2939334103924 4 1 3 1 7 11 Exempt Organization Business Income Tax Return Fam 990-T 2019 For calendar year 2018 or other tax year beginning JUL 1, 2018 __, and ending JUN ► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service D Employer identification number (Employees' trust, see Check box if Name of organization (Check box if name changed and see instructions.) address changed instructions \ B Exempt under section AMERICAN PUBLIC WORKS ASSOCIATION 36-2202880 Print X 501(c)(3\) Number, street, and room or suite no. If a P.O. box, see instructions, (See instructions.) Type 408(e) [220(e) 1200 MAIN STREET, SUITE 1400 408A 530(a) City or town, state or province, country, and ZIP or foreign postal code 529(a) KANSAS CITY, MO 64105 541800 C Book value of all assets F Group exemption number (See instructions.) at end of year 29,912,709. G Check organization type ► X 501(c) corporation 301(c) trust 401(a) trust Other trust H Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated SEE STATEMENT 1 trade or business here . If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V. X. No During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation. J The books are in care of ► SCOTT D. GRAYSON Telephone number $\blacktriangleright 816-595-5209$ Part I Unrelated Trade or Business Income (A) income (C) Net (B) Expenses 当物() 68,487. 1a Gross receipts or sales 68,487 b Less returns and allowances c Balance 1c 43,614. Cost of goods sold (Schedule A, line 7) 2 24,873. Warder Car Probably Gross profit. Subtract line 2 from line 1c 3 **新设置的公司基础** 4a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c 3037043 Income (loss) from a partnership or an S corporation (attach statement) 5 Rent income (Schedule C) 6 Unrelated debt-financed income (Schedule E) 7 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 10 Exploited exempt activity income (Schedule I) 10 1,539,281 1,446,766. 92,515. 11 Advertising income (Schedule J) 11 12 Other income (See instructions; attach schedule) 12 564,154. ,446,766. 388. Total. Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income) 14 Compensation of officers, directors, and trustees (Schedule K) 14 13,814 15 Salaries and wages 15 Repairs and maintenance 16 16 17 Bad debts 17 18 Interest (attach schedule) (see instructions) 18 Taxes and licenses Charitable Contributions (See Instructions for limitation) rule 19 19 20 20 Depreciation (attach Form 4562) 21 21 Less depreciation claimed on Scheduleta and elsewhere on eturn 22 22a 22b 23 Depletion ma 23 Contributions to deferred compensation plans 24 24 25 Employee, begefit programs 25 Excess exempt expenses (Schedule I) 26 26 Excess readership costs (Schedule J) 27 27 20,212. 28 Other deductions (attach schedule) SEE STATEMENT 2 28

32 Unrelated business taxable income. Subtract line 31 from line 30
823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated bysiness taxable income before net operating loss deduction. Subtract line 29 from line 13

Deductionator net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)

Total deductions. Add lines 14 through 28

83,362. Form **990-T** (2018)

34,026.

83,362

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16-	•	•			×	×	

Form 990-	12101120121 102220 1101212 11023011212011		36-220	2880	Page 2
"Pärt	II. Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (se	e instruc	ctions)	33	83,362.
34	Amounts paid for disallowed fringes	-		34	51,696.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instru	uctions)	STMT 3	35	17,879.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the si				
	lines 33 and 34	J J.		36	117.179.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)			37	117,179.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line	26		37	1,000
30	enter the smaller of zero or line 36	30,		00	116,179.
Part				38	110,173.
				T T	24 200
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		▶	39	24,398.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount	on line 3	8 from:	8 3 ×	
	Tax rate schedule or Schedule D (Form 1041)		>	40	
41	Proxy tax. See instructions		>	41	
42	Alternative minimum tax (trusts only)			42	
43	Tax on Noncompliant Facility Income. See instructions			43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies			44	24,398.
Part '	/ Tax and Payments				
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a		\$3 \$	
b	Other credits (see instructions)	45b			
c	General business credit. Attach Form 3800	45c		7. 2.2	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d			
	Total credits. Add lines 45a through 45d			45e	
46	Subtract line 45e from line 44			46	24,398.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 88	166	Other (attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)		J 00101 (2112011 001102010)	48	24,398.
49 .				49	0.
	Payments: A 2017 overpayment credited to 2018	1 500 1	4,761.	1 1	
		50a	4,701.	∤ ′} -	
	2018 estimated tax payments	50b		9,000	
	Tax deposited with Form 8868	50c			
	Foreign organizations: Tax paid or withheld at source (see instructions)	50d		ye. [88]	
	Backup withholding (see instructions)	50e		wî	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f		-	
Q		1 1			
	☐ Form 4136 ☐ Other ☐ Total ▶	50g		100 11	
51	Total payments. Add lines 50a through 50g			51	4,761.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🗓			52	741.
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		>	53	20,378.
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		` ▶	54	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax		Refunded	55	
:Part	VI Statements Regarding Certain Activities and Other Informatio	n (see	e instructions)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature	or other	authority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	n may ha	ve to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	foreign (country		<u></u>
	here CANADA				X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tr	ansferor	to, a foreign trust?		<u> </u>
	If "Yes," see instructions for other forms the organization may have to file.		. •		48 K K K K K K K K K K K K K K K K K K K
58	Enter the amount of tax-exempt interest received or accrued during the tax year				
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and ste	tements,	and to the best of my knowled	dge and belie	if, it is true,
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer	r has any l			
Here	XXC. Ha Lungar VIII5HI N EXECUTI	राह्य	TDBAMAD I		scuss this return with lown below (see
	Signature of officer Date Title			structions)?	X Yes No
	Drupt/Tupe prepared pages Drepared empeture		-		22 103 100
	Print/Type preparer's name Preparer's signature Da	ne <i>i</i>		f PTIN	
Paid	TTCA DUDYE / /	1/141	self- employed	D00	1220710
Prepa	ic . NOTO MON IIO	7' 1	/		1974360
Use (Only Firm's name ► CBIZ MHM, LLC	0.0	Firm's EIN ►		-1874260
	700 WEST 47TH STREET, SUITE 11	ŲŪ		16 0	LE EE00
	Firm's address ► KANSAS CITY, MO 64112		Phone no. 8		
823711 0	I-O9-19			F	orm 990-T (2018)

Schedule A - Cost of Goods	Sold. Enter	method of invent	ory v	aluation > N/A	-			
1 Inventory at beginning of year	1	0.	6	Inventory at end of year	r		6	0.
2 Purchases	2	43,614.	7	Cost of goods sold. Su	ibtract l	ine 6		
3 Cost of labor	3			from line 5. Enter here	and in F	Part I,		
4a Additional section 263A costs		- '		line 2			7	43,614.
(attach schedule)	4a		8	Do the rules of section	263A (\	with respect to		Yes No
b Other costs (attach schedule)	4b			property produced or a	cquired	for resale) apply to		
5 Total. Add lines 1 through 4b	5	43,614.		the organization?				X
Schedule C - Rent Income ((see instructions)	From Real I	Property and	Per	sonal Property L	ease	d With Real Prop	erty)	
1. Description of property								
(1)								
(2)								
(3)								
(4)								
	2. Rent receive	ed or accrued						
(a) From personal property (if the perconal property is more 10% but not more than 50%)	centage of than	of rent for po	ersonal	onal property (if the percentage property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) as	nd 2(b) (atta	och schedule)
(1)								
(2)								
(3)								
(4)								
Total	0.	Total			0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	(A)	>			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•	0.
Schedule E - Unrelated Deb	t-Financed	Income (see	nstru	ctions)				
			, ا	2. Gross income from		Deductions directly con to debt-finant		
1. Description of debt-fir	sanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)								
(2)								
(3)								
(4)								
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property h schedule)		5. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		Allocable deductions lumn 6 x total of columns 3(a) and 3(b))
(1)				%				
(2)				%				
(3)				%				
(4)				%				
						Enter here and on page 1, Part I, line 7, column (A).		ter here and on page 1, urt I, line 7, column (B)
Totals				•		0		0.
Total dividends-received deductions in	ncluded in columi	n 8					•	0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	Net income (loss) from urrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B).			di.	Enter here and on page 1, Part II, line 26
Totals -	0.	0.				0.

Enter here and on page 1

Schedule J - Advertising Income (see instructions)

Part Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				,		
(2)						
(3)						Ŭ A ≥
(4)			er faraker			
,				-		
otals (carry to Part II, line (5))	0.	0.				0.

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Enter here and on page 1,

0.

(4)

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Part II: Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4) STATEMENT	5	1,539,281	1,446,766	92,515.			
Totals from Part I	▶	0.	0.	State of the state	7.57	34.8	0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	•	1539281.	1446766.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4) SEE STATEMENT 4		%	•
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2018)

FORM 990-T	DESCRIPTION OF	ORGANIZATION'S	PRIMARY	UNRELATED	STATEMENT 1
		BUSINESS ACTIVIT	ΓY		

REPORTED ADVERTISING, CREDENTIALING AND PLACEMENT OF EMPLOYMENT POSITION ADS ON THE APWA WEBSITE THAT IS DISTRIBUTED TO ALL MEMBERS ON A MONTHLY BASIS.

TO FORM 990-T, PAGE 1

FORM 990-T OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION	AMOUNT
MERCHANDISE GENERAL ADMINISTRATIVE COSTS	20,212.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	20,212.

FORM 990-T	NET	OPERATING LOS	S DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/18	17,879.	0	. 17,879.	17,879.
NOL CARRYOV	VER AVAILABLE THIS	YEAR	17,879.	17,879.

ORM 990-T SCHEDULE K - C DIRECTO	RS AND TRUSTEES		
AME AVID LAWRY ILLIAM MILLS ILL SPEARMAN IM NEAL . GARY LOSIER HARLES M. JONES EITH PUGH OUGLAS LAYTON ICHARD BERNING HUCK WILLIAMS AVID FABIANO HAHNAWAZ AHMAD AN J. HARTMAN ISA ANN RAPP ARY JOYCE IVERS TAN BROWN ATHLEEN DAVIS COTT GRAYSON NDREA EALES AVID DANCY ARY KNOLLMEYER	TITLE	PERCENT	COMPENSATION
 AVID LAWRY	PRESIDENT	.00%	
ILLIAM MILLS	PAST PRESIDENT	.00%	
ILL SPEARMAN	PRESIDENT-ELECT	.00%	
IM NEAL	DIR-AT-LARGE,		
	ENGINEERING AND		
	TECHNOLOGY	.00%	
. GARY LOSIER	DIR, REGION I	.00%	
HARLES M. JONES	DIR, REGION II	.00%	
EITH PUGH	DIR, REGION III	.00%	
OUGLAS LAYTON	DIR, REGION IV	.00%	
ICHARD BERNING	DIR, REGION V,		
	TREASURER	.00%	
HUCK WILLIAMS	DIR, REGION VI	.00%	
AVID FABIANO	DIR, REGION VII	.00%	
HAHNAWAZ AHMAD	DIR, REGION VIII	.00%	
AN J. HARTMAN	DIR, REGION IX	.00%	
ISA ANN RAPP	DIR-AT-LARGE		
	ENVIRONMENTAL MGMT	.00%	
ARY JOYCE IVERS	DIR-AT-LARGE FLEET		
	& FACILITIES	.00%	
TAN BROWN	DIR-AT-LARGE		
	LEADERSHIP & MGMT	.00%	
ATHLEEN DAVIS	DIR-AT-LARGE		
	TRANSPORTATION	.00%	
COTT GRAYSON	EXECUTIVE DIRECTOR	.00%	
NDREA EALES	DIR OF GOVT		
	AFFAIRS	.00%	
AVID DANCY	DIR OF MARKETING &		
	WE	.00%	
ARY KNOLLMEYER	DIR OF FINANCE	.00%	
ARY KNOLLMEYER ULIE BEBERMEYER	DIK OF HK/OFFICE		
	DIR OF EDUCATION &		
	CREDENTIALING	.00%	•
OTAL TO FORM 990-T, SCHEDULE K			

FORM 990-T SC	STATEMENT 5					
NAME OF PERIODICAL	GROSS ADV	DIRECT ADV COST	GAIN (LOSS)	CIRC INCOME	RDRSHIP COSTS	EXCESS RDRSHIP COSTS
APWA WORKZONE	900,709.	498,736.	401,973.			
APWA REPORTER ADVERTISING	544,149.	850,043.	-305,894.			
CONFERENCE PROGRAMS	21,326.	91,125.	-69,799.			
CHAPTER ADVERTISING	73,097.	6,862.	66,235.			
TO FM 990-T, SCH J	1,539,281.	1,446,766.	92,515.			