |              |
|   |  |                          |                |              |
| PART XI, LINE 2D - OTHER ADJUSTMENTS:   |  |                          |                |              |
|   |  |                          |                |              |
| INVESTMENT FEES   |  |                          |                |              |
|   |  |                          |                |              |
|   |  |                          |                |              |
| PART XII, LINE 4B - OTHER ADJUSTMENTS:  |  |                          |                |              |
| TIME ALL, BIND TO OTHER ADOUGHBRID.   |  |                          |                |              |
| INVESTMENT FEES   |  |                          |                |              |
|   |  |                          |                |              |
|   |  |                          |                |              |
| 732054 10-09-17   |  | Sched                    | ile D (Form 9  | 90) 2017     |

|            |  | HEAVY    | C      | ONSTRU      | JCTORS | ASSOCIA | MOITA | OF | THE |            |        |
|------------|--|----------|--------|-------------|--------|---------|-------|----|-----|------------|--------|
| Schedule D | (Form 990) 2017                        | GRTR     | KC     | ARBA        |        | ADVCMT  |       |    |     | 23-7154194 | Page 5 |
| Part XIII  | (Form 990) 2017<br>Supplemental Inform | mation ( | contir | nued)       |        |         |       |    |     |            |        |
| •          |  |          |        |             | <br>   |         |       |    |     |            |        |
|            | ·                                      |          |        |             |        |         |       |    |     |            |        |
|            |  |          |        |             |        |         |       |    |     |            |        |
|            |  |          |        |             |        |         |       |    |     |            |        |
|            |  |          |        |             |        |         |       |    |     |            |        |
|            |  |          |        |             |        |         |       |    |     |            |        |
|            |  |          |        |             |        |         |       |    |     |            |        |
|            |  |          |        |             |        |         |       |    |     |            |        |
|            |  |          |        |             |        |         |       |    |     |            |        |
|            |  |          |        |             |        |         |       |    |     |            |        |
|            |  |          |        |             |        |         |       |    |     |            |        |
|            |  |          |        |             | -      |         |       |    |     |            |        |
|            |  |          |        |             |        |         |       |    |     |            |        |
|            |  |          |        | -           |        |         |       |    |     |            |        |
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Schedule D (Form 990) 2017

SCHEDULE I (Form 990)

# 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 22.

► Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Internal Revenue Service 

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

Name of the organization HEAVY CONSTRUCTORS ASSOCIATION OF THE

Employer identification number

| GRTR KC A  | REA INDUS              | ADVCMT FUN                         | D                           |   |  |                                       | 23-7154                              | 194       |
|--|------------------------|------------------------------------|-----------------------------|---|--|---------------------------------------|--------------------------------------|-----------|
| Part I General Information on Grants a   | ind Assistance         |                                    |                             |   |  |                                       |                                      |           |
| Does the organization maintain records:  | to substantiate the    | amount of the grants               | or assistance, the          | grantees' eligibility                   | for the grants or assi   | stance, and the selection             |                                      |           |
| critena used to award the grants or assis  | stance?                |                                    |                             |   |  |                                       | Yes [                                | X No      |
| 2 Describe in Part IV the organization's pro   | ocedures for monit     | onng the use of grant              | funds in the United         | States                                  |  |                                       |                                      |           |
| Part II Grants and Other Assistance to   | Domestic Organi        | zations and Domestic               | c Governments, C            | omplete if the org                      | anization answered "\  | es" on Form 990, Part                 | IV, line 21, for any                 |           |
| recipient that received more than  | \$5,000 Part II can    | be duplicated if additi            | ional space is need         | ed                                      | (65)   |                                       |                                      |           |
| 1 (a) Name and address of organization or government   | (b) EIN                | (c) IRC section<br>(if applicable) | (d) Amount of<br>cash grant | (e) Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation (book,<br>FMV, appraisal,<br>other) | (g) Description of noncash assistance | (h) Purpose of grai<br>or assistance | nt        |
| MERCURY ALLIANCE   |                        |                                    |                             |   |  |                                       |                                      |           |
| PO BOX 772   |                        |                                    | 1                           |   |  |                                       |                                      |           |
| CAPE GIRARDEAU, MO 63702   | 81-1012668             | 501(C)(6)                          | 15,000.                     | 0.                                      |  |                                       | PROGRAM SERVICE SUP                  | PORT      |
| THE ROAD INFORMATION PROGRAM<br>3000 CONNECTICUT AVE NW SUITE 208<br>WASHINGTON, DC 20008        | 52-0941402             | 501(C)(6)                          | 7,000.                      | 0.                                      |  |                                       | PROGRAM SERVICE SUP                  | PORT      |
| ECONOMIC LIFELIFES INC.<br>212 SW 8TH AVE SUITE 200<br>TOPEKA, RS 66603                          | 48-1037625             | 501(C)(4)                          | 6,302.                      | 0.                                      |  |                                       | PROGRAM SERVICE SUP                  | PORT      |
| LMFCF<br>1100 MAIN STREET SUITE 2880<br>KANSAS CITY, NO 64105                                    | 43-1516186             | 501(C)(6)                          | 107,194.                    | 0.                                      |  |                                       | PROGRAM SERVICE SUP                  | PORT      |
| KANSAS ECONOMIC<br>C/O MARY BIRCH 10851 MASTIN BLVD<br>SUITE 1000 - SHAWNEE MISSION, KS<br>66210 | 20-3722582             | 501(C)(A)                          | 7.500.                      | 0.                                      |  |                                       | PROGRAM SERVICE SUP                  | PORT      |
| RANSAS CITY AREA DEVELOPMENT<br>COUNCIL - 30 W PERSHING RD SUITE<br>200 - KANSAS CITY, MO 64108  | 43-1852671             |                                    | 35,500.                     | 0.                                      |  |                                       | PROGRAM SERVICE SUP                  | PORT      |
| 2 Enter total number of section 501(c)(3) a  | _                      |                                    | e line 1 table              |   |  |                                       | <u> </u>                             | <u>9.</u> |
| <ol> <li>Enter total number of other organization</li> </ol>                                     | e lietad in the line " | 1 table                            |                             |   |  |                                       | •                                    |           |

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

Schedule I (Form 990) (2017)

|  |            | ASSOCIATION<br>ADVCMT FUND       |                             |   |  | 2                                      | 3-7154194 Page 1                      |
|--|------------|----------------------------------|-----------------------------|---|--|--|---------------------------------------|
| Part II Continuation of Grants and Other   |            |                                  |                             | rted States (Sch                        | edule I (Form 990), Pa   | rt II )                                |                                       |
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section<br>if applicable | (d) Amount of<br>cash grant | (e) Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
| ECONOMIC DEVELOPMENT CORPORATION<br>1100 WALNUT STREET SUITE 1700<br>KANSAS CITY, NO 64106 | 43-1146626 | 501(C)(4)                        | 5,000.                      | 0.                                      |  |  | PROGRAM SERVICE SUPPORT               |
| MINORITY CONSTRUCTION ASSOCIATION<br>3200 WAYNE #202<br>KANSAS CITY, NO 64109              | 43-1412056 | 501(C)(3)                        | 10,000.                     | 0,                                      |  |  | PROGRAM SERVICE SUPPORT               |
| PATEK AND ASSOCIATES 2083, 345 E BURLINGTON ST \$A RIVERSIDE, IL 60546                     |            |                                  | 82,500.                     | 0,                                      |  |  | PROGRAM SERVICE SUPPORT               |
| ARTBA<br>250 E STREET NW, \$900<br>WASHINGTON, DC 20008                                    | 53-0026395 | 501(C)(6)                        | 19,203.                     | 0.                                      |  |  | PROGRAM SERVICE SUPPORT               |
| INGRAM'S<br>2049 WYANDOTTE<br>KANSAS CITY, MO 64108  |            |                                  | 5,500.                      | 0.                                      |  |  | PROGRAM SERVICE SUPPORT               |
| VOTE FOR YOUR LIBRARY<br>4741 CENTRAL AVE #329<br>KANSAS CITY, NO 64112                    |            |                                  | 5,000.                      | 0.                                      |  |  | PROGRAM SERVICE SUPPORT               |
|  |            |                                  |                             |   |  |  |                                       |
|  |            |                                  |                             |   |  |  |                                       |
|  |            |                                  |                             |   |  |  |                                       |

Schedule I (Form 990)

732241 04-01-17

| Schedule I (Form 990) (2017) GRTR KC AREA  |                          |                             |                                       |  | 23-7154194                 | Page 2        |
|--|--------------------------|-----------------------------|---------------------------------------|--|----------------------------|---------------|
| Part III Grants and Other Assistance to Domestic Individu. Part III can be duplicated if additional space is needed. |                          | organization answe          | ered "Yes" on Form 9                  | 990, Part IV, line 22                                    |                            |               |
| (a) Type of grant or assistance  | (b) Number of recipients | (c) Amount of<br>cash grant | (d) Amount of non-<br>cash assistance | (e) Method of valuation<br>(book, FMV, appraisal, other) | (f) Description of noncash | assistance    |
|  |                          |                             |                                       |  |                            |               |
| SCHOLARSHIP FUND   | 4                        | 8,000.                      | 0.                                    |  |                            |               |
|  |                          |                             |                                       |  |                            |               |
|  |                          |                             |                                       |  |                            |               |
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|  |                          |                             |                                       |  |                            |               |
|  |                          |                             |                                       |  |                            |               |
| Part IV Supplemental Information. Provide the information  | required in Part I, lin  | l<br>ne 2, Part III, column | (b), and any other ac                 | dditional information                                    | I                          |               |
| SCHEDULE I, PAGE 1, PART I, LINE   | 2                        | <del></del>                 |                                       |  |                            |               |
| THE BOARD OF TRUSTEES DECIDES WHA  | T ORGANIZA               | TIONS RECE                  | ZIVE GRANTS                           | . THE  |                            |               |
| FUNDS ARE AWARDED TO ORGANIZATION  | S THAT WII               | L HELP ADV                  | VANCE THE                             |  |                            |               |
| CONSTRUCTION INDUSTRY BASED ON TH  | E CURRENT                | ECONOMIC A                  | AND POLITIC                           | AL   |                            |               |
| CLIMATE. THE BOARD FOLLOWS UP WIT  | H THE RECI               | PIENTS TO                   | ENSURE THE                            | FUNDS  |                            |               |
| ARE BEING USED TO BENEFIT THE CON  | STRUCTION                | INDUSTRY.                   | THE SCHOLA                            | RSHIP  |                            |               |
| COMMITTEE RECEIVES ALL THE APPLIC  | ATIONS FOR               | SCHOLARSI                   | HIPS AND VO                           | TES ON   |                            |               |
| WHICH APPLICANTS WILL RECEIVE A S  | CHOLARSHIE               | . THE ORGA                  | ANIZATION S                           | ENDS   |                            |               |
| CHECKS DIRECTLY TO THE INDIVIDUAL  | schools o                | F THE SCHO                  | OLARSHIP                              |  | Schedule I (For            | m 990) /2017) |
| 73E 10E 11701717   |                          |                             |                                       |  | OCINGEND I (FO             | 550) (2017)   |

# HEAVY CONSTRUCTORS ASSOCIATION OF THE 23-7154194 Page 2 GRTR KC AREA INDUS ADVCMT FUND Schedule I (Form 990) Part IV Supplemental Information RECIPIENTS.

732291 04-01-17

## **SCHEDULE J** (Form 990)

## **Compensation Information**

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

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ➤ Attach to Form 990.

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

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

HEAVY CONSTRUCTORS ASSOCIATION OF THE GRTR KC AREA INDUS ADVCMT FUND

Employer identification number

23-7154194

| ·  |   |             | Yes          | No   |
|----|---|-------------|--------------|--|
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on 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   |             |              | ll   |
|    | Tax indemnification and gross-up payments Health or social club dues or initiation fees                                   |             |              |  |
|    | Discretionary spending account Personal services (such as, maid, chauffeur, chef)   |             |              |  |
|    | bisorctionary openious account  |             | 1            |  |
| h  | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or             |             |              | ]  |
|    | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain                  | 1b          |              |  |
| 2  | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,          |             |              |  |
| ~  | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?                     | 2           |              |  |
|    | trastees, and officers, including the OLO/Executive Director, regarding the items checked on line 14.                     | <del></del> | <del> </del> | $\vdash$   |
| 3  | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's |             |              |  |
| 3  | CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to          |             |              | li   |
|    |   |             |              |  |
|    | establish compensation of the CEO/Executive Director, but explain in Part III   |             |              |  |
|    | Compensation committee Written employment contract  |             |              |  |
|    | Independent compensation consultant Compensation survey or study  |             |              |  |
|    | Form 990 of other organizations  Approval by the board or compensation committee  |             |              |  |
|    | Duran the year and any navious heterican COO Port VIII. Section A line 10 with respect to the filing                      |             |              |  |
| 4  | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing              |             |              |  |
|    | organization or a related organization  | 4a          | <del></del>  | x  |
| a  | Receive a severance payment or change-of-control payment?   | 4b          |              | X  |
| b  |   | 4c          |              | X  |
| С  |   | 40          |              | <del>                                     </del> |
|    | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III              |             | ł            |  |
|    | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.                                  |             |              |  |
| 5  | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation         |             |              | ]  |
| •  | contingent on the revenues of   |             |              |  |
| •  | The organization?   | <br>5a      |              |  |
|    | Any related organization?   | 5b          |              |  |
| -  | If "Yes" on line 5a or 5b, describe in Part III   |             |              |  |
| 6  | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation         |             |              |  |
| ·  | contingent on the net earnings of   |             |              | 1  |
| а  |   | 6a          |              | _  |
|    | Any related organization?   | 6b          |              |  |
| •  | If "Yes" on line 6a or 6b, describe in Part III   |             |              |  |
| 7  | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments          |             |              | {  |
| •  | not described on lines 5 and 6? If "Yes," describe in Part III  | 7           |              | ا  |
| 8  | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the           |             |              | 1  |
| 3  | initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III               |             |              | <b>-</b>   |
| 9  | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in                    | <del></del> |              |  |
| 3  | Regulations section 53 4958.6(c)?   |             |              |  |
|    |   |             |              |  |

Schedule J (Form 990) 2017

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

GRTR KC AREA INDUS ADVCMT FUND

23-7154194

Page 2

Schedule J (Form 990) 2017 GRTR KC AREA INDUS ADVCMT FUND 23-7154194

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported on 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 aren't listed on Form 990, Part VII

Note The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

| (A) Name and Title        |       | (B) Breakdown of         | W-2 and/or 1099-MI                  | SC compensation                           | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns<br>(B)(I)-(D)               | (F) Compensation<br>in column (B)                  |
|---------------------------|-------|--------------------------|-------------------------------------|---|-----------------------------------|-------------------------|--|--|
|                           |       | (i) Base<br>compensation | (ii) Bonus & incentive compensation | (III) Other<br>reportable<br>compensation | compensation                      | Deneilles               | (6)(1)*(U)                                       | reported as deferred<br>on prior Form 990          |
| (1) EDWARD DESOIGNIE      | (0)   | 0.                       | 0.                                  | 0.  | 0.                                | 0.                      | 0.   | 0.   |
| FORMER EXECUTIVE DIRECTOR | (11)  | 170,400.                 | 65,750.                             | 748.                                      | 0.                                | 0.                      | 236,898.   | 0.   |
| (2) BRIDGETTE WILLIAMS    | (i)   | 0.                       | 0.                                  | 0.  | 0.                                | 0.                      | 0.   | 0.   |
| EXECUTIVE DIRECTOR        | (0)   | 140,679.                 | 43,091.                             | 781.                                      | 15,000.                           | 0.                      | 199,551.   | 0.   |
|                           | (1)   |                          |                                     |   |                                   |                         |  |  |
|                           | (11)  |                          |                                     |   |                                   |                         |  |  |
|                           | (i)   |                          |                                     |   |                                   |                         |  |  |
|                           | (n)   |                          |                                     |   |                                   |                         |  |  |
|                           | (i)   |                          |                                     |   |                                   |                         |  |  |
|                           | (u)   |                          |                                     |   |                                   |                         |  |  |
|                           | (i)   |                          |                                     |   |                                   |                         |  |  |
|                           | (u)   |                          |                                     |   |                                   |                         |  |  |
|                           | (i)   |                          |                                     |   |                                   |                         | ļ <u>.</u>                                       |  |
|                           | (11)  |                          |                                     |   |                                   |                         |  |  |
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|                           | (i)   |                          |                                     |   |                                   |                         |  |  |
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Schedule J (Form 990) 2017

732112 10-17-17

| 2  | HEAVY CONSTRUCTORS                          |                                | F THE                                 |                               | 23-7154194                            | Page 3      |
|--|---|--------------------------------|---------------------------------------|-------------------------------|---------------------------------------|-------------|
| Schedule J (Form 990) 2017 Part III   Supplemental Informati |   | ADVCMI FUND                    | <u> </u>                              |                               | 23 /134134                            | rage 3      |
|  | n, or descriptions required for Part I, lii | nes 1a, 1b, 3, 4a, 4b, 4c, 5a, | 5b, 6a, 6b, 7, and 8, and for F       | Part II Also complete this pa | rt for any additional information     |             |
|  |   |                                |                                       |                               |                                       |             |
|  | ·   |                                |                                       |                               |                                       |             |
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|  |   |                                |                                       |                               |                                       |             |
|  |   |                                |                                       |                               | Schedule J (Forn                      | n 990) 2017 |

## **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

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

HEAVY CONSTRUCTORS ASSOCIATION OF THE Name of the organization GRTR KC AREA INDUS ADVCMT FUND

OMB No 1545-0047 Open to Public Inspection

**Employer identification number** 23-7154194

| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:             |
|--|
|  |
| TO PROMOTE, IMPROVE AND ADVANCE THE INTEREST AND COMMON GOOD OF ALL        |
| ENGAGED IN THE CONSTRUCTION INDUSTRY THROUGH SUCH ACTIVITIES AS            |
| EMPLOYEE AND SUPERVISORY TRAINING, MANAGEMENT TRAINING AND EDUCATIONAL     |
| PROGRAMS, CONSTRUCTION TECHNICAL EDUCATION, SAFETY EDUCATION AND           |
| ACCIDENT PREVENTION TRAINING, PUBLIC RELATIONS, MARKET DEVELOPMENT,        |
| SCHOLARSHIP PROGRAMS AND MANY OTHER PURPOSES PERMITTED BY LAW.             |
| FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:           |
| TO PROMOTE, IMPROVE AND ADVANCE THE INTEREST AND COMMON GOOD OF ALL        |
| ENGAGED IN THE CONSTRUCTION INDUSTRY THROUGH SUCH ACTIVITIES AS            |
| EMPLOYEE AND SUPERVISORY TRAINING, MANAGEMENT TRAINING AND EDUCATIONAL     |
| PROGRAMS, CONSTRUCTION TECHNICAL EDUCATION, SAFETY EDUCATION AND           |
| ACCIDENT PREVENTION TRAINING, PUBLIC RELATIONS, MARKET DEVELOPMENT,        |
| SCHOLARSHIP PROGRAMS AND MANY OTHER PURPOSES PERMITTED BY LAW.             |
|  |
| FORM 990, PART VI, SECTION B, LINE 11B:                                    |
| AN INDEPENDENT ACCOUNTING FIRM PREPARES AND REVIEWS THE 990. A DRAFT COPY  |
| OF THE RETURN IS GIVEN TO THE ORGANIZATION'S EXECUTIVE DIRECTOR. ANY       |
| QUESTIONS OR CONCERNS THE EXECUTIVE DIRECTOR HAS ARE ADDRESSED AND ANY     |
| CORRECTIONS OR CLARIFICATIONS ARE MADE BEFORE THE FINAL COPY OF THE RETURN |
| IS FILED.  |

FORM 990, PART VI, SECTION C, LINE 19:

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

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

732211 09-07-17

| Name of the organization | , HE | EAVY CONSTRUCTORS ASSOCIATION OF THE RC AREA INDUS ADVCMT FUND |      |     |     |      |     | THE         |     |       | Employer identification number 23-7154194 |           |             |        |    |     |
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| 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.

2017
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization ► Go to www.rs gov/Form990 for instructions and the latest information.

HEAVY CONSTRUCTORS ASSOCIATION OF THE

GRTR KC AREA INDUS ADVCMT FUND

Employer identification number 23-7154194

| (a) Name, address, and EIN (if applicable)                   | (b)<br>Pnmary activity              | (c)<br>Legal domicile (state o  | r Total inco          | (e)<br>me End-of yea                  |              |                              | (f)<br>ontrolling | a    |
|--|-------------------------------------|---------------------------------|-----------------------|---------------------------------------|--------------|------------------------------|-------------------|------|
| of disregarded entity  | <b>,</b>                            | foreign country)                |                       |                                       |              |                              | itrty             | ,    |
|  |                                     |                                 |                       |                                       |              |                              |                   |      |
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|  |                                     |                                 |                       |                                       |              |                              |                   |      |
| Identification of Related Tax-Exempt Organizat               | ons. Complete if the organization ε | Inswered "Yes" on Form 990      | , Part IV, line 34, b | pecause it had one                    | or more re   | elated tax-exer              | npt               | _    |
| organizations during the tax year                            |                                     |                                 |                       |                                       | <del>,</del> |                              |                   |      |
| organizations during the tax year                            | {b}                                 | (c)                             | (d)                   | (e)                                   | <u> </u>     | (f)                          | Section           | 9)   |
| organizations during the tax year                            |                                     | T                               |                       | (e) Public charity status (if section | 1            | (f)<br>controlling<br>entity | Section control   | bot  |
| crganizations during the tax year (a) Name, address, and EIN | {b}                                 | (c)<br>Legal domicile (state or | (d)<br>Exempt Code    | (e)<br>Public chanty                  | 1            | controlling                  | cont              | roll |

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LINE 7

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

SEE PART VII FOR CONTINUATIONS

GREATER KANSAS CITY AREA - 44-0563901, 1100
WALNUT ST SUITE 2950, KANSAS CITY, MO 64106 TRADE ASSOCIATION

PAC

Schedule R (Form 990) 2017

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ASSOCIATION OF

CONSTRUCTORS

ASSOCIATION OF

HEAVY

A/F

732151 09-11-17 LHA

KANSAS CITY, NO 64106

KANSAS CITY, NO 64106

HCA FEDERAL POLITICAL ACTION COMMITTEE -

43-1220276, 1100 WALNUT ST SUITE 2950,

HEAVY CONSTRUCTORS ASSOCIATION OF THE

|  | Y CONSTRUCT             |                                       |                                  |                                    | ΙE  |         |                                 |          |                          |                               |         | 23-                            | 715   | <i>1</i> 10  |              | ο.                                  |              |
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|  | KC AREA IN              |                                       |                                  |                                    | zation answe  | red "Ye | s' on Forn                      | n 990. P | art IV. line             | 34. b                         | ecause  |                                |       |              |              | Pa                                  | ige :        |
| Part III organizations treated as a pa                             | rtnership during the ta | х уваг                                | arompi Compicio                  |                                    |   |         |                                 |          |                          |                               |         |                                |       |              |              |                                     |              |
| (a) (b)  Name, address, and EIN Primary ac of related organization |                         | (c)<br>Legal<br>domicile<br>(state or | • Direct controlling             | Predomii<br>(related               | (e) Predominant income (related, unrelated, excluded from tax under |         | (f)<br>Share of total<br>income |          | (g)<br>are of<br>of-year | (h) Disproportion allocations |         | onata Code V-UBI               |       | Maregin      |              | (k)<br>ercen<br>wner:               | tage         |
|  |                         | (oreign<br>country)                   |                                  | sections                           | 512-514)  |         |                                 | as       | sets                     | Yes                           | No      | K-1 (Form 1                    | 065)  |              |              |                                     |              |
|  |                         |                                       |                                  |                                    |   |         |                                 | !        |                          |                               |         |                                |       |              |              |                                     |              |
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|  |                         |                                       |                                  |                                    |   |         |                                 |          |                          |                               |         |                                |       |              |              |                                     |              |
| Part IV Identification of Related Organizations treated as a co    | janizations Taxable a   | is a Corpo                            | l<br>oration or Trust. C<br>year | Complete if t                      | he organizat  | on ansv | vered "Yes                      | s" on Fo | m 990, Pa                | art IV,                       | line 34 | , because it l                 | had o | ne or        | more         | e relat                             | ed           |
| (a)<br>Name, address, and E<br>of related organizatio              | IN                      | Prim                                  | (b)<br>nary activity             | (c)<br>Legal damicile<br>(state or | (d)<br>Direct cont  |         | (e<br>Type of<br>(C corp,       | entity   | Share o                  | of total                      |         | (g)<br>Share of<br>end-of-year |       | (h)<br>centa |              | (i)<br>Section<br>512(b)<br>control | (13)<br>(led |
| or related organizatio   | "                       |                                       |                                  | foreign<br>country)                | e e e   | ,       | or tri                          |          | ,,,,                     |                               |         | assets                         | "     |              | ~~           | Yes                                 | <u>~</u>     |
|  |                         |                                       |                                  |                                    |   |         |                                 |          |                          |                               |         |                                |       |              |              |                                     |              |
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Schedule R (Form 990) 2017

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732163 09-11-17

Schedule R (Form 990) 2017 GRTR KC AREA INDUS ADVCMT FUND 23-7154194 Page 3 Part V Transactions With Related Organizations. Complete if 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 No 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? a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity 1a X 1b b Gift, grant, or capital contribution to related organization(s) c Gift, grant, or capital contribution from related organization(s) 1c d Loans or loan guarantees to or for related organization(s) 1d e Loans or loan guarantees by related organization(s) 1e 1f f Dividends from related organization(s) g Sale of assets to related organization(s) 19 Х h Purchase of assets from related organization(s) 1h X Exchange of assets with related organization(s) 11 j Lease of facilities, equipment, or other assets to related organization(s) 11 k Lease of facilities, equipment, or other assets from related organization(s) 1k I Performance of services or membership or fundraising solicitations for related organization(s) 11 m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 1n o Shanng of paid employees with related organization(s) 10 X p Reimbursement paid to related organization(s) for expenses 1p q Reimbursement paid by related organization(s) for expenses 1q 1r r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s) 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. (a) Name of related organization (c) Amount involved (d) Method of determining amount involved type (a s) HEAVY CONSTRUCTORS ASSOCIATION OF THE 286,175. FAIR MARKET VALULE P (1) GREATER KANSAS CITY AREA (2) (3) (4)

Schedule R (Form 990) 2017

Schedule R (Form 990) 2017 GRTR KC AREA INDUS ADVCMT FUND

23-7154194 Page 4

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

| (a)<br>Name, address, and EIN<br>of entity | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or foreign<br>country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) As all partners so 501(c)(3 orgs ? Yes No | (f) Share of total income | (g)<br>Share of<br>end-of-year<br>assets | Dispi<br>too<br>alloca<br>Yes | n)<br>opor-<br>nate<br>bons? | (i)<br>Code V-UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | General of managing partner of Yes No. | (k)<br>Percentage<br>ownership |
|--|-------------------------|--|---|---|---------------------------|--|-------------------------------|------------------------------|---|--|--------------------------------|
|  |                         |  |   |   |                           |  |                               |                              |   |  |                                |
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Schedule R (Form 990) 2017

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23-7154194 Page 5 GRTR KC AREA INDUS ADVCMT FUND Schedule R (Form 990) 2017 Part VII Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS: NAME OF RELATED ORGANIZATION: HCA POLITICAL ACTION COMMITTEE DIRECT CONTROLLING ENTITY: HEAVY CONSTRUCTORS ASSOCIATION OF THE GREATER KANSAS CITY AREA NAME OF RELATED ORGANIZATION: HCA FEDERAL POLITICAL ACTION COMMITTEE DIRECT CONTROLLING ENTITY: HEAVY CONSTRUCTORS ASSOCIATION OF THE GREATER KANSAS CITY AREA

HEAVY CONSTRUCTORS ASSOCIATION OF THE