

Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning and ending

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

C Name of organization: **BOILERMAKERS NATIONAL HEALTH & WELFARE FUND**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **754 MINNESOTA AVENUE 110**
 City or town, state or province, country, and ZIP or foreign postal code: **KANSAS CITY, KS 66101**

D Employer identification number: **36-6090694**

E Telephone number: **913-342-6555**

G Gross receipts \$: **1,035,796,578.**

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)

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

J Website: **WWW.BNF-KC.COM**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1954** **M** State of legal domicile: **KS**

Part I Summary

1 Briefly describe the organization's mission or most significant activities: BOILERMAKERS NATIONAL HEALTH AND WELFARE BENEFITS		RECEIVED DIRECTOR HEALTH AND WELFARE IRS - OSC - 10	
2 Check this box <input type="checkbox"/> 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)	3	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 38	7b	0.
		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	0.	0.
9	Program service revenue (Part VIII, line 2g)	241,237,119.	242,675,607.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	21,427,155.	23,933,309.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	225,282.	19,223.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	262,889,556.	266,628,139.
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)	238,305,227.	233,374,017.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	899,536.	1,072,382.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,588,719.	7,653,094.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	246,793,482.	242,099,493.
19	Revenue less expenses. Subtract line 18 from line 12	16,096,074.	24,528,646.
		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1009425985.	995,685,760.
21	Total liabilities (Part X, line 26)	55,177,317.	49,074,224.
22	Net assets or fund balances. Subtract line 21 from line 20	954,248,668.	946,611,536.

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.

Signature of officer: Lori Jasperson Date: 12/16/2021
 Type or print name and title: **LORI JASPERSON, CHIEF EXECUTIVE OFFICER**

Paid Preparer's name: **DOUG BERTOSSI** Preparer's signature: **DOUG BERTOSSI** Date: **12/13/21** Check if self-employed: PTIN: **P00637990**

Preparer Use Only Firm's name: **CLIFTONLARSONALLEN LLP** Firm's EIN: **41-0746749**
 Firm's address: **220 SOUTH SIXTH STREET, SUITE 300 MINNEAPOLIS, MN 55402** Phone no. **612-376-4500**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

ENVELOPE DATE DEC 20 2021

SCANNED MAY 04 2022

910 3

BOILERMAKERS NATIONAL HEALTH & WELFARE FUND

Form 990 (2018)

36-6090694 Page 2

Part III Statement of Program Service Accomplishments

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

Input box for Schedule O reference

1 Briefly describe the organization's mission: TO PROVIDE HEALTH AND WELFARE BENEFITS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as 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 \$) PROVIDE HEALTH AND WELFARE BENEFITS FOR 17,828 PARTICIPANTS AND THEIR DEPENDENTS

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

**BOILERMAKERS NATIONAL HEALTH & WELFARE
FUND**

Form 990 (2018)

36-6090694 Page 3

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)? <i>If "Yes," complete Schedule A</i>		X
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		
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? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
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		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c	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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

BOILERMAKERS NATIONAL HEALTH & WELFARE FUND

Form 990 (2018)

36-6090694 Page 4

Part IV Checklist of Required Schedules *(continued)*

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	X	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		10
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

BOILERMAKERS NATIONAL HEALTH & WELFARE

FUND

Form 990 (2018)

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		0
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

BOILERMAKERS NATIONAL HEALTH & WELFARE

Form 990 (2018)

FUND

36-6090694 Page 6

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

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	13		
1b Enter the number of voting members included in line 1a, above, who are independent	13		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6 Did the organization have members or stockholders?			X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X	
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?		X	
b Each committee with authority to act on behalf of the governing body?		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official		X
b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		X
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
TONYA PAVELAC-WALKER - 913-906-7497
754 MINNESOTA AVENUE, NO. 110, KANSAS CITY, KS 66101

BOILERMAKERS NATIONAL HEALTH & WELFARE

Form 990 (2018)

FUND

36-6090694 Page 7

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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) RONNIE TRAXLER MANAGEMENT TRUSTEE - CHAIR	1.58 40.00	X		X				0.	0.	0.
(2) JOHN FULTZ SEE SCHEDULE O	0.92 40.00	X		X				0.	0.	0.
(3) PATRICK GALLAGHER SEE SCHEDULE O	2.23 40.00	X		X				0.	0.	0.
(4) J. MICHAEL CARROLL MANAGEMENT TRUSTEE	1.58 40.00	X						0.	0.	0.
(5) MIKE DOLAN MANAGEMENT TRUSTEE	0.77 40.00	X						0.	0.	0.
(6) JOSEPH REYNOLDS MANAGEMENT TRUSTEE	1.35 40.00	X						0.	0.	0.
(7) NELSON JORDAN MANAGEMENT TRUSTEE-VICE	0.81 40.00	X		X				0.	0.	0.
(8) MARK KEFFELER SEE SCHEDULE O	0.62 40.00	X						0.	0.	0.
(9) CLAY HERFORD SEE SCHEDULE O	0.62 40.00	X						0.	0.	0.
(10) SHELDON TRAXLER MANAGEMENT TRUSTEE	1.38 40.00	X						0.	0.	0.
(11) MICHAEL WEST SEE SCHEDULE O	0.46 40.00	X						0.	0.	0.
(12) WILLIAM MULCONNERY SEE SCHEDULE O	1.23 40.00	X						0.	0.	0.
(13) CHRISTOPHER O'NEILL SEE SCHEDULE O	1.73 40.00	X						0.	0.	0.
(14) ANTHONY HOWELL SEE SCHEDULE O	1.38 40.00	X						0.	0.	0.
(15) LARRY MCMANAMON MANAGEMENT TRUSTEE	0.15 40.00	X						0.	0.	0.
(16) LORI JASPERSON CHIEF OPERATIONS OFFICER	23.30 46.70			X				95,318.	183,697.	84,014.
(17) MARIO RODRIQUEZ CHIEF INVESTMENT OFFICER	10.00 40.00			X				56,453.	224,446.	78,402.

BOILERMAKERS NATIONAL HEALTH & WELFARE FUND

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
1b Sub-total							151,771.	408,143.	162,416.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							151,771.	408,143.	162,416.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
CIGNA HEALTH AND LIFE INSURANCE COMPANY, 900 COTTAGE GROVE RD, BLOOMFIELD, CT	ADMINISTRATIVE SERVICES	9,923,402.
WILSON-MCSHANE CORPORATION 754 MINNESOTA AVE, KANSAS CITY, KS 66101	MANAGEMENT SERVICES	2,111,778.
INVESCO CORE REAL ESTATE, 1101 CALIFORNIA ST, SUITE 475, KANSAS CITY, KS 66101	INVESTMENT MANAGER	809,071.
NATIONAL INVESTMENT SERVICES, 777 E WISCONSIN AVE, SUITE 2350, MILWAUKEE, WI	INVESTMENT MANAGER	545,499.
AMERICAN CORE REALITY FUND, 801 N BRAND BLVD., SUITE 800, GLENDALE, CA 91203	INVESTMENT MANAGER	497,173.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **16**

BOILERMAKERS NATIONAL HEALTH & WELFARE

Form 990 (2018)

FUND

36-6090694 Page **9**

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	1 a 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 \$					
	h Total. Add lines 1a-1f					
Program Service Revenue	2 a EMPLOYER CONTRIBUTIONS	Business Code 525100	186,111,474.	186,111,474.		
	b EMPLOYEE CONTRIBUTIONS	525100	45,990,171.	45,990,171.		
	c PRESCRIPTION REBATES	525100	10,438,770.	10,438,770.		
	d DELINQUENT EMPLOYER INTEREST	525100	106,395.	106,395.		
	e MEDICARE SUBSIDY	525100	28,797.	28,797.		
	f All other program service revenue					
	g Total. Add lines 2a-2f		242,675,607.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		19,613,863.		19,613,863.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	773,487,885.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	769,168,439			
		c Gain or (loss)	4,319,446.			
	d Net gain or (loss)		4,319,446.		4,319,446.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
b Less: direct expenses						
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a MISCELLANEOUS INCOME	525100	19,223.		19,223.		
	d All other revenue					
e Total. Add lines 11a-11d		19,223.				
12 Total revenue. See instructions		266,628,139.	242,675,607.	0.	23,952,532.	

BOILERMAKERS NATIONAL HEALTH & WELFARE

Form 990 (2018)

FUND

36-6090694 Page 10

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	233,374,017.			
5 Compensation of current officers, directors, trustees, and key employees	151,771.			
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	479,352.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	202,141.			
9 Other employee benefits	188,104.			
10 Payroll taxes	51,014.			
11 Fees for services (non-employees):				
a Management	1,858,949.			
b Legal	305,669.			
c Accounting	381,216.			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	4,397,975.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	235,561.			
12 Advertising and promotion				
13 Office expenses	173,557.			
14 Information technology	64,599.			
15 Royalties				
16 Occupancy	53,261.			
17 Travel	61,977.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	41,746.			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	78,482.			
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 JOINT COMMITTEE ON ADMI	102.			
b _____				
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	242,099,493.			
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 if following SOP 98-2 (ASC 958-720)

BOILERMAKERS NATIONAL HEALTH & WELFARE

Form 990 (2018)

FUND

36-6090694 Page 11

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	0.	1	244,894.
	2 Savings and temporary cash investments	43,191,874.	2	57,820,306.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	8,784,979.	4	11,649,087.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L	1,062,021.	6	741,913.
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	41,333.	9	47,267.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities	360,340,306.	11	346,902,896.
	12 Investments - other securities See Part IV, line 11	577,181,479.	12	569,837,365.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	18,823,993.	15	8,442,032.
16 Total assets. Add lines 1 through 15 (must equal line 34)	1009425985.	16	995,685,760.	
Liabilities	17 Accounts payable and accrued expenses	1,231,610.	17	1,119,774.
	18 Grants payable		18	
	19 Deferred revenue	4,802,568.	19	5,536,998.
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		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	49,143,139.	25	42,417,452.
	26 Total liabilities. Add lines 17 through 25	55,177,317.	26	49,074,224.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0.	30	0.
	31 Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
	32 Retained earnings, endowment, accumulated income, or other funds	954,248,668.	32	946,611,536.
33 Total net assets or fund balances	954,248,668.	33	946,611,536.	
34 Total liabilities and net assets/fund balances	1009425985.	34	995,685,760.	

Form 990 (2018)

BOILERMAKERS NATIONAL HEALTH & WELFARE

Form 990 (2018)

FUND

36-6090694 Page 12

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	266,628,139.
2	Total expenses (must equal Part IX, column (A), line 25)	2	242,099,493.
3	Revenue less expenses. Subtract line 2 from line 1	3	24,528,646.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	954,248,668.
5	Net unrealized gains (losses) on investments	5	-32,165,778.
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	946,611,536.

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		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2018)

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization **BOILERMAKERS NATIONAL HEALTH & WELFARE FUND** Employer identification number **36-6090694**

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, 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? Yes No

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)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

Schedule D (Form 990) 2018

BOILERMAKERS NATIONAL HEALTH & WELFARE

FUND

Schedule D (Form 990) 2018

36-6090694 Page 2

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	
1d	
1e	
1f	

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f 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 on 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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0.

Schedule D (Form 990) 2018

BOILERMAKERS NATIONAL HEALTH & WELFARE

Schedule D (Form 990) 2018

FUND

36-6090694 Page 3

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) LIMITED PARTNERSHIPS	107,247,655.	END-OF-YEAR MARKET VALUE
(B) LIMITED LIABILITY		
(C) COMPANIES	214,709,861.	END-OF-YEAR MARKET VALUE
(D) 103-12 INVESTMENT		
(E) ENTITIES	125,133,042.	END-OF-YEAR MARKET VALUE
(F) COMMON COLLECTIVE TRUST	97,848,222.	END-OF-YEAR MARKET VALUE
(G) CAYMAN ISLANDS EXEMPTED		
(H) COMPANIES	24,898,585.	END-OF-YEAR MARKET VALUE
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	569,837,365.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

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) DUE TO RELATED ORGANIZATION	83,310.
(3) LIABILITY FOR SECURITIES ON LOAN	33,831,372.
(4) DUE TO BROKER	8,502,770.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	42,417,452.

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

Schedule D (Form 990) 2018

BOILERMAKERS NATIONAL HEALTH & WELFARE

Schedule D (Form 990) 2018

FUND

36-6090694 Page 4

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	230,092,416.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-32,165,778.	
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	-32,165,778.	
3	Subtract line 2e from line 1	3	262,258,194.	
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	4,397,975.	
b	Other (Describe in Part XIII.)	4b	-28,030.	
c	Add lines 4a and 4b	4c	4,369,945.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	266,628,139.	

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	237,729,548.
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	237,729,548.	
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	4,397,975.	
b	Other (Describe in Part XIII.)	4b	-28,030.	
c	Add lines 4a and 4b	4c	4,369,945.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	242,099,493.	

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.

PART X, LINE 2:

THE TRUST ESTABLISHED UNDER THE FUND TO HOLD THE FUND'S ASSETS IS INTENDED TO QUALIFY PURSUANT TO SECTION 501(C)(9) UNDER THE INTERNAL REVENUE CODE (IRC) AND, ACCORDINGLY, THE TRUST'S NET INVESTMENT INCOME IS EXEMPT FROM INCOME TAXES. THE TRUST OBTAINED ITS LATEST TAX EXEMPTION LETTER, DATED OCTOBER 27, 1977, IN WHICH THE INTERNAL REVENUE SERVICE STATED THAT THE TRUST, AS THEN DESIGNED, WAS IN COMPLIANCE WITH THE APPLICABLE REQUIREMENTS OF THE INTERNAL REVENUE CODE. THE TRUST HAS BEEN AMENDED SINCE RECEIVING THE TAX EXEMPTION LETTER. HOWEVER, THE PLAN ADMINISTRATOR AND THE PLAN'S COUNSEL BELIEVE THAT THE TRUST IS CURRENTLY DESIGNED AND BEING OPERATED IN COMPLIANCE WITH THE APPLICABLE REQUIREMENTS OF THE INTERNAL REVENUE CODE. THEREFORE, THEY BELIEVE THAT THE TRUST WAS

BOILERMAKERS NATIONAL HEALTH & WELFARE

Schedule D (Form 990) 2018

FUND

36-6090694 Page 5

Part XIII Supplemental Information (continued)

QUALIFIED AND THE RELATED TRUST WAS TAX EXEMPT AS OF THE FINANCIAL STATEMENT DATE.

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE PLAN MANAGEMENT TO EVALUATE THE TAX POSITIONS TAKEN BY THE PLAN AND TO RECOGNIZE A TAX LIABILITY IF THE PLAN HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE. THE PLAN IS SUBJECT TO ROUTINE AUDITS BY THE TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

GAIN (LOSS) DISPOSAL OF ASSETS

PART XII, LINE 4B - OTHER ADJUSTMENTS:

GAIN (LOSS) DISPOSAL OF ASSETS

SCHEDULE D, PART XI, LINE 4B AND PART XII, LINE 4B

GAIN (LOSS) ON DISPOSAL OF ASSETS.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

Name of the organization
BOILERMAKERS NATIONAL HEALTH & WELFARE FUND

Employer identification number
36-6090694

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENT IN CAYMAN ISLAND EXEMPTED COMPANIES		24,898,585.
3 a Subtotal	0	0			24,898,585.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			24,898,585.

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

Schedule F (Form 990) 2018

BOILERMAKERS NATIONAL HEALTH & WELFARE

36-6090694

Schedule F (Form 990) 2018

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

BOILERMAKERS NATIONAL HEALTH & WELFARE

Schedule F (Form 990) 2018 **FUND**

36-6090694

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

BOILERMAKERS NATIONAL HEALTH & WELFARE

Schedule F (Form 990) 2018 FUND

36-6090694 Page 4

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)* Yes No

Schedule F (Form 990) 2018

BOILERMAKERS NATIONAL HEALTH & WELFARE

Schedule F (Form 990) 2018 FUND

36-6090694 Page 5

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Lined area for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No 1545-0047

2018

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization **BOILERMAKERS NATIONAL HEALTH & WELFARE FUND**

Employer identification number
36-6090694

Part I Questions Regarding Compensation

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 indemnification 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 (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

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?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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?
 - b** Any related organization?
- 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?
 - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		
5b		
6a		
6b		
7		
8		
9		

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

Schedule J (Form 990) 2018

**BOILERMAKERS NATIONAL HEALTH & WELFARE
FUND**

36-6090694

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-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) LORI JASPERSON	87,485.	0.	7,833.	25,311.	3,254.	123,883.	0.
CHIEF OPERATIONS OFFICER	169,824.	0.	13,873.	49,133.	6,316.	239,146.	0.
(2) MARIO RODRIQUEZ	52,966.	0.	3,487.	14,455.	2,010.	72,918.	0.
CHIEF INVESTMENT OFFICER	199,254.	0.	25,192.	54,377.	7,560.	286,383.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

BOILERMAKERS NATIONAL HEALTH & WELFARE

Schedule J (Form 990) 2018 FUND

36-6090694

Page 3

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.

PART I, LINE 3:

THE RELATED ORGANIZATION USED THE FOLLOWING METHODS TO DETERMINE

COMPENSATION: WRITTEN EMPLOYMENT CONTRACT AND APPROVAL BY THE BOARD OR
COMPENSATION COMMITTEE.

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No 1545-0047

2018

Open To Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization **BOILERMAKERS NATIONAL HEALTH & WELFARE FUND**

Employer identification number
36-6090694

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 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.

1	(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.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
SUBSTANTIAL CON	CONTRIBU	DELINQUE		X	3,085.	3,085.	X		X			X
SUBSTANTIAL CON	CONTRIBU	DELINQUE		X	7,147.	7,147.	X		X		X	
SUBSTANTIAL CON	CONTRIBU	DELINQUE		X	27,618.	27,618.	X		X			X
SUBSTANTIAL CON	CONTRIBU	DELINQUE		X	72,087.	72,087.	X		X			X
SUBSTANTIAL CON	CONTRIBU	DELINQUE		X	119,416.	119,416.	X		X			X
SUBSTANTIAL CON	CONTRIBU	DELINQUE		X	33,608.	33,608.	X		X		X	
SUBSTANTIAL CON	CONTRIBU	DELINQUE		X	39,812.	39,812.	X		X			X
SUBSTANTIAL CON	CONTRIBU	DELINQUE		X	7,989.	7,989.	X		X			X
SUBSTANTIAL CON	CONTRIBU	DELINQUE		X	4,337.	4,337.	X		X			X
SUBSTANTIAL CON	CONTRIBU	DELINQUE		X	181,661.	181,661.	X		X			X
Total					▶ \$ 741,913.							

Part III Grants or Assistance Benefiting Interested Persons.

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

(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

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

Schedule L (Form 990 or 990-EZ) 2018

SEE PART V FOR CONTINUATIONS

BOILERMAKERS NATIONAL HEALTH & WELFARE

Schedule L (Form 990 or 990-EZ) 2018 FUND

36-6090694 Page 2

Part IV Business Transactions Involving Interested Persons.

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

Table with 5 main columns: (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). The table contains multiple empty rows.

Part V Supplemental Information.

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

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: SUBSTANTIAL CONTRIBUTOR

(B) RELATIONSHIP WITH ORGANIZATION: CONTRIBUTOR

(C) PURPOSE OF LOAN: DELINQUENT CONTRIBUTIONS

(A) NAME OF PERSON: SUBSTANTIAL CONTRIBUTOR

(B) RELATIONSHIP WITH ORGANIZATION: CONTRIBUTOR

(C) PURPOSE OF LOAN: DELINQUENT CONTRIBUTIONS

(A) NAME OF PERSON: SUBSTANTIAL CONTRIBUTOR

(B) RELATIONSHIP WITH ORGANIZATION: CONTRIBUTOR

(C) PURPOSE OF LOAN: DELINQUENT CONTRIBUTIONS

(A) NAME OF PERSON: SUBSTANTIAL CONTRIBUTOR

(B) RELATIONSHIP WITH ORGANIZATION: CONTRIBUTOR

(C) PURPOSE OF LOAN: DELINQUENT CONTRIBUTIONS

(A) NAME OF PERSON: SUBSTANTIAL CONTRIBUTOR

(B) RELATIONSHIP WITH ORGANIZATION: CONTRIBUTOR

(C) PURPOSE OF LOAN: DELINQUENT CONTRIBUTIONS

Schedule L (Form 990 or 990-EZ) 2018

BOILERMAKERS NATIONAL HEALTH & WELFARE

Schedule L (Form 990 or 990-EZ)

FUND

36-6090694 Page 2

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(A) NAME OF PERSON: SUBSTANTIAL CONTRIBUTOR

(B) RELATIONSHIP WITH ORGANIZATION: CONTRIBUTOR

(C) PURPOSE OF LOAN: DELINQUENT CONTRIBUTIONS

(A) NAME OF PERSON: SUBSTANTIAL CONTRIBUTOR

(B) RELATIONSHIP WITH ORGANIZATION: CONTRIBUTOR

(C) PURPOSE OF LOAN: DELINQUENT CONTRIBUTIONS

(A) NAME OF PERSON: SUBSTANTIAL CONTRIBUTOR

(B) RELATIONSHIP WITH ORGANIZATION: CONTRIBUTOR

(C) PURPOSE OF LOAN: DELINQUENT CONTRIBUTIONS

(A) NAME OF PERSON: SUBSTANTIAL CONTRIBUTOR

(B) RELATIONSHIP WITH ORGANIZATION: CONTRIBUTOR

(C) PURPOSE OF LOAN: DELINQUENT CONTRIBUTIONS

(A) NAME OF PERSON: SUBSTANTIAL CONTRIBUTOR

(B) RELATIONSHIP WITH ORGANIZATION: CONTRIBUTOR

(C) PURPOSE OF LOAN: DELINQUENT CONTRIBUTIONS

(A) NAME OF PERSON: SUBSTANTIAL CONTRIBUTOR

(B) RELATIONSHIP WITH ORGANIZATION: CONTRIBUTOR

(C) PURPOSE OF LOAN: DELINQUENT CONTRIBUTIONS

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 245,153. (F) BALANCE DUE \$ 245,153.

(G) LOAN IN DEFAULT? = YES

(H) APPROVED BY BOARD OR COMMITTEE? = YES

BOILERMAKERS NATIONAL HEALTH & WELFARE

Schedule L (Form 990 or 990-EZ)

FUND

36-6090694 Page 2

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(I) WRITTEN AGREEMENT? = YES

Lined area for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018

Open to Public
Inspection

Name of the organization

**BOILERMAKERS NATIONAL HEALTH & WELFARE
FUND**

Employer identification number
36-6090694

FORM 990, PART VI, SECTION A, LINE 7A:

**THE BOARD IS APPOINTED BY THE BARGAINING ORGANIZATIONS, 50% BY THE
EMPLOYERS AND 50% BY THE UNION.**

FORM 990, PART VI, SECTION B, LINE 11B:

**COPIES OF FORM 990 WERE PROVIDED TO THE GOVERNING BODY MEMBERS BY EMAIL
PRIOR TO THE FORM 990 BEING FILED, AND IS REVIEWED BY TRUSTEES.**

FORM 990, PART VI, SECTION B, LINE 12C:

**THE ORGANIZATION DOES REQUIRE ANNUAL DISCLOSURES FOR POTENTIAL CONFLICTS OF
INTEREST OF ANY POTENTIAL OR ACTUAL CONFLICTS OF INTEREST, WHICH ARE
REVIEWED BY THE ORGANIZATION. THE AFFECTED TRUSTEE OR EMPLOYEE MUST CEASE
PARTICIPATION IN THE DECISION OR TRANSACTION UNTIL IT IS DETERMINED THAT
THE AFFECTED TRUSTEE OR EMPLOYEE MAY CONTINUE TO PARTICIPATE IN THE
DECISION OR TRANSACTION. POTENTIAL OR ACTUAL CONFLICTS OF INTEREST ARE ALSO
REVIEWED FOR COMPLIANCE WITH ERISA REQUIREMENTS. THE ORGANIZATION DOES
REQUIRE FULL DISCLOSURE FOR POTENTIAL CONFLICTS OF INTEREST WHEN CONDUCTING
SEARCHES FOR NEW VENDORS AND SERVICE PROVIDERS.**

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

**THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AND CONFLICT OF INTEREST
POLICY AVAILABLE UPON REQUEST. THE PLAN AND TRUST DOCUMENTS AND SUMMARY
ANNUAL REPORT ARE ON THE WEBSITE AND AVAILABLE UPON REQUEST.**

FORM 990, PART VII, SECTION A

THE FOLLOWING TRUSTEES ARE COMPENSATED BY A NON-PROFIT RELATED

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

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

Name of the organization BOILERMAKERS NATIONAL HEALTH & WELFARE FUND	Employer identification number 36-6090694
--	--

ORGANIZATION AND COMPENSATION INFORMATION WILL BE MADE AVAILABLE UPON REQUEST.

JOHN T. FULTZ, UNION TRUSTEE - SECRETARY

PATRICK M. GALLAGHER, UNION TRUSTEE - ASST. SECRETARY

MARK KEFFELER, UNION TRUSTEE

CLAY HERFORD, UNION TRUSTEE

MICHAEL WEST, UNION TRUSTEE

WILLIAM MULCONNERY, UNION TRUSTEE

CHRISTOPHER O'NEILL, UNION TRUSTEE

ANTHONY HOWELL, UNION TRUSTEE

2018 FORM 990, AMENDED RETURN EXPLANATION

THIS AMENDMENT IS BEING PREPARED TO ADD SCHEDULE F THAT WAS NOT ORIGINALLY FILED AND HAS BEEN ADDED AND COMPLETED ON THE AMENDED RETURN. ALSO, PART IV, LINE 14B WAS CHANGED FROM NO TO YES.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

Name of the organization
BOILERMAKERS NATIONAL HEALTH & WELFARE FUND

Employer identification number
36-6090694

OMB No. 1545-0047

2018

Open to Public Inspection

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

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
BOILERMAKERS LOCAL 1							
SOUTHEAST DISTRICT LODGE 3							
BOILERMAKERS L 4 NAVAJO NATION							
BOILERMAKERS LOCAL 5							

BOILERMAKERS NATIONAL HEALTH & WELFARE
Schedule R (Form 990) FUND

36-6090694

Part II Continuation of Identification of Related Tax-Exempt Organizations

(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 organization?	
						Yes	No
BOILERMAKERS LOCAL 7							
BOILERMAKERS LOCAL 11							
BOILERMAKERS LOCAL 13							
BOILERMAKERS LOCAL 26							
BOILERMAKERS LOCAL 27							
BOILERMAKERS LOCAL 28							
BOILERMAKERS LOCAL 29							
BOILERMAKERS LOCAL 40							
BOILERMAKERS LOCAL 45							
BOILERMAKERS DISTRICT 57							
BOILERMAKERS LOCAL 60							
BOILERMAKERS LOCAL 83							

**BOILERMAKERS NATIONAL HEALTH & WELFARE
FUND**

36-6090694

Part II Continuation of Identification of Related Tax-Exempt Organizations

(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 entry	(g) Section 512(b)(13) controlled organization?	
						Yes	No
BOILERMAKERS LOCAL 85							
BOILERMAKERS LOCAL 92							
BOILERMAKERS LOCAL 101							
BOILERMAKERS LOCAL 105							
BOILERMAKERS LOCAL 107							
BOILERMAKERS LOCAL 108							
BOILERMAKERS LOCAL 110							
BOILERMAKERS LOCAL 154							
BOILERMAKERS LOCAL 169							
BOILERMAKERS LOCAL 237							
BOILERMAKERS LOCAL 242							
BOILERMAKERS LOCAL 363							

**BOILERMAKERS NATIONAL HEALTH & WELFARE
FUND**

36-6090694

Part II Continuation of Identification of Related Tax-Exempt Organizations

(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 organization?	
						Yes	No
BOILERMAKERS LOCAL 374							
BOILERMAKERS LOCAL 433							
BOILERMAKER LOCAL 455							
BOILERMAKERS LOCAL 502							
BOILERMAKERS LOCAL 549							
BOILERMAKERS LOCAL 627							
BOILERMAKERS LOCAL 647							
BOILERMAKERS LOCAL 667							
BOILERMAKERS LOCAL 693							
BOILERMAKERS LOCAL 744							
LOCAL 1 T&E FUND							
LOCAL 107 DEVELOP & TRAINING							

BOILERMAKERS NATIONAL HEALTH & WELFARE FUND

36-6090694.

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

(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 organization?	
						Yes	No
WESTERN STATES JAC							
BM L 549 APPR & TRAIN FUND							
L374 DEVELOP AND TRAINING FUND							
LOCAL 85 JOINT TRAINING & EDUC							
GREAT LAKES AREA APPR FUND							
LONE STAR DISTRICT LODGE							
BOILERMAKERS DISTRICT 5							
SOUTHEASTERN AREA JNT APPR COM							
LOCAL 647 DEV & TRAINING FUND							
NORTHEASTERN AREA APPR FUND							
BNAP ADMINISTRATIVE							
CITY OF LOS ANGELES							

BOILERMAKERS NATIONAL HEALTH & WELFARE

36-6090694.

Schedule R (Form 990) FUND

Part II Continuation of Identification of Related Tax-Exempt Organizations

(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 organization?	
						Yes	No
MOST							
BOILERMAKER - BLACKSMITH NATIONAL PENSION TRUST - 48-6168020, 754 MINNESOTA AVENUE, KANSAS CITY, KS 66101-2766	PENSION BENEFITS	KANSAS	401(A)	N/A	N/A		X
BOILERMAKERS NATIONAL ANNUITY TRUST - 48-1029345, 754 MINNESOTA AVENUE, KANSAS CITY, KS 66101-2766	DEFINED CONTRIBUTION BENEFITS	KANSAS	401(A)	N/A	N/A		X

BOILERMAKERS NATIONAL HEALTH & WELFARE

Schedule R (Form 990) 2018 **FUND**

36-6090694

Page 2

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			
ATI SERVICES LLC											
ADIRONDACK MECH SERVICES LLC											
ADVANCED PROJECT CONTROLS											
BEN HUR IND CONSTRUCTORS LLC											

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
BOILERMAKERS LOCAL 193									
BOILERMAKERS LOCAL 454									
AIRCO WELDING SERVICES									
ALBERICI CONSTRUCTORS									
ALLIANCE CONSTRUCTORS									

BOILERMAKERS NATIONAL HEALTH & WELFARE FUND

36-6090694

Schedule R (Form 990)

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(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	
CONSTRUCTION & TURNAROUND SERV												
FRESH MEADOW POWER LLC												
FRESH MEADOW POWER NE LLC												
GEAR TECH MECHANICAL LLC												
GIBALTAR CHIMNEY INT'L												
GRACON LLC												
HAYES MECHANICAL												
ICON MECHANICAL CONST & ENG												
JH KELLY LLC												

**BOILERMAKERS NATIONAL HEALTH & WELFARE
FUND**

36-6090694

Schedule R (Form 990)

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(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? Yes No	(k) Percentage ownership
							Yes	No			
LIQUIDMETAL COATING SOLUTIONS											
MCP PROJECT MANAGEMENT LLC											
PALMER CONTRACTORS LLC											
PLIBRICO COMPANY LLC											
STAR MECHANICAL CONTRACTORS											
STERLING BOILER & MECH LLC											
VULCAN IND CONTRACTORS CO LLC											
AZZ WSI LLC											
GREAT ARROW BUILDERS											

BOILERMAKERS NATIONAL HEALTH & WELFARE

Schedule R (Form 990) **FUND**

36-6090694

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(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			
SECURITY INDUSTRIES											
UNITED TECHNICAL SERVICES LLC											
BOILERROOM FABRICATION LLC											
DRAGADOS FLATIRON SUKUT											
GUBMK											
SHAMOKIN DAM CONSTRUCTION LLC											
SKANSKA BURNS MCDONNELL ECCO											
TURNER INDUSTRIAL MAINTENANCE											

**BOILERMAKERS NATIONAL HEALTH & WELFARE
FUND**

36-6090694

Schedule R (Form 990)

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(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
ALLIED POWER SERVICES LLC									
ARB INC									
ATLANTIC PLANT MAINTENANCE									
ATLAS BOILER & WELDING CO									
ATLAS TANK INC									
T BAILEY INC									
GD BARRI & ASSOCIATES INC									
BASS MAINTENANCE CORP									
3B SERVICES INC									
BRAHMA INDUSTRIAL SERVICES INC									
CALIFORNIA SPECTRA INSTR									
CHATTANOOGA BOILER & TANK									

BOILERMAKERS NATIONAL HEALTH & WELFARE
FUND

Schedule R (Form 990) 36-6090694

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(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
CHERNE CONTRACTING CORP									
CBI SERVICES LLC									
CHUGACH FEDERAL SOLUTIONS									
CH MURPHY CLARK ULLMAN INC									
AFCOMPOWER INC									
COMMON ARC CORPORATION									
COMMONWEALTH CONSTRUCTORS INC									
CONTRACTORS CARGO CO									
CRUISE BOILER & REPAIR CO INC									
DAVIS PICKERING & COMPANY INC									
DELTA NOOTER INC									
DETROIT BOILER COMPANY									

BOILERMAKERS NATIONAL HEALTH & WELFARE FUND

36-6090694

Schedule R (Form 990)

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(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
DURR MECHANICAL CONSTRUCTION									
ERSHIGS INC									
FLUOR CONSTRUCTORS INTL INC									
FLUOR MAINTENANCE SERVICES									
GRP MECHANICAL COMPANY INC									
GEM INDUSTRIAL INC									
GREAT LAKES POWER INC									
HACKNEY LADISH INC									
HAMON CUSTODIS INC									
HENKELS & MC COY INC									
HUDSON BOILER & TANK CO									
HRI INC									

**BOILERMAKERS NATIONAL HEALTH & WELFARE
FUND**

36-6090694

Schedule R (Form 990)

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(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
IC CONTRACTORS INC									
INDUSTRIAL POWER SYSTEMS INC.									
INDUSTRIAL CONTRACTORS SKANSKA									
INTERNATIONAL CHIMNEY CORP									
JACOBS BOILER & MECH IND INC									
JACOBS INDUSTRIAL SERVICES INC									
JOHNSON CONTRACTORS INC									
K&E FABRICATING CO INC									
KELLEY STEEL ERECTORS INC									
KERFORD LIMESTONE CO									
KIEWIT ENERGY COMPANY									
KIEWIT POWER CONSTRUCTORS CO.									

**BOILERMAKERS NATIONAL HEALTH & WELFARE
FUND**

36-6090694

Schedule R (Form 990)

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(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
LARKIN ENTERPRISES INC									
FRANK LILL & SON INC									
LINTEC CORPORATION									
LIPPERT MECHANICAL SERVICE									
MTI GLOBAL SERVICES									
MAP MECHANICAL CONTRACTORS									
MAMMOET USA NORTH INC									
MCCARLS INC									
MATRIX NAC									
MECHANICAL TECHNOLOGIES INC									
MECHANICAL SYSTEM SERVICES LLC									
CR MEYER AND SONS COMPANY									

BOILERMAKERS NATIONAL HEALTH & WELFARE FUND

36-6090694

Schedule R (Form 990)

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(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
MUELLER FIELD OPERATIONS INC									
NAES POWER CONTRACTORS PMR DIV									
NAES POWER CONTRACTORS ABC DIV									
NBW INC									
CORVAL CONSTRUCTORS INC									
NOOTER CONSTRUCTION CO									
XCEL ENERGY (NSP - MN)									
NEWPORT NEWS SHIPBUILDING									
OLMSTED INC									
OWENS & PRIDGEN INC									
PERFORMANCE MECHANICAL INC									
POWER & COMBUSTION CO									

**BOILERMAKERS NATIONAL HEALTH & WELFARE
FUND**

36-6090694

Schedule R (Form 990)

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(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
PURVIS & FOSTER INC									
QUACKENBUSH CO									
RMF NOOTER INC									
RAGAN MECHANICAL INC									
REGIS MAINTENANCE CONTRACTORS									
REYCO MECHANICAL SERVICES INC									
RIGGS DISTLER & CO									
SENIOR FLEXONICS PATHWAY									
SMEDLEY THE COMPANY									
SIEMENS GENERATION SERVICES CO									
SOUTH SIDE WLDG & BLR WORKS									
STEVENS ENGINEERS & CONSTRUCT									

BOILERMAKERS NATIONAL HEALTH & WELFARE FUND

36-6090694

Schedule R (Form 990)

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(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
F M SYLVAN INC									
SISTERSVILLE TANK WORKS INC									
TJM METAL INDUSTRIES INC									
TRAVIS CONSTRUCTION CO INC									
TROY BOILER WORKS INC									
TRSC INC									
UST TESTING SERVICES INC									
W&K WLDG & TANK ERECT INC									
AECOM ENERGY & CONSTRUCTION									
WITHERUP CONSTRUCTION CO INC									
WALTER N YODER & SONS INC									
AMEX NOOTER LLC									

BOILERMAKERS NATIONAL HEALTH & WELFARE FUND

36-6090694

Schedule R (Form 990)

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(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
BARTON MALOW COMPANY									
BRAND ENERGY SERVICES LLC									
CP ENVIRONMENTAL LLC									
CARROLL COUNTY CONSTRUCTORS									
EAGLE MECHANICAL LLC									
IPC LYDON									
INDUSTRIAL SERVICES INC									
MADISON INDUSTR SERVICES TEAM									
PCI ENERGY SERVICES LLC									
PROFESSIONAL CONSTR SERV LLC									
ROCKFORD CORPORATION									
SAVANNAH RIVER NUCLEAR SOLUT									

**BOILERMAKERS NATIONAL HEALTH & WELFARE
FUND**

36-6090694

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(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
STANTON MECHANICAL INC									
BRANDSAFWAY SERVICES LLC									
TURBINEPROS LLC									
BROCK INDUSTRIAL SERVICES LLC									
WASTE TREATMENT COMPLETION CO									
BHI ENERGY SPECIALTY SERV									
WESTERN COMBUSTION LLC									
WILLIAMS SPECIALTY SERV LLC									
WILLIAMS PLANT SERV GROUP LLC									
AP&F CONSTRUCTION									
ALLOY CLADDING CO INC LLC									
ARTCO FABRICATING USA LLC									

BOILERMAKERS NATIONAL HEALTH & WELFARE FUND

36-6090694

Schedule R (Form 990)

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(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
BABCOCK & WILCOX CONST CO INC									
BOILERWORKS INC									
BROWN SERVICES CO LLC									
CALCULATED CONTROLS									
DEEP SOUTH CRANE & RIGGING LLC									
FIVE THIRTY MECHANICAL LLC									
GULF COAST IND MAINT LLC									
HOLLY CONSTRUCTION CO INC									
J&J GENERAL MAINTENANCE INC									
KOKOSING INDUSTRIAL INC									
NATIONAL STEEL CITY LLC									
OMI INDUSTRIAL SERVICES LLC									

BOILERMAKERS NATIONAL HEALTH & WELFARE FUND

36-6090694

Schedule R (Form 990)

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(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
POWER TECH SERVICES LLC									
PROGRESSIVE INSULATION LLC									
PULLMAN POWER LLC									
RL TRAXLER & ASSOCIATES LLC									
HI TECH WELD OVERLAY GROUP LLC									
SBS CONSTRUCTORS INC									
APTIM SERVICES LLC									
TOTAL WRECKING & ENVIRONMENTAL									
TWIN WIRE ARC INC									
WAVE CONSTRUCTION GROUP LLC									
JJ WHITE INC									
REDI PROJECT SERVICES									

BOILERMAKERS NATIONAL HEALTH & WELFARE FUND

36-6090694

Schedule R (Form 990)

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(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
SCM SOLUTIONS LLC									
ALPHA MECHANICAL SERVICE INC									
A&B WELDING & CONSTR INC									
AMERICAN BOILER TANK & WLDG									
ANCHOR MECHANICAL INC									
ANDEE BOILER & WELDING CO									
API INC									
ASHTON AND COMPANY INC									
ASSOCIATED MECHANICAL INC									
ACMS GROUP INC									
AVALOTIS CORPORATION									
AZCO INC									

BOILERMAKERS NATIONAL HEALTH & WELFARE FUND

36-6090694

Schedule R (Form 990)

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(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
BAY CITY BOILER & ENGR CO INC									
BARNARD OF NEVADA INC									
BASELINE IND CONSTR INC									
BLACK & VEATCH CONSTRUCTION									
BOILERMATIC WELDING INDUST INC									
BOLDT COMPANY									
BOWEN ENGINEERING CORP									
INSTEEL LLC									
BRADLEY SCIOCCHETTI INC									
BRAGG CRANE & RIGGING CO									
BURNN BOILER & MECHANICAL INC									
BURNHAM INDUSTRIAL CONTR INC									

**BOILERMAKERS NATIONAL HEALTH & WELFARE
FUND**

36-6090694

Schedule R (Form 990)

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(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
CADY AQUASTORE INC									
CENTRAL MAINTENANCE & WLDG									
CHAPMAN CORPORATION									
CHESTER POOL SYSTEMS INC									
CLEVELAND ELECTRIC COMPANY									
CONTINENTAL STEEL TANK CO INC									
CORROSION MONITORING SERVICES									
DEANS CERTIFIED WELDING									
DETROIT METRO MECHANICAL INC									
DDJ CONSTRUCTION WELDING INC									
EARLY CONSTRUCTION CO									
EDWARDS ENGINEERING									

BOILERMAKERS NATIONAL HEALTH & WELFARE FUND

36-6090694

Schedule R (Form 990)

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(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
ELECTRICAL ENERGY SERV INC									
ENERFAB PROC SOLUTIONS & FAB									
ENERFAB POWER & INDUSTRIAL INC									
F&B STEEL ERECTORS INC									
FEWER BOILER INC									
FISHER TANK CO									
FOREST CITY ERECTORS INC									
FREITAG WEINHARDT INC									
FURINO & SONS INC									
WW GAY MECHANICAL CONTRACTOR									
GEMMA POWER SYSTEMS LLC									
GILLESPIE & POWERS INC									

BOILERMAKERS NATIONAL HEALTH & WELFARE FUND

36-6090694

Schedule R (Form 990)

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(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
GLASROCK PRODUCTS INC									
GLOBAL SCAFFOLD CONSTR SVCS									
GRAYCOR IND CONSTRUCTORS									
WO GRUBB STEEL ERECTION INC									
HARDER MECHANICAL CONTR INC									
HASKELL CORP									
HOHL INDUSTRIAL SERVICES INC									
INDUSTRIAL CONTRACTORS INC-ICI									
INDEPENDENT MECHANICAL IND									
JAPPA CONSTRUCTION INC									
JAMAR COMPANY									
JERSEY TANK FABRICATORS INC									

BOILERMAKERS NATIONAL HEALTH & WELFARE
FUND

36-6090694

Schedule R (Form 990)

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(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
KASSELMAN ELECTRIC CO INC									
KENNEDY TANK & MFG CO INC									
LAKEHEAD CONSTRUCTORS INC									
LOCKE EQUIPMENT SALES CO INC									
M&M WELDING AND FABR INC									
MC INDUSTRIAL INC									
MCABEE CONSTRUCTION INC									
MCGRAW/KOKOSING INC									
MID AMERICAN GUNITE									
MID MOUNTAIN BOILER & STEAM IN									
MILLCO MECHANICAL INC									
MILLER INDUSTR SERV TEAMS INC									

BOILERMAKERS NATIONAL HEALTH & WELFARE FUND

36-6090694

Schedule R (Form 990)

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(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
MILLER MECHANICAL SERVICES									
MONARCH WELDING & ENG INC									
MOORHEAD MACHINERY & BOILER CO									
MORRISON CONSTRUCTION CO									
MUNROE INC									
MURPHY COMPANY									
MVN ASSOCIATES									
DAY & ZIMMERMANN N P S									
DAY & ZIMMERMANN TVA									
NEW AGE FASTENING SYSTEMS INC									
NOLAN BOILER & TANK SERV									
NORTHERN HORIZONS INC									

BOILERMAKERS NATIONAL HEALTH & WELFARE
FUND

Schedule R (Form 990) 36-6090694

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(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
NB PROCESSING									
OCONNOR CORPORATION									
OTONE MECHANICAL CONSTRUCTION									
PBBS EQUIPMENT CORPORATION									
PERFORMANCE CONTRACTING INC									
BMWC CONSTRUCTORS INC									
PIONEER PIPE INC									
PIPING & EQUIPMENT CO INC									
PLANT SERVICES GROUP INC									
PLATINUM INDUSTRIAL INC									
POPAM MECHANICAL CONTRACTORS									
POWER SOURCE SERVICES INC									

BOILERMAKERS NATIONAL HEALTH & WELFARE FUND

36-6090694

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(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
PROJECTILE TUBE CLEANING INC									
RCR SERVICES INC									
RAM MECHANICAL INC.									
RAND CONSTRUCTION CO									
RECO CONSTRUCTORS INC									
RHOADS INDUSTRIES INC									
PROJECT CONTROL SERVICES									
ROCK HILL MECHANICAL CORP									
RYAN & ASSOCIATES INC									
SCHECK MECHANICAL CORPORATION									
SHELBY MECHANICAL INC									
SIMAKAS COMPANY INC									

BOILERMAKERS NATIONAL HEALTH & WELFARE

Schedule R (Form 990) FUND

36-6090694

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(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
SONGER SERVICES INC									
SO CAL PIPELINE WELDING INC									
SR INDUSTRIAL SOLUTIONS LLC									
STACK BROTHERS									
TENCON INC									
TECHNICAL ERECTORS INC									
TRI RIVERS WELDING INC									
TWEET GAROT MECHANICAL INC									
UNION TANK ERECTION INC									
UNITED CONSTRUCTION CO INC									
WACHS TECHNICAL SERVICES LTD									
WELDTTECH SERVICES INC									

BOILERMAKERS NATIONAL HEALTH & WELFARE FUND

36-6090694

Schedule R (Form 990)

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

Table with 8 columns: (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). Rows include: WILTSIE CONSTRUCTION CO INC, WINBCO TANK COMPANY, MILTON J WOOD COMPANY, WRIGLEY MECHANICAL INC.

BOILERMAKERS NATIONAL HEALTH & WELFARE FUND

Part IV 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.

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
- b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)

- f Dividends from related organization(s)
- g Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- l Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o Sharing of paid employees with related organization(s)

- p Reimbursement paid to related organization(s) for expenses
- q Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	Yes	No
1a						X
1b						X
1c						X
1d						X
1e						X
1f						X
1g						X
1h						X
1i						X
1j						X
1k						X
1l						X
1m						X
1n					X	
1o					X	
1p					X	
1q					X	
1r						X
1s						X
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

BOILERMAKERS NATIONAL HEALTH & WELFARE

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

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

Table with 11 columns: (a) Name, address, and EIN of entity; (b) Primary activity; (c) Legal domicile; (d) Predominant income; (e) All partners sec 501(c)(3) orgs; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations; (i) Code V-UBI amount; (j) General or managing partner?; (k) Percentage ownership.

BOILERMAKERS NATIONAL HEALTH & WELFARE

Schedule R (Form 990) 2018

FUND

36-6090694 Page 5

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

RELATED ORGANIZATIONS THAT NO TAX CLASSIFICATION WAS GIVEN FOR:

ABCO COMPOSITE SERVICES INC

ACCO ENGINEERED SYSTEMS

ADVANCE MECHANICAL SERVICE LLC

ADVANCED SPECIALTY CONTRACTORS

AMQUIP CRANE RENTAL LLC

AMS MECHANICAL SYSTEMS INC

ASSOCIATED TANK CONSTRUCTORS

BADGER LABOR SERVICES LLC

H BARRON IRON WORKS INC

BAY SHIPBUILDING CORP

HAROLD G BUTZER INC

COGBURN BROS INC

COMPLETE MECHANICAL PIPING

CORE MECHANICAL INC.

CRITCHFIELD PACIFIC INC

DW SERVICES LLC

DUTCHESS COUNTY CONSTRUCTORS

EDWARDS INC

ENERGY SERVICES GROUP INTL INC

WB FOSSON & SONS

GIVOO J CONSULTANTS INC

HASKELL-DAVIS JOINT VENTURE

HELFRICH BROS BOILER WORKS INC

JENESIS INDUSTRIAL GROUP INC

JOHNSON CONTRACTING COMPANY

LOCKE AMI LLC

MCT SERVICES LLC

BOILERMAKERS NATIONAL HEALTH & WELFARE

Schedule R (Form 990) 2018

FUND

36-6090694 Page 5

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions

G M MCCROSSIN INC

MILCO NATIONAL CONSTRUCTORS

NORTHERN HORIZONS SOLWAY INC

NORTHERN MACHINING & REPAIR

PREFERRED MAINTENANCE & CONST

PROCESS GROUP AMERICA

PROFESSIONAL PIPING SYSTEMS

QA SUPPORT LP

RJ EQUIPMENT

RICHMOND COUNTY CONSTRUCTORS

SAULSBURY MAINTENANCE & CONSTR

SAVANNAH RIVER REMEDIATION

SCHULTZ MECHANICAL CONTR INC

CB&I PROJECT SERVICES GROUP

SKANSKA BURNS MCDONNELL III JV

SNC LAVALIN CONSTRUCTORS INC

SPECIAL INSPECTIONS AND DESIGN

SPECIAL INSTALLATIONS INC

SPECIALTY WELD & TURNAROUNDS

STEVE GIORDANO BUILDERS INC

SULZER TOWER FIELD SERVICE INC

SUPOR TRUCKING LLC

TECORP INC

THE NEW GENERATION (TNG)

JT THORPE & SON INC

UPS INDUSTRIAL SERVICES OF CA

WASATCH RAILROAD CONTRACTORS

WHITE SKANSKA CONSIGLI JV

BOILERMAKERS NATIONAL HEALTH & WELFARE

Schedule R (Form 990) 2018

FUND

36-6090694 Page 5

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

RELATED ORGANIZATION TAXABLE AS AN INDIVIDUAL OR SOLE PROPRIETOR:

CRAWFORD BOILER & ENGINEERING

EMPIRE BOILER LLC

HICKMANS WELDING

MINNOTTE CONTR & ERECT CORP

TITAN CONSTRUCTION LLC