

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
WELFARE FUND OF THE IUOE LOCAL UNIONS
15 15A 15C 15D AFL-CIO

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
44-40 11TH STREET

City or town, state or province, country, and ZIP or foreign postal code
LONG ISLAND CITY, NY 11101

D Employer identification number
13-6694320

E Telephone number
(212) 255-7657

G Gross receipts \$ 158,544,168

F Name and address of principal officer:
44-40 11TH STREET
LONG ISLAND CITY, NY 11101

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) (9) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ N/A

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1975 **M** State of legal domicile: NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO PROVIDE MEDICAL, HOSPITAL, SURGICAL, OPTICAL, DENTAL, PRESCRIPTION DRUG, VACATION, DEATH, ACCIDENTAL DEATH AND DISMEMBERMENT AND SHORT TERM DISABILITY BENEFITS TO ELIGIBLE PARTICIPANTS.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

| | |
|--|----|
| 3 Number of voting members of the governing body (Part VI, line 1a) | 4 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 |
| 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) | 26 |
| 6 Total number of volunteers (estimate if necessary) | 0 |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 0 |
| 7b Net unrelated business taxable income from Form 990-T, line 39 | 0 |

| | Prior Year | Current Year |
|---|---------------------------|--------------|
| 8 Contributions and grants (Part VIII, line 1h) | 0 | 0 |
| 9 Program service revenue (Part VIII, line 2g) | 94,591,244 | 101,176,723 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 1,383,549 | 2,436,569 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 18,948 | 108,476 |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 95,993,741 | 103,721,768 |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 0 | 0 |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | 88,555,558 | 89,918,328 |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 3,597,800 | 2,045,040 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0 | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | -534,589 | 1,164,409 |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 91,618,769 | 93,127,777 |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 4,374,972 | 10,593,991 |
| | Beginning of Current Year | End of Year |
| 20 Total assets (Part X, line 16) | 75,614,127 | 89,748,641 |
| 21 Total liabilities (Part X, line 26) | 19,249,385 | 19,981,137 |
| 22 Net assets or fund balances. Subtract line 21 from line 20 | 56,364,742 | 69,767,504 |

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here *****
Signature of officer _____ Date 2020-10-14
THOMAS A CALLAHAN UNION TRUSTEE
Type or print name and title _____

Paid Preparer Use Only

| | | | | |
|---|----------------------|------|---|------|
| Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| Firm's name ▶ SCHULTHEIS & PANETTIERI LLP | | | Firm's EIN ▶ 13-1577780 | |
| Firm's address ▶ 450 WIRELESS BLVD HAUPPAUGE, NY 11788 | | | Phone no. (631) 273-4778 | |

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO PROVIDE MEDICAL, HOSPITAL, SURGICAL, OPTICAL, DENTAL, PRESCRIPTION DRUG, VACATION, DEATH, ACCIDENTAL DEATH AND DISMEMBERMENT AND SHORT TERM DISABILITY BENEFITS TO ELIGIBLE PARTICIPANTS.

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 No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

| | | Yes | No |
|------------|---|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | | No |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | | No |
| 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 | | No |
| 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 | | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | | No |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | | No |
| 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 | | No |
| 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 | | No |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| 11a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | Yes | |
| 11b | 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 | | No |
| 11c | 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 | | No |
| 11d | 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 | | No |
| 11e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | Yes | |
| 11f | 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 | | No |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | Yes | |
| 12b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | | No |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | | No |
| 14b | 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 or more? If "Yes," complete Schedule F, Parts I and IV | | No |
| 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 foreign organization? If "Yes," complete Schedule F, Parts II and IV | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | | No |
| 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(see instructions) | | No |
| 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 | | No |
| 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 | | No |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | | No |
| 20b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | | No |

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (4), 1b (4), 2 (Yes), 3 (No), 4 (No), 5 (No), 6 (No), 7a (No), 7b (No), 8a (Yes), 8b (Yes), 9 (No).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (No), 10b, 11a (Yes), 11b, 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (No), 15b (No), 16a (No), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

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, or 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.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|---------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) JAMES T CALLAHAN UNION TRUSTEE | 1.00 | X | | | | | 0 | 0 | 0 | |
| (2) THOMAS A CALLAHAN UNION TRUSTEE | 1.00 | X | | | | | 0 | 0 | 0 | |
| (3) DENISE RICHARDSON THRU 82319 EMPLOYER TRUSTEE | 1.00 | X | | | | | 0 | 0 | 0 | |
| (4) MICHAEL SALGO EMPLOYER TRUSTEE | 1.00 | X | | | | | 0 | 0 | 0 | |
| (5) WILLIAM TYSON EFF 82319 EMPLOYER TRUSTEE | 1.00 | X | | | | | 0 | 0 | 0 | |
| (6) CATHERINE CHASE FUND ADMIN | 40.00 | | | X | | | 314,407 | 0 | 66,409 | |
| (7) YASIR ELTAYEB IT SUPPORT | 40.00 | | | | | X | 231,964 | 0 | 63,148 | |
| (8) LAURA ADDUCHIO CLAIMS SPECIALIST | 40.00 | | | | | X | 169,222 | 0 | 52,694 | |
| (9) RICHARD LOPEZ CLAIMS SPECIALIST | 40.00 | | | | | X | 159,200 | 0 | 51,747 | |
| (10) WILLIAM STANTON IT SUPPORT | 40.00 | | | | | X | 222,677 | 0 | 79,876 | |
| (11) KATHERINE CLANCY OFFICE MANAGER | 40.00 | | | | | X | 141,603 | 0 | 49,750 | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Part VIII Statement of Revenue

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

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
|---|---|----------------------|--|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 1a | | | |
| | b Membership dues | 1b | | | |
| | c Fundraising events | 1c | | | |
| | d Related organizations | 1d | | | |
| | e Government grants (contributions) | 1e | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | | | |
| | g Noncash contributions included in lines 1a - 1f: \$ | 1g | | | |
| | h Total. Add lines 1a-1f ▶ | | | | |

| Program Service Revenue | | | Business Code | | | |
|---|----------------------------------|--------|---------------|------------|------------|--|
| | 2a EMPLOYER CONTRIBUTIONS | | 900099 | 72,564,152 | 72,564,152 | |
| b PARTICIPANTS VAC CONTRIB | | 900099 | 28,612,571 | 28,612,571 | | |
| c | | | | | | |
| d | | | | | | |
| e | | | | | | |
| f All other program service revenue. | | | | | | |
| g Total. Add lines 2a-2f. ▶ | | | 101,176,723 | | | |

| | | | | | | | | |
|---|--|------------|---|---------------|------------|-----------|-----------|---------|
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) ▶ | | | 1,606,972 | | | 1,606,972 | |
| | 4 Income from investment of tax-exempt bond proceeds ▶ | | | | | | | |
| | 5 Royalties ▶ | | | | | | | |
| | 6a Gross rents | 6a | (i) Real | (ii) Personal | | | | |
| | | | b Less: rental expenses | 6b | | | | |
| | | | c Rental income or (loss) | 6c | | | | |
| | | | d Net rental income or (loss) ▶ | | | | | |
| | 7a Gross amount from sales of assets other than inventory | 7a | (i) Securities | (ii) Other | | | | |
| | | | b Less: cost or other basis and sales expenses | 7b | 55,651,997 | | | |
| | | | c Gain or (loss) | 7c | 54,822,400 | | | |
| | | | d Net gain or (loss) ▶ | | 829,597 | | | 829,597 |
| | 8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | 8a | | | | | | |
| | b Less: direct expenses | 8b | | | | | | |
| | c Net income or (loss) from fundraising events ▶ | | | | | | | |
| | 9a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | | |
| | b Less: direct expenses | 9b | | | | | | |
| | c Net income or (loss) from gaming activities ▶ | | | | | | | |
| | 10a Gross sales of inventory, less returns and allowances | 10a | | | | | | |
| | b Less: cost of goods sold | 10b | | | | | | |
| | c Net income or (loss) from sales of inventory ▶ | | | | | | | |
| Miscellaneous Revenue | Business Code | | | | | | | |
| 11a OTHER INCOME | 900099 | | 108,476 | 108,476 | | | | |
| b | | | | | | | | |
| c | | | | | | | | |
| d All other revenue | | | | | | | | |
| e Total. Add lines 11a-11d ▶ | | | 108,476 | | | | | |
| 12 Total revenue. See instructions ▶ | | | 103,721,768 | 101,285,199 | 0 | 2,436,569 | | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|------------------------------|--|---|------------------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. | | | | |
| 4 Benefits paid to or for members | 89,918,328 | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 380,816 | | | |
| 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 salaries and wages | 930,675 | | | |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 398,048 | | | |
| 9 Other employee benefits | 244,746 | | | |
| 10 Payroll taxes | 90,755 | | | |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 110,373 | | | |
| c Accounting | 180,746 | | | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 161,466 | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 105,931 | | | |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 187,076 | | | |
| 14 Information technology | 22,579 | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 143,514 | | | |
| 17 Travel | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 26,676 | | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 64,745 | | | |
| 23 Insurance | 100,272 | | | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a CHANGE IN PENSION OBLIG | 61,031 | | | |
| b | | | | |
| c | | | | |
| d | | | | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 93,127,777 | | | |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if 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 IX

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|------------|--------------------|
| Assets | 1 Cash—non-interest-bearing | | 1 | |
| | 2 Savings and temporary cash investments | 30,821,960 | 2 | 39,511,526 |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 2,802,963 | 4 | 3,372,128 |
| | 5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 175,288 | 9 | 151,104 |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 865,141 | | |
| | b Less: accumulated depreciation | 719,465 | 210,422 | 10c 145,676 |
| | 11 Investments—publicly traded securities | 41,603,494 | 11 | 46,568,207 |
| | 12 Investments—other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments—program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | | 15 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 75,614,127 | 16 | 89,748,641 | |
| Liabilities | 17 Accounts payable and accrued expenses | 1,317,043 | 17 | 1,380,687 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 26,613 | 19 | 43,000 |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D | 17,905,729 | 25 | 18,557,450 |
| | 26 Total liabilities. Add lines 17 through 25 | 19,249,385 | 26 | 19,981,137 |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 56,364,742 | 27 | 69,767,504 |
| | 28 Net assets with donor restrictions | | 28 | |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| 32 Total net assets or fund balances | 56,364,742 | 32 | 69,767,504 | |
| 33 Total liabilities and net assets/fund balances | 75,614,127 | 33 | 89,748,641 | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 103,721,768 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 93,127,777 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 10,593,991 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 56,364,742 |
| 5 | Net unrealized gains (losses) on investments | 5 | 2,808,771 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 0 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 69,767,504 |

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 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 Act and OMB Circular A-133?
- 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.

| | Yes | No |
|-----------|-----|----|
| 2a | | No |
| 2b | Yes | |
| 2c | Yes | |
| 3a | | No |
| 3b | | |

Additional Data

Software ID:

Software Version:

EIN: 13-6694320

Name: WELFARE FUND OF THE IUOE LOCAL UNIONS
15 15A 15C 15D AFL-CIO

Form 990 (2019)

Form 990, Part III, Line 4a:

TO PROVIDE MEDICAL, HOSPITAL, SURGICAL, OPTICAL, DENTAL, PRESCRIPTION DRUG, VACATION, DEATH, ACCIDENTAL DEATH AND DISMEMBERMENT AND SHORT TERM DISABILITY BENEFITS TO ELIGIBLE PARTICIPANTS.

SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047 2019 Open to Public Inspection

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.

Name of the organization WELFARE FUND OF THE IUOE LOCAL UNIONS 15 15A 15C 15D AFL-CIO

Employer identification number 13-6694320

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), 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 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)
Protection of natural habitat
Preservation of open space
Preservation of an historically important land area
Preservation of a certified historic structure

Table with 2 columns: Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), 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
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 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)?
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:
(ii) Revenue included on Form 990, Part VIII, line 1
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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | | |
|--|---------------|-----------|
| | Yes | No |
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | 647,451 | 501,775 | 145,676 |
| d Equipment | | 217,690 | 217,690 | 0 |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ | | | | 145,676 |

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other _____ | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) | | |

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. (Column (b) must equal Form 990, Part X, col.(B) line 13.) | | |

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) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) | |

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 income taxes | |
| (2) BENEFITS PAYABLE | 17,747,223 |
| (3) ACCRUED PENSION COST | 778,098 |
| (4) DUE TO RELATED ORGANIZATION | 32,129 |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) | 18,557,450 |

2. 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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

| | | | |
|----------|--|-----------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 106,369,073 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | 2,808,771 |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | 2e | 2,808,771 |
| 3 | Subtract line 2e from line 1 | 3 | 103,560,302 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 : | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 161,466 |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 161,466 |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 103,721,768 |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses 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 | 92,407,750 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | 2e | 0 |
| 3 | Subtract line 2e from line 1 | 3 | 92,407,750 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 : | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 161,466 |
| b | Other (Describe in Part XIII.) | 4b | 558,561 |
| c | Add lines 4a and 4b | 4c | 720,027 |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 93,127,777 |

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

| Return Reference | Explanation |
|---------------------------|-------------|
| See Additional Data Table | |
| | |
| | |
| | |
| | |
| | |

Part XIII Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
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Additional Data

Software ID:

Software Version:

EIN: 13-6694320

Name: WELFARE FUND OF THE IUOE LOCAL UNIONS
15 15A 15C 15D AFL-CIO

Supplemental Information

| Return Reference | Explanation |
|--|-------------------------------------|
| PART XII, LINE 4B - OTHER ADJUSTMENTS: | CHANGE IN BENEFITS PAYABLE 558,561. |

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
WELFARE FUND OF THE IUOE LOCAL UNIONS
15 15A 15C 15D AFL-CIO

Employer identification number
13-6694320

Part I Questions Regarding Compensation

| | | Yes | No |
|--------------------------|---|--------------------------|---|
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | |
| <input type="checkbox"/> | First-class or charter travel | <input type="checkbox"/> | Housing allowance or residence for personal use |
| <input type="checkbox"/> | Travel for companions | <input type="checkbox"/> | Payments for business use of personal residence |
| <input type="checkbox"/> | Tax idemnification and gross-up payments | <input type="checkbox"/> | Health or social club dues or initiation fees |
| <input type="checkbox"/> | Discretionary spending account | <input type="checkbox"/> | Personal services (e.g., maid, chauffeur, chef) |
| b | If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, 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. | | |
| <input type="checkbox"/> | Compensation committee | <input type="checkbox"/> | Written employment contract |
| <input type="checkbox"/> | Independent compensation consultant | <input type="checkbox"/> | Compensation survey or study |
| <input type="checkbox"/> | Form 990 of other organizations | <input type="checkbox"/> | 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: | | |
| a | Receive a severance payment or change-of-control payment? | 4a | No |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | No |
| c | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | No |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | |
| | Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: | | |
| a | The organization? | 5a | |
| b | Any related organization? | 5b | |
| | If "Yes," on line 5a or 5b, describe in Part III. | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: | | |
| a | The organization? | 6a | |
| b | Any related organization? | 6b | |
| | If "Yes," on line 6a or 6b, describe in Part III. | | |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III. | 7 | |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. | 8 | |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | 9 | |

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 are not listed on Form 990, Part VII.

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---------------------------------------|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 CATHERINE CHASE FUND ADMIN | (i) | 296,965 | 17,442 | 0 | 45,089 | 21,320 | 380,816 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 YASIR ELTAYEB IT SUPPORT | (i) | 220,255 | 11,709 | 0 | 38,825 | 24,323 | 295,112 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 LAURA ADDUCHIO CLAIMS SPECIALIST | (i) | 159,820 | 9,402 | 0 | 31,374 | 21,320 | 221,916 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 RICHARD LOPEZ CLAIMS SPECIALIST | (i) | 150,353 | 8,847 | 0 | 30,427 | 21,320 | 210,947 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 WILLIAM STANTON IT SUPPORT | (i) | 214,838 | 7,839 | 0 | 42,894 | 36,982 | 302,553 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 KATHERINE CLANCY OFFICE MANAGER | (i) | 133,197 | 8,406 | 0 | 28,594 | 21,156 | 191,353 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | |
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Part III Supplemental Information

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.

| Return Reference | Explanation |
|--------------------------|--|
| SUPPLEMENTAL INFORMATION | THE FUND ADMINISTRATOR RECEIVES COMPENSATION AND BENEFITS IN THEIR CAPACITY AS FUND ADMINISTRATOR OF THIS ENTITY AND THE RELATED FUNDS. COMPENSATION AND BENEFITS ARE PAID BY THE WELFARE FUND WITH REIMBURSEMENTS MADE ACCORDINGLY. THE WELFARE FUND PORTION OF THESE EXPENSES IS 44% OF THE GROSS AMOUNTS DETAILED ON SCHEDULE J, PART II. |

Schedule L (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

OMB No. 1545-0047 2019 Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization WELFARE FUND OF THE IUOE LOCAL UNIONS 15 15A 15C 15D AFL-CIO

Employer identification number 13-6694320

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 5 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| (1) VIRGINIA HARTMANN | FAMILY MEMBER | 31,634 | EMPLOYMENT | | No |
| (2) KATHERINE CLANCY | FAMILY MEMBER | 191,353 | EMPLOYMENT | | No |
| (3) FLORENCE CHASE | FAMILY MEMBER | 125,434 | EMPLOYMENT | | No |
| | | | | | |
| | | | | | |
| | | | | | |

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

| Return Reference | Explanation |
|------------------|-------------|
| | |

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019**Open to Public Inspection**

Department of the Treasury

Name of the organization

WELFARE FUND OF THE IUOE LOCAL UNIONS
15 15A 15C 15D AFL-CIO

Employer identification number

13-6694320

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--------------------------------------|---|
| FORM 990, PART VI, SECTION A, LINE 2 | THOMAS CALLAHAN, WHO SERVED AS A TRUSTEE, IS THE BROTHER OF JAMES CALLAHAN, WHO SERVED AS A TRUSTEE |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION B, LINE 11B | THE FORM 990 WAS PREPARED IN COORDINATION WITH THE FUND ADMINISTRATOR WHO WORKS FULL TIME FOR THE ORGANIZATION. ONCE COMPLETED, THE FORM WAS PROVIDED TO AND REVIEWED BY THE BOARD OF TRUSTEES PRIOR TO SUBMISSION. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION B, LINE 12C | CONFLICT OF INTEREST IS DISCUSSED AT TRUSTEES MEETING ANNUALLY. TRUSTEES ARE ASKED IF THEY ARE AWARE OF ANY CONFLICTS THEY MAY HAVE AND ARE REMINDED THAT THEY SHOULD BE BROUGHT TO THE BOARD'S ATTENTION IMMEDIATELY, IF ONE DOES ARISE. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
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| FORM 990, PART VI, SECTION C, LINE 19 | THE ORGANIZATION'S GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC TO THE EXTENT REQUIRED BY LAW. |

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
WELFARE FUND OF THE IUOE LOCAL UNIONS
15 15A 15C 15D AFL-CIO

Employer identification number
13-6694320

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
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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.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|--|--|--|----------------------------|---|----------------------------------|--|----|
| | | | | | | Yes | No |
| (1) LOCAL 15 IUOE APPRENTICESHIP SKILL IMPR 44-40 11TH STREET LONG ISLAND CITY, NY 11101 13-2648599 | TO PROVIDE TRAINING & SKILL IMPROVEMENT | NY | 501(C)3 | 10 | N/A | | No |
| (2) ANNUITY FUND OF THE IUOE LOCAL UNIONS 15 44-40 11TH STREET LONG ISLAND CITY, NY 11101 13-2899670 | TO PROVIDE RETIREMENT BENEFITS | NY | 401 | N/A | N/A | | No |
| (3) PENSION PLAN EMPLOYEES OF THE FUNDS LOCA 44-40 11TH STREET LONG ISLAND CITY, NY 11101 13-6694320 | TO PROVIDE RETIREMENT BENEFITS | NY | 401 | N/A | N/A | | No |
| (4) IUOE LOCAL UN 1515A15B15C15D AFL-CIO 44-40 11TH STREET LONG ISLAND CITY, NY 11101 13-5159024 | TO PROVIDE UNION MEMBERS WITH REPRESENTA | NY | 501(C)5 | N/A | N/A | | No |
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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.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512- 514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|----------------------------|---|--|--|---------------------------------|--|---|----|--|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of- year assets | (h) Percentage ownership | (i) Section 512(b) (13) controlled entity? | |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|---|----|
| | | | | | | | | Yes | No |
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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? | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | No |
| b Gift, grant, or capital contribution to related organization(s) | | No |
| c Gift, grant, or capital contribution from related organization(s) | | No |
| d Loans or loan guarantees to or for related organization(s) | | No |
| e Loans or loan guarantees by related organization(s) | | No |
| f Dividends from related organization(s) | | No |
| g Sale of assets to related organization(s) | | No |
| h Purchase of assets from related organization(s) | | No |
| i Exchange of assets with related organization(s) | | No |
| j Lease of facilities, equipment, or other assets to related organization(s) | | No |
| k Lease of facilities, equipment, or other assets from related organization(s) | Yes | |
| l Performance of services or membership or fundraising solicitations for related organization(s) | | No |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | No |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | Yes | |
| o Sharing of paid employees with related organization(s) | Yes | |
| p Reimbursement paid to related organization(s) for expenses | Yes | |
| q Reimbursement paid by related organization(s) for expenses | Yes | |
| r Other transfer of cash or property to related organization(s) | | No |
| s Other transfer of cash or property from related organization(s) | | No |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. (see instructions).

| Return Reference | Explanation |
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| FORM 990 SCHEDULE R, PART IV - IDENTIFICATION OF RELATED ORGANIZATIONS | <p>HALLEN CONSTRUCTION CO. INC C.A.C. INDUSTRIES, INC. H.O. PENN MACHINERY CO., INC SKANSKA WALSH JV SAFEWAY CONSTRUCTION ENTERPRISES, LLC TULLY CONSTRUCTION CO., INC. DANELLA CONSTRUCTION OF NY TRIUMPH CONSTRUCTION CORPORATION UNITED RENTALS BAY CRANE SERVICE, INC. SKANSKA USA CIVIL NORTHEAST, INC. STEWART & STEVENSON POWER PRODUCTS, LLC HERC RENTALS INC. RESTANI CONSTRUCTION CORP WALSH CONSTRUCTION COMPANY II, LLC TUTOR PERINI CORPORATION GRACE INDUSTRIES, LLC 50 STATES ENGINEERING POSILICO CIVIL, INC. J.L.J. IV ENTERPRISES, INC. YONKERS CONTRACTING CO., INC. SUNBELT RENTALS JRUCRZ CORP, MECC CONTRACTING, INC. NETWORK INFRASTRUCTURE DIFAZIO INDUSTRIES, INC. ELECNR HAWKEYE, LLC GRANITE CONSTRUCTION, NORTHEAST, INC. URBAN FOUND./ENGINEERING LLC GARDEN STATE ENGINEERING, SURVEY & PLAN OF NY INC. BANCKER CONSTRUCTION CORP. HENKELS AND MCCOY, INC HALMAR INTERNATIONAL, LLC M.F.M. CONTRACTING CORP. DELANEY ASSOCIATES, LP NYC CONSTRUCTORS, LLC D'ANNUNZIO, J. & SONS INC ROGER & SONS CONCRETE, INC. DIEGO CONSTRUCTION, INC. NEW YORK PAVING INC BOND BROTHERS, INC. SCALAMANDRE, PETER & SONS, INC SOIL SOLUTION, INC E-J ENERGY LLC NORTHEAST/REMSCO CONSTRUCTION, INC. CRUZ, E. E. & CO., INC LAQUILA GROUP, INC., THE TRUE NORTH SURVEYORS, INC TECTONIC ENGINEERING AND SURVEYING CONSULTANTS RUTTURA & SONS CONSTRUCTION CO EHRBAR, EDWARD INC DEFOE CORPORATION NEW YORK GEOMATICS RAILWORKS TRANSIT DARCON CONSTRUCTION INC MAYRICH EQUIPMENT CORP ABLE EQUIPMENT RENTAL, INC. CONTRACTORS LINE & GRADE SOUTH, L.L.C. CROSS COUNTRY CONSTRUCTION, LLC CIVETTA/COUSINS JV NEW YORK CONCRETE CORP MUNOZ ENGINEERING, P.C AHERN RENTALS EL SOL CONTRACTING/ ES II ENTERPRISES JV CALLAHAN PAVING CORP. BOVE INDUSTRIES, INC. JESCO, INC. PINNACLE INDUSTRIES II LLC WEEKS MARINE, INC. CCA CIVIL, INC. MORETRENCH AMERICAN CORP. SCARIANO, PAUL J., INC. PCM CONTRACTING CORP. HALCYON CONSTRUCTION CORP CAP RENTS SUPPLY, LLC UNITED CONSTRUCTION SERVICES, LLC PERFETTO CONTRACTING, CO. UNITED RENTAL AERIAL EQUIPMENT INC. MASER CONSULTING, P.A. FERREIRA CONSTRUCTION CO., INC. EMPIRE STATE LAYOUT, INC. PRIDE CORPORATION FEHRINGER SURVEYING, PC E.I.C. ASSOCIATES, INC. A.D.C. CONSTRUCTION, L.L.C NEW YORK CITY LAND SURVEYORS, PC MASPETH SUPPLY CO., LLC JUDLAU - TC ELECTRICS BREEZE DEMO CORP. MANHATTAN SURVEYING, P.C. HIGH RISE SAFETY SYSTEMS DBA PARK AVE CONCRETE EN-TECH CORPORATION HOFFMAN EQUIPMENT COMPANY JETT INDUSTRIES, INC. CITYWIDE PAVING INC WDF INC. BEDFORD/CARP CONSTRUCTION J/V UNIONPORT CONSTRUCTORS JV ECCO III ENTERPRISES, INC. PRISTINE SERVICES INC. CONSTRUCTOIL CORP CIVETTA, JOHN AND SONS, INC GRAMERCY GROUP, INC. EBERTH, JOHN F. ASSOCIATES, INC. LAYOUT, INC FALCO CONSTRUCTION CORP. P & T II CONTRACTING CORP. HIRANI ENGINEERING & LAND SURVEYING, P.C. PIZZIRUSSO, J., LANDSCAPING CORP. LVI SERVICES, INC./MAZZOCCHI WRECKING, INC. ADAM'S EUROPEAN CONTRACTING, INC. N.Y. ASPHALT INC. INDUSTRIAL CONSTRUCTION OF NJ TRI STATE DISMANTLING CORP. PARAMOUNT EQUIPMENT RENTAL INC CORE FACILITY SERVICES LINDE-GRIFFITH CONSTRUCTION CO TULLY CONSTRUCTION CO., INC./POSILICO CIVIL J/V AKELA CONTRACTING, LLC WALDORF EXTERIORS, LLC UNITED FUEL SERVICE VALL INDUSTRIES, INC. PERFETTO ENTERPRISES COMPANY, INC. NAVILLUS CONTRACTING, INC THREE PHASE LINE CONSTRUCTION CRANES, INC. J-TRACK, LLC CENTURY PETROLEUM, LTD PICONE, JOHN P. INC P.C.M. CONSTRUCTION, INC. STONEBRIDGE, INC. SIMPSON & BROWN, INC E.C.I BUILDING CORP BAYMEN INDUSTRIES LTD PRIMA PAVING CORP. CONSTRUCTION RESOURCES CORP. OF NEW YORK KELCO CONSTRUCTION, INC TRI-STATE GROUNDWATER SOLUTIONS LLC ABLE RIGGING CONTRACTORS, INC. DUBNER, STEVEN LANDSCAPING, INC NAUGHTON ENERGY CORPORATION W & W STEEL ERECTORS, LLC MILL BASIN BRIDGE CONSTRUCTORS, LLC CONTRACTORS LAYOUT INC J.T. HICKS ASSOCIATES GIANFILA CORP. INTER LAPERUTA JV PERMASTEELLISA DBA TOWER INSTALLATION G.C.T. CONSTRUCTORS JV JUDLAU CONTRACTING, INC. GROSS, WILLIAM A. CONST. ASSOC LIBERTY II SWEEPING & MAINTENANCE, INC. J. ANTHONY ENTERPRISES, INC. HUICATAO CORP. II ENVIRO GROUP, LLC UNDERPINNING & FOUNDATION SKANSKA, INC. F AND M EQUIPMENT, LTD LAQUILA GROUP EQUIPMENT CORP., THE MANCO ENTERPRISES OF NY, INC. LAWS CONSTRUCTION CORP. STEP-MAR CONTRACTING CORP OLIVIERO CONSTRUCTION CORP. LONG ISLAND CONCRETE, INC. DELTA RAILROAD CONSTRUCTION INC. TULLY CONSTRUCTION/ INTERCOUNTY PAVING MORIARTY, T. AND SON, INC. B & H EQUIPMENT RENTAL, LLC RAILROAD CONSTRUCTION COMPANY OLIVEIRA CONTRACTING, INC. HALLEN WELDING SERVICE, INC POSILICO/TULLY J/V INTER CONTRACTING CORP. TITAN INDUSTRIAL SERVICES, CORP. SORBARA CONSTRUCTION CORP. GATEWAY DEMO/CIVIL CORP. CONWAY MARINE CONSTRUCTION, INC. NEW YORK CRANE & EQUIPMENT CORP P.C.I. INDUSTRIES SEVENSON ENVIRONMENTAL SERVICES CITNALTA CONSTRUCTION CORP TREVCON CONSTRUCTION CO., INC FEDERATED CRANE CO., LLC BREAKING SOLUTIONS, INC. H & L CONTRACTING, LLC PHOENIX MARINE I (DE), LLC VALES CONSTRUCTION CORP WINCO CORPORATION KIEWIT INFRASTRUCTURE CO. MCVAC ENVIRONMENTAL F.C.V. SEWER & WATER, INC. RAILROAD CONSTRUCTION/AMCC JV SKANSKA KOCH WATERWORKS, A JV UNICORN CONSTRUCTION ENTERPRISES. INC REGAL USA CONCRETE, INC. METROPOLITAN WALTERS LLC AMERICAN PILE AND FOUNDATION, LLC TRACKS UNLIMITED LLC UNITED RENTALS NORTH AMERICA POWER & HVAC SKANSKA KOCH-KIEWIT JV KOWALIK, MICHAEL, P.L.S., P.E., P.C. ARTEX SYSTEMS, INC. CLEARY, J.T., INC. HYLAN DATACOM & ELECTRICAL LLC ATLANTIC COAST FOUNDATIONS LLC INTRICATE CONSTRUCTION, INC KYLE CONTI CONSTRUCTION COMMODORE CONSTR CORP.INC SOVEREIGN HYDROSEAL LP C & H RENTALS & LEASING,LLC. PADILLA CONSTRUCTION SVCS, INC COLE PARTNERS, INC. DEBAR CONTRACTING INC N & P CONSTRUCTION LAYOUT GAZEBO CONTRACTING, INC. A.J. MCNULTY & CO., INC BEAVER CONCRETE CONSTR. CO,INC S.B.F. CONSTRUCTION, INC. J.C.C. CONSTRUCTION CORP NICHOLSON CONSTRUCTION COMPANY RIVER AVENUE CONTRACTING CORP FAZTEC INDUSTRIES UNITED HOISTING & SCAFFOLDING POWER CONCRETE CO., INC. NICHOLSON CORP. PRISMATIC DEVELOPMENT CORP CORZO CONTRACTING CO., INC PORTCO VENTURES, LLC BARKER LIFTING LTD. PETROSCAN, LTD. M.V.N. ASSOCIATES, INC 3RD TRACK CONSTRUCTORS EL SOL CONTRACTING & CONST CO. DIMENSION DEVELOPMENT LAND SURVEYING D.P.C. OHL POSILICO SELI OVERSEAS, JV MUNICIPAL MAPPING CORP. ROBO BREAKING CO., INCORPORATED SOUTH SHORE CONTRACTING CO CORP. E.P. MILLING & SWEEPING CO., INC. BOHEMIA GARDEN CENTER, INC BECHO INC. T.R. PIPE, INC. J & A CONCRETE CORPORATION SAFECO CONSTRUCTION CORP. M.S.M. EMPIRE CONSTRUCTION CORP. UNION PAVING & CONSTRUCTION CO., INC. AMORUSO CONTRACTING CO. CAP EQUIPMENT LEASING CORP ENOVATE ENGINEERING, LLC E & B INDUSTRIAL CLEANING CORP DOYLE-BALDANTE, INC. SPLESCIA, A., P.L.S., P.C. MECCON INDUSTRIES, INC. PETK, INC. CONCRETE INDUSTRIES ONE CORP. O'LEARY CONSTRUCTION RJ/MARTIN JV CRUZ CONCRETE & GUNITE REPAIR INC MADHUE CONTRACTING INC KIEWIT-SHEA CONSTRUCTORS, AJV CEDRIC CONSTRUCTION CORP PICONE- SCHIAVONE BOWERY BAY J/V BLACK GOLD PAVING CO. MCCUTCHEON ASSOCIATES P.A. LINEAR CONTRACTING, INC. MERIDIAN LAYOUT, INC. FM CONSTRUCTION, INC. CREAMER ENVIRONMENTAL, INC. B.M.B LEASING CORP. ATLAS CONCRETE CORP. SILVERITE CONSTRUCTION CO. INC CARULLO CONSTRUCTION CORP NORTHEAST STRUCTURAL STEEL, INC. SUPERIOR GUNITE CO. ATLANTIC CRANE, L.L.C. PRIMER CONSTRUCTION CORP C&L CONTRACTING CORP ARNELL CONSTRUCTION CORP A-TECH CONCRETE</p> |

| Return Reference | Explanation |
|--|---|
| FORM 990 SCHEDULE R, PART IV - IDENTIFICATION OF RELATED ORGANIZATIONS | <p>RUSSO DEVELOPMENT ENTERPRISES, INC. GROUND IMPROVEMENT SERVICES, INC. NATIONAL ENVIR. SAFETY CO., INC C.A.M. CONSTRUCTION CORP UNITED STRUCTURAL WORKS, INC. CORNERSTONE SURVEYORS, P.C. SWEET HOLLOW MANAGEMENT CORP. II BADGER DAYLIGHT CORP. A.S.C. CONTRACTING CORP. GABRIEL STEEL ERECTORS, INC. SCHIAVONE CONSTRUCTION CO., LLC PAUL BARYLSKI LAND SURVEYING CAPE MOUNT HEAVY CONSTRUCTION & ASSOCIATES, LLC NORTHBROOK CONTRACTING CORP ROWAN CONSTRUCTION CORP. DELPHI PLUMBING & HEATING, INC. EMPIRE LAYOUT, LLC GATEWAY INDUSTRIES, INC. TRANSIT CONSTRUCTION CORP. STATEWIDE CONTRACTING KEL-TECH CONSTRUCTION, INC PAGANELLI CONSTRUCTION CORP. APTIM ENVIRONMENTAL & INFRASTRUCTURE, INC. NORTH AMERICAN MARINE & SECURITY SERVICES LLC LOMMA CONSTRUCTION CORP CARELLI CONSTRUCTION CORP. COPPOLA PAVING AND LANDSCAPING CORP. MARIO'S HEAVY EQUIPMENT REPAIR RENTALS & SALES C.M. & E. CON, INC. GREAT LAKES DREDGE & DOCK CO SHAWN'S LAWNS, INC. FREDANTE CONSTRUCTION CORP. PATRIOT LOGISTICS, INC. PAL ENVIRONMENTAL SAFETY CORP. FARAD CONCRETE CORP. RIGGS DISTLER & COMPANY, INC. DEMATTEIS, LEON D., CONSTRUCTION CORP. MTS INFRASTRUCTURE LLC CRUZ CONTRACTORS, LLC WOHLAND O'MARA EASTERN EXCAVATION, INC. HAYWARD BAKER, INC D & B COUSINS CONSTRUCTION CORP. DELRIC CONSTRUCTION CO., INC. METRO TRUCK TIRE SERVICE, INC. J.V. TRUCKING & RIGGING, LLC GNV, INC D/B/AARROCHAR FUEL CORP. VERNON HILLS CONTRACTING CORP. LASER INDUSTRIES, INC. CREAMER, J. FLETCHER & SON GREEN GOLD DEVELOPMENT CORP HEAVY CONSTRUCTION CO., INC. MALVESE EQUIPMENT CO., INC. SHIPS POINT INDUSTRIES PRECISION CONCRETE PUMPING, INC. F.C. WATSON LAND SURVEYOR, P.C. PYRAMID FLOOR COVERING, INC. REICON GROUP, LLC LHT SERVICES LLC HINSS - HALMAR NORTHEAST PHASE 1 GROUP, INC., THE R.J. INDUSTRIES, INC. VALENTE CONTRACTING CORPORATION BRIGHTON CONSTRUCTION GROUP, LLC PIERSON, RICHARD E. CONSTRUCTION CO., INC. MIRMAX ENGINEERING P.C. WILD WOMAN EARTHWORKS COMPANY, INC. WESTBURY EQUIPMENT CORP VOLLMUTH AND BRUSH ENGINEERING LAND SURVEYING WILLIAMS SPECIALTY SERVICES, LLC BEAM ENTERPRISES, INC. SENTRALE CONTRACTING CORP. CORNELL & COMPANY, INC. MOUNTAIN VIEW LAYOUT SERVICES, INC. W & W GLASS LLC RUNWAY TIRE SERVICE INC. SKY HEIGHTS CONSTRUCTION MEGA ENGINEERING, INC.- MEGA CONSTRUCTION MGMT. ELITE CAD DESIGNS ALLSTATE MAPPING AND LAYOUT LLC TURNER CONSTRUCTION CO., INC. WANG TECHNOLOGY, LLC MACRO ENTERPRISES, LTD. IMPERIAL IRON WORKS INC ATLANTIC LINING CO., INC. HIGHWAY SAFETY PROTECTION CORPORATION IRON HORSE RENTALS PIONEER LANDSCAPING & ASPHALT PAVING INC. PRESTIGE STONE & PAVERS METROPOLITAN SEWER, INC. PEDUTO CONSTRUCTION CORP TRITON BUILDERS, INC. AARCO ENVIRONMENTAL SERVICES CORP. ASHNU INTERNATIONAL, INC. COASTAL CONTRACTING CORP. FERRAN CONTRACTING CORP. PAR ENVIRONMENTAL CORP. ROMA HORTICULTURE TAGLIC GEOMATICS, INC. G & T SERVICES, INC. SAGONA LANDSCAPING ENRICO & SONS CONTRACTING, INC CORE INSTALLATION ISLAND FOUNDATIONS CORP. CRISDEL GROUP, INC S.Y. KIM LAND SURVEYOR, P.C. BARBIERI FENCE CORP DBA EAGLE FENCE MARIC PLUMBING & HEATING, INC. J.P. HOGAN CORING & SAWING ISLAND CONCRETE CONST. CORP J.C. STEEL CORPORATION HI-TECH BREAKING, INC TYREK HEIGHTS ERECTORS, INC. EMPIRE CONSTRUCTION & PROPERTY MANAGEMENT GROUP J.C. STEEL ERECTORS EDGE MECHANICAL CORP. PRO 1 TIRE SERVICE, INC. ALPINE CONSTRUCTION & LANDSCAPING CORP. KROYWEN CONSTRUCTION INDEPENDENT TRUCKING CORP. DEBOE CONSTRUCTION CORP G.M. MCCROSSIN U.U.P., INC PRECAST SERVICES, INC GRIFFIN DEWATERING - NEW ENGLAND, INC. MIDWEST STEEL, INC. METRO TIRE COMPANY OF QUEENS CORP. JECI CORPORATION VILLA CONSTRUCTION, INC. G.T.V. CONSULTING CORP. CALDWELL MARINE INTERNATIONAL, LLC ACC WEST COAST ENCLOS CORPORATION GUYTEC STEEL INC BLACKRIDGE CONSTRUCTION, LLC SAVI ALBERT CONTRACTING INC. ABBEY ASSOCIATES LLC SAFECON BUILDERS CORP. AHERN PAINTING CONTRACTORS, INC LIBERTY BUILDING & MANAGEMENT CORP. R.C.C. CONCRETE CORP PANETTA, G. & SONS CONSTRUCTION, INC, BROTHERS & COMPANY, INC MEGA ENGINEERING AND LAND SURVEYING, P.C. LONG ISLAND CESSPOOL COMPANY, INC. EUROTTECH CONSTRUCTION CORP. MORICHES CO., LLC BENSON INDUSTRIES, INC. R & S EQUIPMENT SALES & RENTAL, INC. MLJ CONTRACTING CORP AWL INDUSTRIES, INC. NAVESINK PRESTIGE, LLC NEW YORK ENVIRONMENTAL SYSTEMS INC. BERTO CONSTRUCTION KNR MANAGEMENT INC. ONSITE CONSTRUCTION ENTERPRISES, INC. IUOE NATIONAL TRAINING FUND PRATT BROTHERS, INC. TROCOM CONSTRUCTION CORP DETEKION SECURITY SYSTEMS, INC CIOFFI, J. TRUCKING, INC PETRACCA & SONS, INC. GLENWOOD MANAGEMENT SERVS. INC. PLATINUM SPECIALTY SERVICES EAGLE ONE ROOFING RIZZO ENVIRONMENTAL SERVICES CORPORATION GRANITWORKS, INC. EL SOL CONT. & CONST. CRP/EL SOL LTD ENT., INC. JV A & V STEEL, LLC DAY-NIGHT PLUMBING & HEATING CMV CONSTRUCTION SURVEYING INC. 3C DRILLING, LLC WEBER, LOUIS J. & ASSOC INC TRAC CONSTRUCTION GROUP, INC. C.P. PERMA PAVING CONSTRUCTION INC. KENVIL UNITED CORP. COMMERCIAL PAYROLL, INC. BRIGHTVIEW LANDSCAPE DEVELOPEMENT NORTH SHORE NEON SIGN CO. R. BAKER & SON ALL INDUSTRIAL SERVICES INC OF NJ BENCHMARK LINE & GRADE, INC. BERLIN STEEL CONSTRUCTION CO., THE TILCON NEW YORK, INC. SKANSKA-PICONE 26W JV BUDCO ENTERPRISES, INC SCIAME, F.J., CONSTRUCTION CO., INC. BAYLAND DEVELOPERS EQUIPMENT CORPORATION OF AMERICA NORTH AMERICAN DISMANTLING CORP. INTERCOUNTY PAVING ASSOCIATION LLC VENTURE CONSTRUCTION DIFAMA CONCRETE, INC. KOEHLER MASONRY CORP. BROAD CONSTRUCTION CORP. EASTERN PLUMBING & MECHANICAL CONTRACTORS, INC. PETRONE STONE INC. INTEGRATED STRUCTURES CORP. GCCOM CONSTRUCTION COMPANY, INC. FORSA CONSTRUCTION L.L.C FRANCIS, C., CONSTRUCTION CORP. NETO, PHIL CONSTRUCTION CO. INC KENNON SURVEYING SERVICES, INC. J.M.C. STONE CORP. KISKA CONSTRUCTION, INC. 86TH STREET CONSTRUCTORS J/V KING HOIST & SCAFFOLDING POSILLICO SKANSKA JV BASS BUILDING SYSTEMS., INC. MORETRENCH-HAYWARD BAKER JV WELKIN MECHANICAL ATLAS FENCE & RAILING CO., INC. PIRTEK BRONX DOT DIAMOND CORE DRILLING INC. EL SOL / HYLAN DATACOM TANGENT CONSTRUCTION JEMCO ERECTORS, INC EL SOL CONTRACTING/GCCOM CONSTRUCTION J/V RRM SURVEYING, PC D/B/A DONALD L. MALM HTC LANDSCAPING, INC. CAPITAL PAVING & CONTRACTING, LLC ROYAL GUARD FENCE CO., INC MEGA CONSTRUCTION MANAGEMENT, INC AND SURVEYING KIEWIT-WEEKS-MASSMAN, AJV COMMUNITY ELECTRIC, INC. MONTESANO BROTHERS, INC ERIN ERECTORS & CONSTRUCTION, INC. SESSLER, L.M., EXCAVATING & WRECKING, INC. ROCKBORN TRUCKING & EXCAVATION, INC. UTOPIA CONSTRUCTION CORP. OF NY HARDER NURSERY & GARDEN CENTER INFRASTRUCTURE UNLIMITED INC. MAGTECH CONSTRUCTION, INC. U.T.B. - UNITED TECHNOLOGY, INC. GMAC CONSTRUCTION LLC MOHEGAN ASSOCIATES, INC. TRIPLE H CONSTRUCTION, INC. AMG DEMOLITION INC. HAROLD STRUCTURES JV COMMODORE MAINTENANCE LASTRADA GENERAL CONT., CORP FRESH MEADOW MECHANICAL CORP UNIVERSAL BUILDERS SUPPLY, INC ASPEN LANDSCAPING CONTRACTING, INC. LANDTEK CONSTRUCTION STAMFORD WRECKING COMPANY ATTRI ENTERPRISES, INC. DELTA WELL & PUMP CO., INC. B.M.G. RIGGING AND HAULING, INC. MARANDO, FRANK LANDSCAPE, INC. D & K CONSTRUCTION CO., INC. SANZARI, JOSEPH M., INC. NELSON & POPE ENGINEERS AND SURVEYORS AMERICAN BRIDGE COMPANY BEDFORD LANDSCAPE CONTRACTORS, LLC EJM CONSULTING, LLC H.H.J.R. CONSTRUCTION, LTD DOBCO, INC GLENRIDGE FABRICATORS, INC. ARBEN CORPORATION B & R CONSTRUCTION SERVICES CORP. ARBEN GROUP, LLC NAGORI CONTRACTING CORP SCALAMANDRE/OLIVEIRA J/V II DARRAH LAND SURVEYING, PLLC BAROCO CONTRACTING CORPORATION IGM CONSTRUCTION, INC. METRO PAVING, LLC SAGE GENERAL CONTRACTING CORP. FRONTIER-KEMPER CONSTRUCTORS IL GATTO MORTO (IGM) STRUCTURAL SERVICES, INC. PARAGON IRON, INC. K.G. CONSTRUCTION SERVICES, INC. IANNELLI CONSTRUCTION CO, INC BLACK STEEL, INC. EMPIRE RIGGING & EQUIPMENT RENTAL, INC. PERMA PAVE CONTRACTING CONTRACTING A.A.H. CONSTRUCTION CORP.</p> |

| Return Reference | Explanation |
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| FORM 990 SCHEDULE R, PART IV - IDENTIFICATION OF RELATED ORGANIZATIONS | ENVIRONMENTAL CLIMATE CONTROL WALDEN MACHINERY AND EQUIPMENT LLC M3 CRANE JOSEPH M. SANZARI, INC SUBSURFACE CONSTRUCTORS, INC. A.J.INDUSI PLUMBING & HEATING INC. SKANSKA ECCO II JV CASE FOUNDATION CO. WEEKS MARINE, INC. WELKIN MECHANICAL WILD WOMAN EARTHWORKS COMPANY, INC. WINCO CORPORATION WITTMANN PLUMBING ASSOCIATES, INC. WOHL AND O'MARA YONKERS CONTRACTING CO., INC. |

| Return Reference | Explanation |
|-------------------------|---|
| PART VII, SECTION A | CERTAIN TRUSTEES LISTED ON PART VII, SECTION A, SERVE AS VOLUNTEERS AND DO NOT RECEIVE COMPENSATION FROM THIS ORGANIZATION, BUT DO RECEIVE COMPENSATION FROM IUOE LOCAL UNION 15, 15A, 15C, 15D, 15G, 15H AFL-CIO IN THEIR CAPACITY AS EMPLOYEES/OFFICERS OF THE UNION. ACCORDINGLY, THEIR COMPENSATION IS REPORTED ON THE FORM 990 OF THE UNION. THE OFFICER LISTED ON PART VII, SECTION A, RECEIVES COMPENSATION FROM THIS ORGANIZATION, AND RECEIVES COMPENSATION FROM IUOE LOCAL UNION 15, 15A, 15C, 15D, 15G, 15H AFL-CIO IN THE CAPACITY AS AN EMPLOYEE OF THE UNION. |