CHANGE OF ACCOUNTING PERIOD

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A F	or the	2018 calendar year, or tax year beginning DEC 1, 2018 and ending	DEC 31, 2018							
Вс	heck if	C Name of organization	D Employer identifi	cation number						
aj	pplicable	HEAVY CONSTRUCTORS ASSOCIATION OF THE								
	Address	GRTR KC AREA INDUS ADVCMT FUND								
7	Name change	Doing business as	23-7	154194						
	Initial	Number and street (or P.O. box if mail is not delivered to street address)  Room/								
$\vdash$	Final	1100 WALNUT ST STE 2950		 530-1703						
<u> </u>	Jreturn/ termin-		G Gross receipts \$	321,210.						
	ated ∏Amende	City or town, state or province, country, and ZIP or foreign postal code  KANSAS CITY, MO 64106								
<u> </u>	_lreturn TApplica		H(a) Is this a group re							
Щ	_tion pending	F Name and address of principal officer BKIDGETIE WILDIAMS	for subordinates							
		SAME AS C ABOVE	H(b) Are all subordinates in							
		mpt status $\bigcirc$ 501(c)(3) $\bigcirc$ 501(c) (6) $\bigcirc$ (insert no.) $\bigcirc$ 4947(a)(1) or $\bigcirc$	7-7/	list (see instructions)						
		WWW.KCHEAVYCONSTRUCTION.COM C	H(c) Group exemption							
			Year of formation: 1972	VI State of legal domicile: MO						
<u>Pa</u>	rt I	Summary								
	<b>1</b> E	Briefly describe the organization's mission or most significant activities $\_$ $\_$ $\_$ $\_$ $\_$ $\_$ $\_$ $\_$ $\_$ $\_$	DULE O							
Governance	_									
u.	2 (	Check this box $lacktriangle$ if the organization discontinued its operations or disposed of i	nore than 25% of its net as	sets						
Ş.	3 1	lumber of voting members of the governing body (Part VI, line 1a)	3	4						
	4 1	lumber of independent voting members of the governing body (Part VI, line 1b)	\	4						
Activities &		otal number of individuals employed in calendar year 2018 (Part V, line 2a)	V 5	0						
ţį		otal number of volunteers (estimate if necessary)	6	0						
ţį		otal unrelated business revenue from Part VIII, column (C), line 12	7a	0.						
ĕ		Net unrelated business taxable income from Form 990-T, line 38	† 7b	0.						
_		tot directed addition taxable income non-rotti add 1, into ad	Prior Year	Current Year						
		Contributions and grants (Bort VIII Imm 15)	0.	0.						
e		Contributions and grants (Part VIII, Ine 1th) RECEIVED	1,550,134.	314,556.						
en en		Togram service revenue (rant viii, inte 29)	7,018.	6,654.						
Revenue		nvestment income (Part VIII, column (A) lines 3, 4, and 7d)	7,018.							
		other revenue (Part VIII, column (A), lines 5, 6d (8c, 9c, 30c, and 11e)		0.						
		otal revenue - add lines 8 through 1 (must equal Part VIII, column (A), line 12)	1,557,152.	321,210.						
		Grants and similar amounts paid (Parl IX, column (A)) lines 1-3)	1,572,606.	51,953.						
		Benefits paid to or for members (Part X, column (A), line-4)	0.	0.						
နှ	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.						
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.						
gx	bΊ	otal fundraising expenses (Part IX, column (D), line 25)								
ш	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	472,067.	279,760.						
	18 T	otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,044,673.	331,713.						
	<b>19</b> F	Revenue less expenses Subtract line 18 from line 12	<487,521.>	<10,503.>						
or			Beginning of Current Year	End of Year						
ets	20 T	otal assets (Part X, line 16)	684,701.	620,170.						
Ass	21 1	otal liabilities (Part X, line 26)	0.	0.						
Net Assets	22 N	Net assets or fund balances. Subtract line 21 from line 20	684,701.	620,170.						
Pa	rt II	Signature Block								
Unde	er penali	ties of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to the best of my	knowledge and belief, it is						
	•	and complete. Declaration of preparer (other than officer) is based on all information of which pre	•							
,	1	- PSudatto Williamin	X 11/1K	Tig						
Sigr	.	Signature of officer	Date	<del></del>						
_		BRIDGETTE WILLIAMS, EXECUTIVE DIRECTOR	·							
Her		Type or print name and title	·.							
	I Date of the Date									
D		Print/Type preparer's name Preparet's signature		<b>-</b>						
Paid		LISA BURKE	self-employ							
Prep	г	Firm's name CBIZ MHM, LLC	Firm's EIN >	34-1874260						
Use Only Firm's address ▶ 700 WEST 47TH STREET, SUITE 1100										
		KANSAS CITY, MO 64112	Phone no.81	6-945-5500						
May	the IR:	Secuss this return with the preparer shown above? (see instructions)		X Yes No						

	HEAVY CONSTRUCTORS ASSOCIATION OF THE  990 (2018) GRTR KC AREA INDUS ADVCMT FUND  rt III   Statement of Program Service Accomplishments	23-7154194 Page 2
	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
3	If "Yes," describe these new services on Schedule O  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  If "Yes," describe these changes on Schedule O	Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as in Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported	
4a	(Code) (Expenses \$	
4b	(Code) (Expenses \$	ue \$)
	-	
4c	(Code) (Expenses \$) (Reven	ue\$)
4d	Other program services (Describe in Schedule O )	

including grants of \$ 4e Total program service expenses

Form **990** (2018)

# HEAVY CONSTRUCTORS ASSOCIATION OF THE Form 990 (2018) GRTR KC AREA INDUS ADVCMT FUND Part IV Checklist of Required Schedules

			Yes	No.
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		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		٠,	
	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	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,	_		х
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
	Schedule D, Part III	8		<u> </u>
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		Х
ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25° if "Yes," complete Schedule D, Part X	11e		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		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			77
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		- 1	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	1	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	170		
	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			<del></del> _
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	]	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Ì	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		<u>X</u>
			aga ,	

Form 990 (2018) GRTR KC AREA INDUS ADVCMT FUND
Part IV Checklist of Required Schedules (continued)

	(commute)			
22	Did the assessment more than \$5,000 of grants or other assistance to as for demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		x
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			^
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
240	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		
	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		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			**
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		37	
	Part V, line 1	34	Х	v
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
Ð	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	20		
27	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		х
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		- 23
38	Note. All Form 990 filers are required to complete Schedule O	38	х	
Pai		_ <b>J</b> U	42	
	Check if Schedule O contains a response or note to any line in this Part V			
		- η	Yes	No
1 2	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 2			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
ŭ	(gambling) winnings to prize winners?	1c		
	9 12 21.19		990	2010)

23-7154194 Page 5

377.783.400	(Comminded)				_				
0-	Fates the acceptance and expenses asserted as Four W/2 Transmitted of Week and Tay Statements	I	Y SS SS	es No					
Za	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	o							
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		b 2	X Z	34				
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			20 (32)					
32	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3	a	X					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		ь		_				
4a									
,•-	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4	a	x					
b	If "Yes," enter the name of the foreign country		<b>TO</b>	· (1) (1) [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	À				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				*				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5	а	X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5	ь	X	_				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5	c		_				
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?	_6	a	X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	ľ		1					
	were not tax deductible?	6	ь	_					
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the pay	/or? 7	a		_				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7	b L		_				
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?		C C	DPV GOVERN	<u> </u>				
d	If "Yes," indicate the number of Forms 8282 filed during the year								
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		e	_	_				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		f	_	_				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		9	-					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-0		h	56 35.25	4,2				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	1			3				
_	sponsoring organization have excess business holdings at any time during the year?	<b>2</b> 88	3 \$60 0.00	. 24%	73				
9	Sponsoring organizations maintaining donor advised funds.	252	**	لكنت است	3				
a	Did the sponsoring organization make any taxable distributions under section 4966?		a		_				
- b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 \$&	<b>b</b> ১৯ %	70 1 (Fig. 11)	ā				
10	Section 501(c)(7) organizations. Enter				7				
a	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b								
11	Section 501(c)(12) organizations. Enter				S.				
''	Gross income from members or shareholders				3				
a h	Gross income from other sources (Do not net amounts due or paid to other sources against			7.	4				
J	amounts due or received from them)		ğ k						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12	2a	المامات المسا	1.2				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	36	19		ğ				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				3				
а	Is the organization licensed to issue qualified health plans in more than one state?	13	3a		_				
	Note. See the instructions for additional information the organization must report on Schedule O			7 68	ì				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				2				
	organization is licensed to issue qualified health plans				N N				
c	Enter the amount of reserves on hand	100 pm	£3.	多量	7				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14	la 📗	X	_				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14	Ь		_				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?		5	X	-				
	If "Yes," see instructions and file Form 4720, Schedule N				3				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		6	* 18 g g s c	_				
	If "Yes," complete Form 4720, Schedule O								
		F	orm 99	<b>90</b> (2018	١١.				

832005 12-31-18

GRTR KC AREA INDUS ADVCMT FUND

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Form 990 (2018) GRTR KC AREA INDUS ADVCMT FUND

23-/134134 Pag

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

	Check if Schedule O contains a response or note to any line in this Part VI					X					
Sec	tion A. Governing Body and Management										
				. Destroy	Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		4	0						
	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.				Tang Edul	12.55°					
b	Enter the number of voting members included in line 1a, above, who are independent 1b 4										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other	- Para	The state	X					
	officer, director, trustee, or key employee?										
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision			x					
	of officers, directors, or trustees, or key employees to a management company or other person?										
4											
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X					
6	Did the organization have members or stockholders?			6	<u> </u>	X					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or	1_							
_	more members of the governing body?			7a	<u> </u>	X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or	l		37					
_	persons other than the governing body?			7b	****	X 激烈					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by th	e tollowing:	1	x						
	The governing body?			8a	X						
b	Each committee with authority to act on behalf of the governing body?		t the	8b	<u> </u>						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	cnea a	it the	9	ĺ	x					
Sec	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			] 9	L	<u> </u>					
360	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)		Yes	No					
100	Did the example too have local chapters, branches, or affiliates?			10a	165	X					
	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such ch	anters	: affiliates	104	<del></del>	<del> </del> -					
U	and branches to ensure their operations are consistent with the organization's exempt purposes?	apters	s, annates,	10ь							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	, hefo	re filing the form?	11a		Х					
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990										
12a											
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12a 12b		X					
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			1							
•	in Schedule O how this was done	CO, C	C30/10C	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	l by in	dependent	12 St.	~ * * * * * * * * * * * * * * * * * * *	75 July 1					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•		192	外的多						
а	The organization's CEO, Executive Director, or top management official			15a		X					
b	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)				130						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements	nent w	nth a		30.00						
	taxable entity during the year?			16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its p	articipation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ızatıor	ı's		TO THE						
	exempt status with respect to such arrangements?			16b							
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ► NONE										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and	d 990	T (Section 501(c)(3)	s only)	availat	ole					
	for public inspection. Indicate how you made these available. Check all that apply										
	Own website Another's website X Upon request Other (explain	ın Sc	hedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con			d financ	ıal						
	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 boo	ks an	d records 🕨								
	BRIDGETTE WILLIAMS - 816-753-6443										
	1100 WALNUT ST STE 2950, KANSAS CITY, MO 64106										
832006	12-31-18		·	Form	990	(2018)					

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

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

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

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

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

Name and Title  Average hours per week (list any hours for related organizations below line)  1.1) BARCLAY HORNUNG  Average hours per week  Average hours per week  1.1 BARCLAY HORNUNG  Average hours per week  (list any hours for related organizations below line)  1.2 BARCLAY HORNUNG  Average hours per week  (list any hours for related organizations below line)  1.3 BARCLAY HORNUNG  Average hours per week  (list any hours for related organizations below line)  1.4 Deposition (do not check more than one box, unless per son is both an officer and a director/trustee)  1.5 Deposition (do not check more than one box, unless per son is both an officer and a director/trustee)  1.5 Deposition (do not check more than one box, unless per son is both an officer and a director/trustee)  1.5 Deposition (do not check more than one box, unless per son is both an officer and a director/trustee)  1.5 Deposition (do not check more than one box, unless per son is both an officer and a director/trustee)  1.5 Deposition (do not check more than one box, unless per son is both an officer and a director/trustee)  1.5 Deposition (do not check more than one box, unless per son is both an officer and a director/trustee)  1.5 Deposition (do not check more than one box, unless per son is both an officer and a director/trustee)  1.5 Deposition (do not check more than one box, unless per son is both an officer and a director/trustee)  1.5 Deposition (do not check more than one box, unless per son is both an officer and a director/trustee)  1.5 Deposition (do not check more than one box, unless per son is both an officer and a director/trustee)  1.5 Deposition (do not check more than one box, unless per son is both an officer and a director/trustee)  1.5 Deposition (do not check more than one box, unless per son is both an officer and a director/trustee)  1.5 Deposition (do not check more than one box, unless per son is the following that the companies of the following that the companies of the following that the companies of the following tha	<del></del>	T" -					sate	ated any current officer, director, or trustee				
Name and the   November   General contents and new   General contents   General content	• •	(B)	(C)						(D)	(E)	(F)	
Week   Wist any hours for related organizations   War   Wa	Name and Title	1 -	(do	(do not check more to			ore than one		•	1		
Next any hours for related organizations below line   10.00									•			
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10 BARCLAY HORRUNG			Pi Pi	Instit	Office	Key e	High	Form				
10.00	(1) BARCLAY HORNUNG							ŀ		_	_	
Table   Tabl	PAST PRESIDENT		X		ldash		_		0.	0.	0.	
30 PATRICK O'DONNELL												
International Property   10.00   X   X   X   0.00			X		X		L.	_	0.	0.	0.	
10.00   10.00   X   X   X   0.								ŀ				
TREASURER			X		X	_	┞	<u> </u>	0.	0.	0.	
20.00					,,						•	
FORMER EXECUTIVE DIRECTOR 40.00 X 0. 49,887. 0.  (6) BRIDGETTE WILLIAMS 20.00 X 0. 218,091. 0.			X		X			-	0.	0.	0.	
Column   C			ł		\ •				^	40 007	_	
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Part VII   Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	anc	l Hi	ghes	st C	ompensated Employee	s (continued)					
(A)	(B)			((	C) .			(D)	(E)					
Name and title	Average	Position (do not check more than one					one	Reportable	Reportable	,	Es	tımate	bś	
	hours per	box, unless person is both an					n an	compensation	compensation	วก	am	nount :	of	
	week		cer an	ndad T	recto	or/trus	tee)	from	from related	t		other		
	(list any	ector						the	organization	- 4		pensa		
	hours for	ğ				ed.		organization	(W-2/1099-MI	3C)		om th		
	related	Individual trustee or director	Institutional trustee			Highest compensated employee	l	(W-2/1099-MISC)			_	anızat		
	organizations below	la Fr	onal		Key employee	8 8	l					d relat		
	line)	g, q	strtut	Officer	yem	la ge	Ē				urga	ınızatı	JIIS	
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1b Sub-total								0.	267,9				0.	
c Total from continuation sheets to Part VI	I, Section A							0.	267 0	0.			0.	
d Total (add lines 1b and 1c)							<u> </u>	0.	267,9				0.	
2 Total number of individuals (including but n	ot limited to th	ose	liste	d at	oove	e) wh	o re	eceived more than \$100,	000 of reportable	3			^	
compensation from the organization												V I	0	
										ſ	—	Yes	No	
3 Did the organization list any former officer,		uste	e, ke	y en	nplo	yee,	or	highest compensated er	nployee on					
line 1a? If "Yes," complete Schedule J for s										}	3		X	
4 For any individual listed on line 1a, is the su	-								he organization			<del>-,-</del> -		
and related organizations greater than \$150										}	4	Х		
5 Did any person listed on line 1a receive or a	ccrue comper	ısatı	on f	rom	any	unre	elate	ed organization or individ	dual for services				77	
rendered to the organization? If "Yes." com	plete Schedul	e <i>J f</i>	or st	ıch i	oers	on					5		X	
Section B. Independent Contractors														
1 Complete this table for your five highest co										oensat	ion fro	m		
the organization Report compensation for	the calendar ye	ear e	endir	ng w	/ith c	or wi	thin		ear T					
(A)	addrass	37/	~~**	-				(B) Description of s	onucos	_	Omper	i) Seatio	n	
Name and business	address	N	INC	<u> </u>			$\dashv$	Description of s			omper	isatio	<u>'</u> -	
							-	_						
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	· · · · · · · · · · · · · · · · · · ·									<del></del>				
								L		<del></del>				
2 Total number of independent contractors (ii	-	ot lır	nite	d to		_	sted	above) who received me	ore than					
\$100,000 of compensation from the organiz	zation				(	<u>)                                    </u>					:	202		
											Form	990 ()	2018)	

HEAVY CONSTRUCTORS ASSOCIATION OF THE 23-7154194 GRTR KC AREA INDUS ADVCMT FUND Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue excluded from tax under (B) Related or Total revenue business exempt function sections 512 - 514 revenue revenue Federated campaigns b Membership dues 1b Fundraising events d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f Business Code 2 a COLLECTIVE BARGAINING 900099 314,556. 314,556 Program Service All other program service revenue 314,556. Total. Add lines 2a-2f Investment income (including dividends, interest, and 6,654. 6,654. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 **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 **Business Code** 11 a , b

321,210.

Form 990 (2018)

832009 12-31-18

d All other revenue e Total. Add lines 11a-11d

Total revenue. See instructions

23-7154194 Page 10

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must coi	mplete column (A)	<del></del> _						
	Check if Schedule O contains a response or note to any line in this Part IX										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses						
1	Grants and other assistance to domestic organizations										
	and domestic governments. See Part IV, line 21	51,953.									
2	Grants and other assistance to domestic										
	individuals See Part IV, line 22			11.00 C. 10.00 C. 10.00							
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign										
	individuals See Part IV, lines 15 and 16			THE PARTY OF THE P							
4	Benefits paid to or for members										
5	Compensation of current officers, directors,										
	trustees, and key employees										
6	Compensation not included above, to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)										
7	Other salanes and wages										
8	Pension plan accruals and contributions (include										
	section 401(k) and 403(b) employer contributions)				<u> </u>						
9	Other employee benefits										
10	Payroll taxes		,	•							
11	Fees for services (non-employees)	777 775									
а	Management	273,725. 387.	<u> </u>								
b	Legal	30/•									
C .	Accounting										
d	Lobbying										
e	Professional fundraising services. See Part IV, line 17	2,374.	· · · · · · · · · · · · · · · · · · ·	55/2586 - 40 / 41 / 1/5/286 × 1/2/28/28	<del></del>						
f	Investment management fees	2,3/4.									
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)	1,123.			· ·						
10	Advertising and promotion	1,123.									
12 13	Office expenses	2,151.									
14	Information technology	2,2320									
15	Royalties										
16	Occupancy										
17	Travel										
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings										
20	Interest										
21	Payments to affiliates										
22	Depreciation, depletion, and amortization										
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 0.)										
а			·· · · ·								
b											
С.											
d	All other expenses	···· ··· ··· ···	<del></del>								
	All other expenses Add lines 1 through 24e	331,713.									
25	Joint costs. Complete this line only if the organization	331,113.			<del></del>						
26	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation.										
	Check here fit following SOP 98-2 (ASC 958-720)										

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 298,042. 192,116. Cash - non-interest-bearing 1 73,358. 2 125,610. 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L. Notes and loans receivable, net Inventories for sale or use R Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a b Less accumulated depreciation 10b 10c 418,267. 196,518. Investments - publicly traded securities 11 11 12 Investments - other securities See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 13 Intangible assets 14 14 960. 15 Other assets See Part IV, line 11 15 684,701. 620,170. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D Λ. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 684,701. 620,170. Unrestricted net assets 28 28 Temporanly restricted net assets 29 29 -Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 32 'Retained earnings, endowment, accumulated income, or other funds 684,701. 620,170. 33 Total net assets or fund balances 684,701620,170. Total liabilities and net assets/fund balances

Form **990** (2018)

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

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

Form 990 (2018)

X

Act and OMB Circular A-133?

### 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

Department of the Treasury Internal Revenue Service

► 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.

Open to Public Inspection

OMB No 1545-0047

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>HEAVY</li> </ul>	ations Complete Part III  CONSTRUCTORS ASSOC	ATTON OF !	PHR Em	olover identification number
	C AREA INDUS ADVCM			23-7154194
Part I-A   Complete if the or	rganization is exempt under	section 501(c)	or is a section 527 o	rganization.
<ol> <li>Provide a description of the organ</li> <li>Political campaign activity expend</li> <li>Volunteer hours for political camp</li> </ol>	ditures	campaign activities		10,000.
Part I-B Complete if the or	rganization is exempt under	section 501(c)(	3).	
1 Enter the amount of any excise ta	x incurred by the organization under	section 4955	<b>•</b>	\$
2 Enter the amount of any excise ta	x incurred by organization managers	under section 4955	•	\$
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	<del></del>		5047	Vol
<u> </u>	rganization is exempt under		<del> </del>	*
1 Enter the amount directly expende		·	•	\$
2 Enter the amount of the filing orga	anization's funds contributed to other	organizations for se	_	
exempt function activities		5 4400 001	-	\$
3 Total exempt function expenditure	es Add lines 1 and 2 Enter here and	on Form 1120-PQL	, _	<b>^</b>
line 17b  4 Did the filing organization file Fori				Yes No
5 Enter the names, addresses and emade payments. For each organize contributions received that were payments.	<del>-</del>	om the filing organi eparate political org	zation's funds. Also enter the anization, such as a separa	th the filing organization ne amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's 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-
KANSAS GOOD ROADS	919 S KANSAS AVE TOPEKA, KS 66612		5,000	0.
	900 W 48TH ST			
POLSINELLI	KANSAS CITY, MO 6		5,000	0.

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

Schedule C (Form 990 or 990-EZ) 2018

LHA

832041 11-08-18

Schedule C (Form 990 or 990-EZ) 2018  Part II A Complete if the org	GRTR KC janization is	AREA exemp	INDUS ADVO	CMT FUND 501(c)(3) and file	23-7 d Form 5768 (ele	154194 Page 2 ction under
section 501(h)).						
A Check ► I if the filing organiza	tion belongs to	an affiliate	ed group (and list in	Part IV each affiliated	group member's name	, address, EIN,
expenses, and share			•	•	•	
B Check I if the filing organiza	ition checked bo	x A and '	'limited control" pro	visions apply		
	ts on Lobbying ditures" means	-	tures s paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence public op	nion (gras	ss roots lobbying)			
<b>b</b> Total lobbying expenditures to infli	•					
c Total lobbying expenditures (add li	-	, ,	, ,,			
d Other exempt purpose expenditure	•		٠			
e Total exempt purpose expenditure		ind 1d)				
f Lobbying nontaxable amount Ente	-		llowing table in both	columns		-
If the amount on line 1e, column (a) of			ng nontaxable amo		77. <b>96. 8 3</b>	
Not over \$500,000			amount on line 1e	June 13.		
Over \$500,000 but not over \$1,000			olus 15% of the exce	255 OVOT \$500 000		
Over \$1,000,000 but not over \$1,500			olus 10% of the exce			
Over \$1,500,000 but not over \$17,			olus 5% of the exces	ss over \$1,500,000		
Over \$17,000,000	1 2	1,000,000	J			
					WINE TERMINATION OF A YEAR	1844 C Dr. 17 - 17 - 1844
g Grassroots nontaxable amount (en						
h Subtract line 1g from line 1a If zer	· ·					
i Subtract line 1f from line 1c If zero	•			. 51 5 4700		
j If there is an amount other than ze		1h or line	11, did the organiza	ition file Form 4/20	Г	¬., .
reporting section 4911 tax for this					<u></u>	Yes No
(Some organizations t	hat made a sec	tion 501(	ging Period Under h) election do not h instructions for lin	nave to complete all c	of the five columns be	low.
	Lobbying	Expendi	tures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2015		<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	Total Mark 1884 A 6460	examened with	orenosumenti mando spatetes, su	Takinah "e akkeessa kananasi ka	Land Servento (Prince Cod. 2) n (N	
b Lobbying ceiling amount (150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount		#X.34637 (37	^w-12-	TAL SECTION AND LONG.	7.45.20 E. S.	
e Grassroots ceiling amount (150% of line 2d, column (e))						
. Consequents table upon over an difference						

Schedule C (Form 990 or 990-EZ) 2018

Schedule C (Form 990 or 990 EZ) 2018 GRTR KC AREA INDUS ADVCMT FUND 23-7154194 Page 3

[Partill 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	(8	1)	(t	o)	
	e lobbying activity	Yes	No	Amount		
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers?					
b						
d	Mailings to members, legislators, or the public? Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?				_	
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				236.64	
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		23.7.883			
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			E KANTO	2579强	
Par	tillia Complete if the organization is exempt under section 501(c)(4), sectio 501(c)(6).	n 501(c)(	5), or sec	tion		
				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	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	e prior year	7 3		X	
i i gar	Complete if the organization is exempt under section 501(c)(4), sectio 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				e 3, is	
1	Dues, assessments and similar amounts from members		1	314	,556.	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	cal	350.00			
	expenses for which the section 527(f) tax was paid).		3			
а	Current year		2a	10	,000.	
	Carryover from last year		2b			
	Total		2c	10	,000.	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	10	,000.	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p					
	expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Par	t∃IV∜ Supplemental Information					
	de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group actions), and Part II-B, line 1 Also, complete this part for any additional information	list), Part II-	A, lines 1 ai	nd 2 (see		
	· · · · · · · · · · · · · · · · · · ·					
	•	0.1	L 0/F	000 000		

### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

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

Attach to Form 990.

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

Open to Public Inspection

OMB No 1545-0047

Name of the organization

HEAVY CONSTRUCTORS ASSOCIATION OF THE GRTR KC AREA INDUS ADVCMT FUND

Employer identification number 23-7154194

organization answered "Yes" on Form 990, Part IV, line 6  (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 contributions to (during year)  4 Aggregate value of 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 inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7  1 Purpose(s) of conservation easements held by the organization (check all that apply)  Preservation of land for public use (e.g., recreation or education)  Preservation of a certified historic structure  Preservation of a conservation easements  2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year  a Total number of conservation easements  5 Total acreage restricted by conservation easements  C Number of conservation easements on a certified historic structure included in (a)  4 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year P  2 Does the organization have a written policy regarding the pendic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  5 Does the organization have a written policy regarding the pendic monitoring, and enforcing conservation easements during the year P  3 Note of superiors of superiors deviced to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year P  3 Does each conservation easement reported on line 2(d) above satisfy the requirements of section
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 exclusive legal control?
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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 exclusive legal control?  6. Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring imperimisable private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7  1. Purpose(s) of conservation easements held by the organization (check all that apply)  Preservation of land for public use (e.g., recreation or education)  Preservation of a historically important land area Protection of natural habitat  Preservation of open space  2. Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year  2. Total number of conservation easements  3. Total acreage restricted by conservation easements  4. Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register  3. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Purpor of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Purpor of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Purpor of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the year Purpor of states where property subject to conservation easements is located Purpor of the conservation easements of the Conservation easements of the organization, and enforcing co
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Protection of natural habitat
Protection of natural habitat
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year  a Total number of conservation easements  b Total acreage restricted by conservation easements  c Number of conservation easements on a certified historic structure included in (a)  d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year   4 Number of states where property subject to conservation easement is located   5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   \$
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a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶  Number of states where property subject to conservation easement is located ▶  Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
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d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶
Issted in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶
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year ▶
Number of states where property subject to conservation easement is located ▶  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
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violations, and enforcement of the conservation easements it holds?  Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  →  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  → \$  B Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)  and section 170(h)(4)(B)(ii)?  Yes No
Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  \$\begin{align*} \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes No
Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  \$\begin{align*}  & \text
►\$  Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)  and section 170(h)(4)(B)(ii)?  Yes No
►\$  Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)  and section 170(h)(4)(B)(ii)?  Yes No
and section 170(h)(4)(B)(ii)?
and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and
include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for
conservation easements
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8
1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art,
historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII,
the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical
treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts
relating to these items
(i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide
the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
a Revenue included on Form 990, Part VIII, line 1
b Assets included in Form 990, Part X
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.  Schedule D (Form 990) 2018

		AREA INDU				- Otho	- Ciil	23-/1			ge 2
Par	t III Organizations Maintaining C										
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following that	t are a si	gnıficant	use of its c	oliection if	tems	
	(check all that apply)										
а	Public exhibition	•	الا ا	Loan or exc	change progra	ams					
b	Scholarly research	•	, 🗀	Other	····						
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explain	n how th	ey further th	ne organizatio	on's exen	npt purp	ose in Part	XIII		
5	During the year, did the organization solicit o	r receive donations	of art, his	stoncal treas	sures, or othe	er sımılar	assets				
	to be sold to raise funds rather than to be ma	aintained as part of t	he organ	ization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arran	gements. Compl	ete if the	organizatio	on answered '	"Yes" on	Form 99	90, Part IV,	ine 9, or		
	reported an amount on Form 990, Par			J					•		
1a	Is the organization an agent, trustee, custodi	an or other intermed	harv for c	ontribution	s or other ass	sets not i	ncluded				
	on Form 990, Part X?		,						Yes		No
h	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able						_	
	Tres, explain the arrangement in rate Air	and complete the re	"Owning to	10.0					Amount		
_	Paginning halanga						1c	1	ranount		—
C	Beginning balance						1d	1			—
a	Additions during the year							1			
e	Distributions during the year						1e				—
f	Ending balance	000 David V. Iva	04 4				<u>1f</u>	1	7	$\overline{\Box}$	<u> </u>
	Did the organization include an amount on Fo						rty /		」 Yes	=	No
Par	If "Yes," explain the arrangement in Part XIII										—
Fai	t V   Endowment Funds. Complete		T		I				4 . 5		
		(a) Current year	(b) P	rior year	(c) Two year	rs back	(d) inre	e years back	(e) Four y	ears b	ack_
1a	Beginning of year balance		<u> </u>		-	∤					<del></del>
b	Contributions		<u> </u>		1	<del></del>					
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs				<u> </u>						
f	Administrative expenses				.]						
g	End of year balance				<u> </u>						
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g	, column (a	)) held as						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%	_								
С	Temporarily restricted endowment	<del></del>									
	The percentages on lines 2a, 2b, and 2c short	uld equal 100%									
3a	Are there endowment funds not in the posse	•	ation that	t are held ar	nd administer	red for th	e organi	zation			
	by	· ·					•			es l	Mo
	(i) unrelated organizations								3a(i)		_
	(ii) related organizations								3a(ii)		_
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on So	chedule R?					3b		_
4	Describe in Part XIII the intended uses of the	•								-	_
	t VI Land, Buildings, and Equipm										_
L	Complete if the organization answere		) Part IV	line 11a S	See Form 990	Part X	line 10				
	Description of property	(a) Cost or o			t or other		ccumula	ted	(d) Book	value	—
	pescription of property	basis (investi			(other)		preciation	1	(a) Dook	value	
	Lond	2233 (1114631	,	04010	,,			-			—
	Land										—
_	Buildings	-						-			—
	Leasehold improvements	<b> </b>									—
	Equipment					<u> </u>					
	Other	1									
<u>Total</u>	. Add lines 1a through 1e (Column (d) must e	qual Form 990. Part	X. colum	n (B). line 1	Oc.)			<u> </u>			<u>0.</u>

Schedule D (Form 990) 2018 GRTR KC ARE	A INDUS ADVCMT	FUND	23-7154194	Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b See Form 990, Part X, line 1:	2	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cos	it or end-of-year market va	alue
(1) Financial derivatives				
(2) Closely-held equity interests			·	
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)		<u> </u>		
(G)				
(H)		resortement is advanta to the rest of the end of the latter and a second of the end of t	Compared the Compared of	20 .26 MH20 & 2
Total (Col (h) must equal Form 900 Part Y col (R) line 12 )	1		· 为现实的证据。	4.3330.21

Part VIII Investments - Program Related.

•	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)		,	
(7)			
(8)			
(9)			
Total. (Col. (	b) must equal Form 990, Part X, col. (B) line 13.)		が観響される機能を対象を対象を対している。

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description		(b) Book value
(1)		
(2)	<u></u>	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Cotal (Column (b) must equal Form 000, Port V, col. (R) line 15.)	<b>▶</b>	

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value	
(1) Federal inco	ome taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) r	nust equal Form 990. Part X. col. (B) line 25.)	<b>&gt;</b>	CONTROL OF THE MENT OF THE PARTY OF THE PART

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) 2018

	t XI® Reconciliation of Revenue per Audited Financial State		ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line		-
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	<u> </u>	2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII )	4b	
С	Add lines 4a and 4b		4c
_5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
∄Păı	t XIII Reconciliation of Expenses per Audited Financial Stat	ements With Expen	ses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	2a	
b	Pnor year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII )	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.	<u> </u>	
	t XIII Supplemental Information.	D-+11/ 1 45 40b /	Dark V. Iran A. Bark V. Iran O. Bark VI
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,		Part V, line 4, Part X, line 2, Part XI,
ines	2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any	additional information	
PAF	RT X, LINE 2:		
	11 11 11 11 11 11 11 11 11 11 11 11 11		
THE	FUND IS A NOT-FOR-PROFIT ORGANIZTAION	EXEMPT FROM F	EDERAL AND STATE
INC	COME TAXES UNDER SECTION 501(C)(6) OF TH	E INTERNAL RE	VENUE CODE. THE
FU	ND IS NO LONGER SUBJECT TO INCOME TAX EX	AMINATIONS BY	TAXING AUTHORITIES
	TO TO NO BONGER DOBOBET TO THEORE THE BE		
	R YEARS BEFORE 2015.		
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### 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.

Name of the organization

Department of the Treasury inspection : ► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service HEAVY CONSTRUCTORS ASSOCIATION OF THE Employer identification number 23-7154194 GRTR KC AREA INDUS ADVCMT FUND **Questions Regarding Compensation** Ves 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	25 m	大连东	
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees		1	
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or		ALE.	
	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,		33.55	2007
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract	1		
	Independent compensation consultant Compensation survey or study	100		
	Form 990 of other organizations . Approval by the board or compensation committee			
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	<u> </u>	\$ 36.	2 2
				77
а	Receive a severance payment or change-of-control payment?	4a		X
a b	Receive a severance payment or change-of-control payment?  Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4a 4b		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	_	- FAME V	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	7/3	X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?	4b		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?	4b		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III  )	4b		X
b c	Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	4b		X
b c 5	Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  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?	4b 4c 5a		X
b c 5	Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  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	4b 4c		X
b c 5	Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  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?  Any related organization?  If "Yes" on line 5a or 5b, describe in Part III	4b 4c 5a		X
b c 5	Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  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?  Any related organization?	4b 4c 5a		X
b c 5 a b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  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?  Any related organization?  If "Yes" on line 5a or 5b, describe in Part III	4b 4c 5a 5b		X
b c 5 a b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  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?  Any related organization?  If "Yes" on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	4b 4c 5a 5b		X
5 a b 6 a	Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  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?  Any related organization?  If "Yes" on line 5a or 5b, describe in Part III 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	4b 4c 5a 5b		X
5 a b 6 a	Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  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?  Any related organization?  If "Yes" on line 5a or 5b, describe in Part III  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  The organization?  Any related organization?  If "Yes" on line 6a or 6b, describe in Part III	4b 4c 5a 5b		X
5 a b 6 a	Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  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?  Any related organization?  If "Yes" on line 5a or 5b, describe in Part III 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 The organization?  Any related organization?  If "Yes" on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	4b 4c 5a 5b 6a 6b		X
5 a b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  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?  Any related organization?  If "Yes" on line 5a or 5b, describe in Part III  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 The organization?  Any related organization?  If "Yes" on line 6a or 6b, describe in Part III  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	4b 4c 5a 5b 6a 6b		XX
5 a b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  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?  Any related organization?  If "Yes" on line 5a or 5b, describe in Part III 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 The organization?  Any related organization?  If "Yes" on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	4b 4c 5a 5b 6a 6b		X
5 a b 6 a b 7	Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  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?  Any related organization?  If "Yes" on line 5a or 5b, describe in Part III  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 The organization?  Any related organization?  If "Yes" on line 6a or 6b, describe in Part III  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	4b 4c 5a 5b 6a 6b		XX
5 a b 6 a b 7	Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  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?  Any related organization?  If "Yes" on line 5a or 5b, describe in Part III  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 The organization?  Any related organization?  If "Yes" on line 6a or 6b, describe in Part III  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  Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	4b 4c 5a 5b 6a 6b		XX

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

Schedule J (Form 990) 2018

OMB No 1545-0047

Page 2

# GRTR KC AREA INDUS ADVCMT FUND

23-7154194

Schedule J (Form 990) 2018

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

		(B) Breakdown of \	W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(ı) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation		(B)(ı)·(D)	in column (B) reported as deferred on prior Form 990
(1) BRIDGETTE WILLIAMS	3	0	0	0	0	0	0	0
EXECUTIVE DIRECTOR	<u> </u>	203,09	0	15,000.		0	218,091.	0
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21

Schedule J (Form 990) 2018

HEAVY CONSTRUCTORS ASSOCIATION OF THE GRTR KC AREA INDUS ADVCMT FUND

Page 3 Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information 23-7154194 Part III | Supplemental Information Schedule J (Form 990) 2018

		Schedule J (Form 560) 2018	
			•
			•
			Form 990) 2018

### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 Inspection

► 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

Employer identification number

GRTR KC AREA INDUS ADVCMT FUND	23-7154194
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	SION:
TO PROMOTE, IMPROVE AND ADVANCE THE INTEREST AND COMMON GO	OOD OF ALL
ENGAGED IN THE CONSTRUCTION INDUSTRY THROUGH SUCH ACTIVITI	ES AS
EMPLOYEE AND SUPERVISORY TRAINING, MANAGEMENT TRAINING AND	EDUCATIONAL
PROGRAMS, CONSTRUCTION TECHNICAL EDUCATION, SAFETY EDUCATI	ON AND
ACCIDENT PREVENTION TRAINING, PUBLIC RELATIONS, MARKET DEV	ELOPMENT,
SCHOLARSHIP PROGRAMS AND MANY OTHER PURPOSES PERMITTED BY	LAW.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MI	SSION:
TO PROMOTE, IMPROVE AND ADVANCE THE INTEREST AND COMMON GO	OOD OF ALL
ENGAGED IN THE CONSTRUCTION INDUSTRY THROUGH SUCH ACTIVITI	ES AS
EMPLOYEE AND SUPERVISORY TRAINING, MANAGEMENT TRAINING AND	EDUCATIONAL
PROGRAMS, CONSTRUCTION TECHNICAL EDUCATION, SAFETY EDUCATI	ON AND
ACCIDENT PREVENTION TRAINING, PUBLIC RELATIONS, MARKET DEV	ELOPMENT,
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 99	0. A DRAFT COPY
OF THE RETURN IS GIVEN TO THE ORGANIZATION'S EXECUTIVE DIR	ECTOR. ANY
QUESTIONS OR CONCERNS THE EXECUTIVE DIRECTOR HAS ARE ADDRE	SSED AND ANY
CORRECTIONS OR CLARIFICATIONS ARE MADE BEFORE THE FINAL CO	PY 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. 832211 10-10-18

Schedule O (Form 990 or 990-EZ) (2018)

Name of the orga		HE.	AVY	CO				OCIAT		OF	THE			Employer 23-	identifi 7154	cation number
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

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.

2018 Open to Public Inspection

OMB No 1545-0047

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

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

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

Part

Employer identification number 23-7154194

Direct controlling entity End-of-year assets **e** Total income ਉ Legal domicile (state or foreign country) Primary activity 9 Name, address, and EIN (if applicable) of disregarded entity (a) Part II

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year

(f) (h)	gullo	entity entity?	Yes No		CTORS	ASSOCIATION OF X		CTORS	IEAVY CONSTRUCTORS ASSOCIATION OF X	CTORS X	CTORS TION OF X	TION OF X	TION OF X	TION OF X
(e)	_	- uo	501(c)(3))	HEAVY	CONSTRUCTORS	ASSOCIAT	HEAVY	HEAVY CONSTRUCTORS	HEAVY CONSTRUC ASSOCIAT	HEAVY CONSTRUC ASSOCIAT	HEAVY CONSTRUC ASSOCIAT	HEAVY CONSTRUC ASSOCIAT LINE 7 N/A		
(p)	Exempt Code	section				527			527	527	527	(c)(3)	(c)(3)	(c)(3)
(o)	Legal domicile (state or	foreign country)				MOROCCO			MOROCCO	MOROCCO	MOROCCO	MOROCCO MOROCCO	MOROCCO	MOROCCO
(q)	Primary activity					PAC			pac	PAC	PAC	PAC TRADE ASSOCIATION	PAC TRADE ASSOCIATION	PAC TRADE ASSOCIATION
(a)	Name, address, and EIN	of related organization		HCA POLITICAL ACTION COMMITTEE - 43-1160274	100 WALNUT ST SUITE 2950	KANSAS CITY, MO 64106	HCA FEDERAL POLITICAL ACTION COMMITTEE -	HCA FEDERAL POLITICAL ACTION COMMITTEE -	HCA FEDERAL POLITICAL ACTION COMMITTEE - 43-1220276, 1100 WALNUT ST SUITE 2950, KANSAS CITY, MO 64106	HCA FEDERAL POLITICAL ACTION COMMITTEE - 43-1220276, 1100 WALNUT ST SUITE 2950, KANSAS CITY, MO 64106 HEAVY CONSTRUCTORS ASSOCIATION OF THE	HCA FEDERAL POLITICAL ACTION COMMITTEE - 43-1220276, 1100 WALNUT ST SUITE 2950, KANSAS CITY, MO 64106 HEAVY CONSTRUCTORS ASSOCIATION OF THE SREATER KANSAS CITY AREA - 44-0563901, 1100	HCA FEDERAL POLITICAL ACTION COMMITTEE - 43-1220276, 1100 WALNUT ST SUITE 2950, KANSAS CITY, MO 64106 HEAVY CONSTRUCTORS ASSOCIATION OF THE GREATER KANSAS CITY AREA - 44-0563901, 1100 WALNUT ST SUITE 2950, KANSAS CITY, MO 64106	HCA FEDERAL POLITICAL ACTION COMMITTEE - 43-1220276, 1100 WALNUT ST SUITE 2950, KANSAS CITY, MO 64106 HEAVY CONSTRUCTORS ASSOCIATION OF THE GREATER KANSAS CITY AREA - 44-0563901, 1100 WALNUT ST SUITE 2950, KANSAS CITY, MO 64106	HCA FEDERAL POLITICAL ACTION COMMITTEE - 43-1220276, 1100 WALNUT ST SUITE 2950, KANSAS CITY, MO 64106 HEAVY CONSTRUCTORS ASSOCIATION OF THE 3REATER KANSAS CITY AREA - 44-0563901, 1100 WALNUT ST SUITE 2950, KANSAS CITY, MO 64106

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2018

832161 10-02-18 LHA

GRTR KC AREA INDUS ADVCMT FUND

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year Schedule R (Form 990) 2018

Page 2

23-7154194

(a)	(Q)	ပ	(g)	(e)	£	(6)	£	€	9	3
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year	Disproportionate allocations?	Code V-UBI amount in box	General or managing partner?	General or Percentage managing ownership partner?
		country)		sections 512-514)		descrip	Yes No		Yes	
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		-								
						_				
Part IV Identification of Related Organizations Taxable as a Corporation or Part IV organizations treated as a corporation or trust during the tax year.	nzations Taxable as	s a Corpoi	ration or Trust. Colear.	ration or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related ear.	on answered "Yes	" on Form 990, P <sub>E</sub>	art IV, line 34	t, because it had or	Je or m	ore related

, (0

(a)	(q)	(၁)	(p)	(e)			(F)	(1)	ı
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling Type of entity (C corp, S corp, entity	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage 512(b)(13) ownership controlled entity?	512(b)(13) controlled entity?	
		country)		ດາ ເເຕຣເງ				Yes No	ا ۔ ا
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Schedule R (Form 990) 2018

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

Page 3

23-7154194

Schedule R (Form 990) 2018

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				Yes 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?	with one or more rela	ated organizations listed i	n Parts II-IV?	•
a Receipt of (I) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				ta X
b Gift, grant, or capital contribution to related organization(s)				ъ Ж
c Gift, grant, or capital contribution from related organization(s)				to X
d Loans or loan guarantees to or for related organization(s)				X   N
e Loans or loan guarantees by related organization(s)				1e X
f Dividends from related organization(s)				+ ×
g Sale of assets to related organization(s)				1g X
h Purchase of assets from related organization(s)				th X
i Exchange of assets with related organization(s)				1i X
J Lease of facilities, equipment, or other assets to related organization(s)				1, X
k Lease of facilities, equipment, or other assets from related organization(s)				
I Performance of services or membership or fundraising solicitations for related organization(s)	nzation(s)			<b>×</b>
m Performance of services or membership or fundraising solicitations by related organization(s)	ızatıon(s)			t X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			1n X
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				10 X
				Mercentage Affectivents Avenue
<ul> <li>P Reimbursement paid to related organization(s) for expenses</li> </ul>				T dt
q Reimbursement paid by related organization(s) for expenses				1g X
r Other transfer of cash or property to related organization(s)				X
1	ho must complete the	s line, including covered r	elationships and transaction thresholds	
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount involved	volved
	type (a-s)			
HEAVY CONSTRUCTORS ASSOCIATION OF THE (1) GREATER KANSAS CITY AREA	Д	273,725.	FAIR MARKET VALUE	
(2)				
101				
(4)				
(5)				
(9)				
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HEAVY CONSTRUCTORS ASSOCIATION OF THE GRTR KC AREA INDUS ADVCMT FUND

Schedule R (Form 990) 2018

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) (b) (c) (d)  Name, address, and EIN Primary activity (related, unrelated, of entity of entity excluded from fax unde country) sections 512-514)	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income procedure (related, unrelated, excluded from tax under sections 5/2-5/4)	Are all Are all Solici(3) ons ?	(f) Share of total income	(g) Share of end-of-year assets	Disproportionale allocations?	Ospropor Code V-UBI General or Percentage amounts in box 20 managing ownership of Schedule K-1 partner?	(j) General or managing partner?	(k) Percentage ownership
	1		t			,				
						-				
								Schedule	R (For	Schedule R (Form 990) 2018