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

DLN: 93493317091390 OMB No. 1545-0047

2019

Open to Public

Form **990** 

Department of the Treasury

**Return of Organization Exempt From Income Tax** 

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

► Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

Inspection

		2019 c		nning 01-01-2019 , and ending 12-	31-2019				
<b>B</b> Che	ck if ap	oplicable:	C Name of organization BOILERMAKERS NATIONAL HEALTH	I & WELFARE		D Employer	identific	ation number	
		change	FUND	I & WELFARE		36-609069	94		
	me cha tial ret	-	Doing business as			-			
		/terminated							
		l return on pending	Number and street (or P.O. box if r 12200 N AMBASSADOR DRIVE NO	nail is not delivered to street address) Room/s 326	uite	E Telephone r (913) 906			
			City or town, state or province, cou KANSAS CITY, MO 64163	intry, and ZIP or foreign postal code					
			,			<b>G</b> Gross recei	pts \$ 1,3	41,875,411	
			<b>F</b> Name and address of princip RONNIE TRAXLER	al officer:	H(a) Is th	is a group retur	n for		
			12200 N AMBASSADOR DRIVE	NO 326		rdinates? all subordinates		□Yes ☑No	
r Tax	/-even	npt status:	KANSAS CITY, MO 64163		inclu	ded?		☐ Yes ☐No	
		,	□ 501(c)(3) <b>□</b> 501(c)(9)	(insert no.) 4947(a)(1) or 527		o," attach a list	•	•	
J W	ebsit	e:▶ WW	/W.BNF-KC.COM		n(c) Grou	ıp exemption nι	ımber 🖡	•	
<b>V</b> Eorn	n of or	ganization	Corporation 🗹 Trust 🗌 Ass	ociation Other •	L Year of form	nation: 1954 M	State of	f legal domicile: KS	
N FOIII	11 01 01	ganization	. Li Corporation Li Hust Li Ass	octation					
Pa	ırt I		mary		•	•			
			scribe the organization's mission of DE HEALTH AND WELFARE BENEF						
)Ce	<u>-</u>	OTROVI	DE HEAEITT AND WEEL ARE DENE	113					
Activities & Governance	-								
e Ke		Charle Hai	:- L	scontinued its operations or disposed of		· :			
9				ng body (Part VI, line 1a)		% or its net asso	ets.   3	15	
ಶ	l		•	of the governing body (Part VI, line 1b)			4	15	
Ges	l		· -	alendar year 2019 (Part V, line 2a)			5	(	
<b>5</b>	l		nber of volunteers (estimate if ne		6				
AC	7a	Total unr	elated business revenue from Pa		7a				
	ь	Net unrel	ated business taxable income fro	m Form 990-T, line 39			7b		
					Pr	ior Year	1 0	Current Year	
Ravenue	8	Contribut	ions and grants (Part VIII, line 1h	)		(			
	9	Program	service revenue (Part VIII, line 2g	242,675,607	7	230,555,63			
θΛċΙ	10	Investme	ent income (Part VIII, column (A),	23,933,309	9	41,698,90			
<u>α</u>	11	Other rev	venue (Part VIII, column (A), lines	19,223	3	2,90			
	12	Total rev	enue—add lines 8 through 11 (m	ust equal Part VIII, column (A), line 12)		266,628,139	9	272,257,44	
	13	Grants ar	nd similar amounts paid (Part IX,		(	ס	1		
	14	Benefits	paid to or for members (Part IX, o	233,374,017	7	218,975,53			
8	15	Salaries,	other compensation, employee b	enefits (Part IX, column (A), lines 5-10)		1,072,382		1,373,96	
Expenses	<b>16</b> a	Professio	nal fundraising fees (Part IX, colu	ımn (A), line 11e)		(	כ		
χbe	ь	Total fundr	raising expenses (Part IX, column (D),	line 25) ▶0					
ш	17	Other exp	oenses (Part IX, column (A), lines	11a-11d, 11f-24e)		7,653,094	7,653,094		
	18	Total exp	enses. Add lines 13–17 (must eq	ual Part IX, column (A), line 25)		242,099,493	3	228,575,99	
	19	Revenue	less expenses. Subtract line 18 f	rom line 12		24,528,646	5	43,681,45	
Net Assets or Fund Balances					Beginning	g of Current Yea	r	End of Year	
alan	20	Total ass	ets (Part X, line 16)			995,685,760	1	1,149,045,76	
A B	l		ilities (Part X, line 26)			49,074,224	+	78,169,66	
ž Ę	l		s or fund balances. Subtract line			946,611,536	+	1,070,876,10	
	rt II		ature Block			,	1		
Jnder	pena	alties of p	erjury, I declare that I have exar	nined this return, including accompanyin					
	edge nowle		f, it is true, correct, and complete	e. Declaration of preparer (other than of	icer) is based	on all informati	on of w	hich preparer has	
,		l k							
		******	* ure of officer		20 Da	20-11-10			
Sign Here		, "							
пеге			E TRAXLER CHAIRMAN r print name and title						
		17	rint/Type preparer's name	Preparer's signature	Date	□ PTI	N		
Paid	1	[ ]	, . / p = p parat a manife		2020-11-10 Ch		637990		
	a oare	er F	irm's name	IN LLP		m's EIN > 41-07	46749		
	On	ւ. ⊢	irmic address > 220 COUT CIVILL CTO	EET CHITE 200			- 450-		
JJC	JII	יעי   ּ	irm's address ► 220 SOUT SIXTH STR		Ph	ione no. (612) 376	o-4500		
			MINNEAPOLIS, MN 5	5402					
May t	he IR	S discuss	this return with the preparer sho	wn above? (see instructions)			<b>✓</b> Ye	es 🗌 No	

Form	990 (2019)				Page <b>2</b>
Pa	rt III Statemen	t of Program Service Acc	complishments		
	Check if Sch	edule O contains a response or	note to any line in this Part III		🗆
1	Briefly describe the	organization's mission:			
TO P	ROVIDE HEALTH AND	WELFARE BENEFITS			
_	B: 1:1				
2	_		gram services during the year which w	ere not listed on	☐ Yes ☑ No
					⊔ Yes ⊻ No
3		nese new services on Schedule	O. gnificant changes in how it conducts, a	ini nrogram	
3	_		grifficant changes in now it conducts, a	my program	☐ Yes ☑ No
		nese changes on Schedule O.			L res E No
4			nplishments for each of its three larges	+ nragram con (icac ac mana)	red by eypenee
•	Section $501(c)(3)$ a		required to report the amount of gran		
4a	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
	See Additional Data				
4b	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
	-				
	-				
4c	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
	(	, (=::		, ( +	,
	-				
	-				
4d	Other program serv	vices (Describe in Schedule O.)			
·u	(Expenses \$	,		Revenue \$	)
4e	Total program se		, , , , , , , , , , , , , , , , , ,	· ·	

17

18

19

Checklist of Required Schedules

Yes

Yes

Yes

No

Nο

Nο

No

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Form **990** (2019)

11f

12a

12b

13

14a

14b

15

16

17

18

19

20a

20b

21

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	<b>Section 501(c)(3) organizations.</b> 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>	4		
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D,Part   2	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏	11b	Yes	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 💆	11d		No

# 

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII.

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

**14a** Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) . . . . .

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .

**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

	990 (2019)			Page
Par	Checklist of Required Schedules (continued)			
_			Yes	No
	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? If "Yes," complete Schedule I, Parts I and III	22		No
3	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>	23	Yes	
la	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
ā	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
•	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	Yes	
•	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M $ \cdot                  $	29		No
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
)	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		
	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
ar	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u>.</u>		<u>Ц</u>
	Enter the number reported in Box 2 of Form 1006. Enter 0, if not applicable 11		Yes	No

#### Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)					
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					
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				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No			
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	No			
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	No			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No			
С	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	No			
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).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a				
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					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f				
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	<b>Sponsoring organizations maintaining donor advised funds.</b> 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.					
а	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:					
	Initiation fees and capital contributions included on Part VIII, line 12 10a					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities					
11	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders					
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)					
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.					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state?	13a				
	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					
	Enter the amount of reserves on hand					
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess	14b				
	If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization subject to the section 4980 tax on payment(s) of more than \$1,000,000 in remuneration of excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	15	No			
16	16	No				

				- 5
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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	o" respo	onse to	lines 🔽
Se	ction 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 15	.		
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent  1b 15			
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?	2		No
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? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
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?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	<b>8</b> b	Yes	
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	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
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	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
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?	16a		No
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?	16b		
	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	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 12200 N AMBASSADOR DRIVE SUITE 326 KANSAS CITY, MO 64163 (913) 906-7497		orm OO	<b>n</b> (2019

 $\checkmark$ 

Part VII

## Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII  $\,$  . Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

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

(A)	(B)			(C	)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for related		ne bo	o no ox, u n of or/t	t che unles ficer rust	ss pers and a ee)	son	Reportable compensation from the organization (W-2/1099-	Reportable compensation from related organizations (W-2/1099-	Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	MISC)	related organizations
(1) LORI JASPERSON CHIEF OPERATIONS OFFICER	23.30 			х				109,048	207,420	117,91
(2) MARIO RODRIQUEZ	10.00			Х				63,564	234,315	84,607
CHIEF INVESTMENT OFFICER	40.00									
(3) RONNIE TRAXLER MANAGEMENT TRUSTEE - CHAIR	1.88 	×		Х				0	0	(
(4) JOHN FULTZ	0.65	X		Х				0	0	(
SEE SCHEDULE O	40.00	_ ^		^				Ĭ	0	`
(5) PATRICK GALLAGHER SEE SCHEDULE O	1.58 40.00	Х		Х				0	0	(
(6) SHELDON TRAXLER MANAGEMENT TRUSTEE	1.23	х		Х				0	0	(
(7) J MICHAEL CARROLL MANAGEMENT TRUSTEE	2.04 40.00	х						0	0	(
(8) JOSEPH REYNOLDS MANAGEMENT TRUSTEE	0.73 40.00	×						0	0	(
(9) NELSON JORDAN	0.77	Х						0	0	(
MANAGEMENT TRUSTEE-VICE	40.00 0.31									
(10) MARK KEFFELER SEE SCHEDULE O		х						0	0	(
(11) CLAY HERFORD SEE SCHEDULE O	40.00 0.31 40.00	×						0	0	(
(12) MICHAEL WEST SEE SCHEDULE O	0.31	х						0	0	(
(13) WILLIAM MULCONNERY SEE SCHEDULE O	1.85 40.00	х						o	0	(
(14) CHRISTOPHER O'NEILL SEE SCHEDULE O	2.04 40.00	×						0	0	(
(15) ANTHONY HOWELL SEE SCHEDULE O	1.38	х						0	0	(
(16) CRAIG BELFATTO	0.31	Х						0	0	(
MANAGEMENT TRUSTEE	40.00									

Par	tVII Section A. Officers, Direct	ors, Trustees	, Key	Emp	loye	es,	and	High	nest Cor	npensa	ted Employees	(conti	nued)	
	<b>(A)</b> Name and title	(B) Average hours per week (list any hours for related	than c	ne b	ox, ι in of	t ch inle: ficer	eck moss pers r and a ee)	son	Repo compe from organ	D) ortable ensation m the nization	(E) Reportable compensation from related organizations (W-2/1099-	5	(F) Estima amount o compens from t	ted f other sation :he
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	`	,71099- ISC)	(W-Z/1099-		relate organiza	ed
	Sub-Total				٠.		<b>▶</b>							
d <u>T</u> 	otal (add lines 1b and 1c)  Total number of individuals (including					L	<b>▶</b>			172,612	441,73	5		202,522
_	of reportable compensation from the			e iisu	eu a	DOV	e) wnc	rece	eived mo	re than s	\$100,000			
3	Did the organization list any <b>former</b> of	officer director	or truct	ام م	ev e	mnl	0.499	or bi	ahest cor	mnensata	ed employee on		Yes	No
	line 1a? If "Yes," complete Schedule 3				•		• •	•	• •		• • •	3		No
4	For any individual listed on line 1a, is organization and related organization individual										om the	4	Yes	
5	Did any person listed on line 1a receivervices rendered to the organization								_	tion or in	dividual for	5		N.
Se	ction B. Independent Contract											5		No
1	Complete this table for your five high from the organization. Report comper											mpens	ation	
	Name a	(A) and business addre	ess							De	(B) scription of services		(C) Compen	
	A HEALTH AND LIFE INSURANCE COMPANY OTTAGE GROVE RD BLOOMFIELD C									ADMINIS <sup>-</sup>	RATIVE SERVICES		8,	021,732
BLOOI	MFIELD, CT 06002  DN-MCSHANE CORPORATION									MANAGEN	1ENT SERVICES		2	297,461
754 M	INNESOTA AVE												-/	2577.02
	AS CITY, KS 66101 CO CORE REAL ESTATE									INVESTMI	ENT MANAGER			725,718
1101 CALIFORNIA ST SUITE 475 KANSAS CITY, KS 66101														
EXPRESS SCRIPTS PO BOX 52150										ADMINIS <sup>-</sup>	RATIVE SERVICES			615,204
PHOE	HOENIX, AZ 85072 ATIONAL INVESTMENT SERVICES INVESTMENT MANAGER 584,988													
777 E	77 E WISCONSIN AVE SUITE 2350 ILWAUKEE, WI 53202													
<b>2</b> T	otal number of independent contractor ompensation from the organization		not lim	ited t	o th	ose	listed	abov	/e) who r	eceived	more than \$100,00	00 of		
<del></del>	ampanada nom the organization P												Form 000	(2010)

		(2019)								Page <b>9</b>
Part	VIII				rocno	nce or note to an	/ line in this Part VIII			
		Check II Sched	dule O	contains a	respo	nse or note to any	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
(6	1	a Federated campa	aigns		1a			revenue		512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		<b>b</b> Membership dues	s.	. [	<b>1</b> b					
67.2 M		<b>c</b> Fundraising even	its .	. [	1c					
fs, ≧ A		d Related organiza	tions	Ī	1d					
. Gi		e Government grants	(contr	ibutions)	1e					
Sir		f All other contribution and similar amounts			[					
nti her		above		L	1f					
真豆		g Noncash contributio lines 1a - 1f:\$	ons inci	uded in	1g					
Cor		h Total. Add lines	1a-1f			•				
						Business Code				
	2a	a EMPLOYER CONTRIBU	UTIONS	5		525100	174,540,056	174,540,056		
ще	L	EMPLOYEE CONTRIBU	ITIONS	:			45,332,342	45,332,342		
e ve	L	, Emilotte commune	311011	,		525100				
ce F	c	PRESCRIPTION REBA	TES			525100	10,485,849	10,485,849		
Program Service Revenue	d	DELINQUENT EMPLOY	YER IN			525100	176,589	176,589		
E S						323100	20.002	20,002		
ogra	e	MEDICARE SUBSIDY				525100	20,802	20,802		
ď	£	. All abla as a second								
		All other program  Total. Add lines 2				230,555,638				
	_	Investment income								
	:	similar amounts) .	•		•		22,505,313	3		22,505,313
		Income from invest Royalties		or tax-exer	npt bo	•				
	_	,	$\Box$	(i) Rea		(ii) Personal				
	62	Gross rents	6a							
		Less: rental								
		expenses	6b							
	С	Rental income or (loss)	6c							
	•	d Net rental income	or (le	oss)						
	_	C		(i) Securi	ies	(ii) Other				
	7a Gross amount from sales of assets other 7a 1,088,811,558									
		than inventory								
	b	Less: cost or other basis and	7b	1,069,6	17,970					
		sales expenses	$\vdash$							
		Gain or (loss)	7c		93,588					
		d Net gain or (loss)  Gross income from fu				· · · •	19,193,588	3		19,193,588
ne	Uč	(not including \$		of						
ven		contributions reported See Part IV, line 18			8a					
Other Revenue	ŀ	<b>b</b> Less: direct expen	ses		8b					
ther	•	c Net income or (los	s) fro	m fundraisi	ng eve	ents 🕨	_			
	9a	Gross income from	gamin	g activities.						
		See Part IV, line 19			9a					
		b Less: direct expen			9b					
	(	c Net income or (los	ss) rro	m gaming a	CCIVICI	es <u>&gt;</u>				
	10	aGross sales of inve								
		b Less: cost of good			10a 10b					
		C Net income or (los				orv <b>&gt;</b>				
		Miscellaneo	•			Business Code				
	11	La MISCELLANEOUS	INCO	ME		52510	2,90	2		2,902
	t	b								
	•	-								
		d All other revenue							1	<del> </del>
	•	e <b>Total.</b> Add lines 1	1a-11	ld		•	2,90			
	12	<b>2 Total revenue.</b> S	ee ins	tructions .						0 41 701 903
							272,257,44	1 230,555,638	7	0 41,701,803 Form <b>990</b> (2019)

Part IX Statement of Functional Expenses				Page IU						
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 an  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						
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		ехрепзез	general expenses	ехрепзез						
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	218,975,532									
5 Compensation of current officers, directors, trustees, and key employees	172,612									
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)										
<b>7</b> Other salaries and wages	620,131									
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	278,449									
9 Other employee benefits	243,330									
<b>10</b> Payroll taxes	59,447									
11 Fees for services (non-employees):										
a Management	1,864,300									
<b>b</b> Legal	290,495									
c Accounting	377,649									
d Lobbying										
e Professional fundraising services. See Part IV, line 17										
f Investment management fees	4,866,324		1							
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	273,780									
12 Advertising and promotion										
13 Office expenses	229,172									
14 Information technology	58,240									
15 Royalties										
<b>16</b> Occupancy	55,105									
. , , , , , , , , , , , , , , , , , , ,	76,845									
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	49,694									
19 Conferences, conventions, and meetings										
<b>20</b> Interest										
21 Payments to affiliates										
22 Depreciation, depletion, and amortization										
23 Insurance	84,770									
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	115									
b										
c										
d										
e All other expenses										
25 Total functional expenses. Add lines 1 through 24e	228,575,990									
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).										

Form 990 (2019)

2

3

Fund Balances

ō 29

Assets

27

28

30

31

32

33

1,799,590

74,539,628

9,488,973

613,027

38,883

437,764,286

607.481.112

17,320,271

1,227,524

5.599.575

71,342,569

78.169.668

0

0

1,070,876,101

1,070,876,101

1,149,045,769

Form 990 (2019)

1,149,045,769

(B)

End of year

Beginning of year

244,894

57,820,306

11.649.087

741,913

47,267

346,902,896

569.837.365

8,442,032

1,119,774

5.536.998

42,417,452

49.074.224

995,685,760

1

2

3

4

5

7

8

9

10c

11

12 13

14

15

16

17

18

19

20

21

22 23

24

25

26

27

28

30

31

32

33

0 29

0

946.611.536

946,611,536

995,685,760

Page **11** 

Cash-non-interest-bearing . . . . . Savings and temporary cash investments . Pledges and grants receivable, net . . .

Accounts receivable, net

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

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). Notes and loans receivable, net . . .

Assets Inventories for sale or use .

10a

10b

Prepaid expenses and deferred charges . basis. Complete Part VI of Schedule D Investments—publicly traded securities .

10a Land, buildings, and equipment: cost or other b Less: accumulated depreciation 11 12

Investments—other securities. See Part IV, line 11 . . . Investments—program-related. See Part IV, line 11 Intangible assets .

13 14 Other assets. See Part IV, line 11 . . .

Total assets. Add lines 1 through 15 (must equal line 34) . Accounts payable and accrued expenses . Grants payable .

15 16 17 18 19 Deferred revenue . . . 20 Tax-exempt bond liabilities . . 21

Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 

Secured mortgages and notes payable to unrelated third parties . . .

22 Unsecured notes and loans payable to unrelated third parties .

Liabilities 23 24 25 and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D 26

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Total liabilities. Add lines 17 through 25 . .

Other liabilities (including federal income tax, payables to related third parties,

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances .

Organizations that follow FASB ASC 958, check here <a> </a> <a> and</a> complete lines 27, 28, 32, and 33.

Organizations that do not follow FASB ASC 958, check here > 🗹 and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

3a

3h

Nο

Form 990 (2019)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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.

Audit Act and OMB Circular A-133?

#### **Additional Data**

Software ID: Software Version:

**EIN:** 36-6090694

Name: BOILERMAKERS NATIONAL HEALTH & WELFARE

FUND

Form 990 (2019)

Form 990, Part III, Line 4a:

PROVIDE HEALTH AND WELFARE BENEFITS FOR 17,022 PARTICIPANTS AND THEIR DEPENDENTS

**SCHEDULE D** 

DLN: 93493317091390

OMB No. 1545-0047

**Supplemental Financial Statements** 

2019

Department of the Treasury

(Form 990)

▶ 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.

Na	in revenue service   Good Extra Service   Color Service   Good Extra Service   Color Service	Employer identification number				
FUN	ND		36-6090			
Pa	Organizations Maintaining Donor Advistance Complete if the organization answered "Ye		r Accoun	ıts.		
	Complete if the organization answered Te	(a) Donor advised funds	(b)	Funds and other	accounts	
1	Total number at end of year	(a) Dente da visca variati	(-)			
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 adviso organization's property, subject to the organization's ex			_	Yes 🗆 No	
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, or for any other purpose of		impermissible	] Yes □ No	
Pa	rt II Conservation Easements.					
	Complete if the organization answered "Ye	s" on Form 990, Part IV, line 7.				
1	Purpose(s) of conservation easements held by the organ	nization (check all that apply).				
	Preservation of land for public use (e.g., recreation	n or education) $\square$ Preservation of an	historically	y important land a	area	
	Protection of natural habitat	Preservation of a c	ertified his	storic structure		
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a	qualified conservation contribution in the for	m of a con	servation		
	easement on the last day of the tax year.			leld at the End o	of the Year	
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
С	Number of conservation easements on a certified histori	c structure included in (a)	2c			
d	Number of conservation easements included in (c) acqui structure listed in the National Register	red after 7/25/06, and not on a historic	2d			
3	Number of conservation easements modified, transferre tax year ▶	d, released, extinguished, or terminated by	the organiz	zation during the		
4	Number of states where property subject to conservatio	n easement is located <b>&gt;</b>				
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds		of violation	ıs,	□ No	
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing co	nservation	ı easements durir	ng the year	
7	Amount of expenses incurred in monitoring, inspecting,  \$ \\$	handling of violations, and enforcing conserv	vation ease	ements during the	e year	
8	Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(ii)?		70(h)(4)(B	i)(i)	□ No	
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the	ervation easements in its revenue and exper		ent, and	□ NO	
	the organization's accounting for conservation easemen			t describes		
Par	<b>Organizations Maintaining Collections</b> Complete if the organization answered "Ye	s" on Form 990, Part IV, line 8.				
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	public exhibition, education, or research in f				
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publical 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, historic following amounts required to be reported under SFAS:	cal treasures, or other similar assets for final				
а	Revenue included on Form 990, Part VIII, line 1		🕨	· \$		
h	Assats included in Form 990 Part V					

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 52283D Schedule D (Form 990) 2019

Yes No on Form 990, Part Yes No
Yes
Yes
Yes No on Form 990, Part Yes No
Yes No on Form 990, Part Yes No
on Form 990, Part Yes No
on Form 990, Part Yes No
int
<del></del>
Yes ∐ No
ack (e) Four years bac
Yes No
3a(i)
3a(ii)
, line 10.
(d) Book value

Part VII	Complete if the organization answered "Yes" on	Form 990. Part IV. lin	ne 11b	.See Form 990. I	Part X. line 12.
	(a) Description of security or category (including name of security)	(b) Book value		(c) Metho	d of valuation: -year market value
(1) Financia					
(3) Other _	held equity interests	170,826,309			F
	LIABILITY COMPANIES	178,617,544			F
	INVESTMENT ENTITIES	102,232,997			F
	N COLLECTIVE TRUST	128,628,965			<u>F</u>
(F)	ISLANDS EXEMPTED COMPANIES	27,175,297			F
(G)					
(H)					
		607,481,112			
Part VIII	<b>Investments—Program Related.</b> Complete if the organization answered 'Yes' on	Form 990, Part IV, lin	ne 110	. 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)					13.12
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col.(B) line 13.)				
Part IX	Other Assets. Complete if the organization answered 'Yes' on F			. See Form 990, Pa	
(1)	(a) Description	on			(b) Book value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	The (b) mount of the Same OOO Pout V and (D) line 15				
Part X	mn (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities.				<b>•</b>
1.	Complete if the organization answered 'Yes' on I  (a) Description of		e 11e	or 11f.See Form	990, Part X, line 25. (b) Book value
(1) Federal	income taxes				
(4)					
(5)					
(6)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col.(B) line 25.)			<b>•</b>	71,342,569
<b>2.</b> Liability fo	or uncertain tax positions. In Part XIII, provide the text			ion's financial state	ments that reports the
organization	's liability for uncertain tax positions under FIN 48 (ASC	740). Check here if the t	text of	the footnote has be	en provided in Part XIII 🗹 🗹

Add lines 4a and 4b .

2

b

4

b

C

Part XII

5

1

2

C

d

е 3

b

Part XIII

See Additional Data Table

4

5

Schedule D (Form 990) 2019

Page 4

80,583,115

267,391,117

4,866,324

272,257,441

223,709,667

223,709,667

4,866,324

228.575.991

Schedule D (Form 990) 2019

Donated services and use of facilities
Recoveries of prior year grants
Other (Describe in Part XIII.)
Add lines 2a through 2d
Subtract line <b>2e</b> from line <b>1</b>
Amounts included on Form 990, Part VIII, line 12, but not on line 1:
Investment expenses not included on Form 990, Part VIII, line 7b .

Total expenses and losses per audited financial statements . . . . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Net unrealized gains (losses) on investments . . .

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Other (Describe in Part XIII.) . . . . . . . Add lines **4a** and **4b** . . . . . . . . . . . .

Supplemental Information

Investment expenses not included on Form 990, Part VIII, line 7b . . .

Donated services and use of facilities . . .

Prior year adjustments . . . . .

Other losses . . . . . .

Subtract line 2e from line 1 .

Add lines 2a through 2d .

Return Reference

Other (Describe in Part XIII.) . . .

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

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . . .

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

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . . . .

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

4,866,324

80.583.115

2e

3

4c

5

2e

3

4c

5

4,866,324

2a

2b

2c

2d

4a

4b

2a 2b

2c

2d

4a

4b

Explanation

chedule D (Form 990) 2019	Page <b>5</b>
Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

## **Additional Data**

#### Software ID:

Software Version:

**EIN:** 36-6090694

Name: BOILERMAKERS NATIONAL HEALTH & WELFARE

FUND

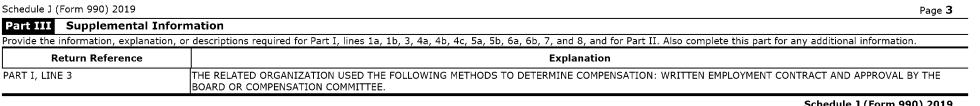
Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	THE TRUST ESTABLISHED UNDER THE FUND TO HOLD THE FUND'S ASSETS IS INTENDED TO QUALIFY PURS UANT TO SECTION 501(C)(9) UNDER THE INTERNAL REVENUE CODE (IRC) AND, ACCORDINGLY, THE TRUS I'S NET INVESTMENT INCOME IS EXEMPT FROM INCOME TAXES. THE TRUST OBTAINED ITS LATEST TAX E XEMPTION 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 IN TERNAL 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 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.

efil	le GRAPHIC pi	rint - DO NOT PROCESS	As Filed Dat	DLN: 93	N: 93493317091					
	nedule J	C	ompensat	ion Information	0	MB No.	1545-0	0047		
`	m 990)	For certain Office  Complete if the org	, line 23.	2019 Open to Public						
-	tment of the Treasury al Revenue Service	WWW.irs.go	0 <u>0/ F0/1//990</u> 10/	instructions and the latest infor	mation.		ectio			
Nar	me of the organiza LERMAKERS NATION	ation NAL HEALTH & WELFARE			Employer identifica 36-6090694					
Pa	irt I Questi	ons Regarding Compensa	ation		•					
							Yes	No		
1a				f the following to or for a person liste ny relevant information regarding the	se items.					
	_	s or charter travel	님	Housing allowance or residence for	•					
		companions		Payments for business use of perso						
	_	nification and gross-up payment	ts 📙	Health or social club dues or initiati						
	☐ Discretion	nary spending account	Ш	Personal services (e.g., maid, chau	ffeur, chef)					
b				follow a written policy regarding pay ove? If "No," complete Part III to expl		1b				
2				or allowing expenses incurred by all		2				
	directors, truste	es, officers, including the CEO/	Executive Directo	r, regarding the items checked on Li	ne 1a? .     .					
3	organization's C	EO/Executive Director. Check a	III that apply. Do	ed to establish the compensation of t not check any boxes for methods CEO/Executive Director, but explain						
	Compens	ation committee		Written employment contract						
	☐ Independ	ent compensation consultant		Compensation survey or study				l		
	☐ Form 990	of other organizations		Approval by the board or compensa	ation committee			l		
4	During the year related organiza		990, Part VII, Se	ection A, line 1a, with respect to the f	filing organization or a					
а	Receive a sever	ance payment or change-of-cor	ntrol payment? .			4a		No		
b	Participate in, o	r receive payment from, a supp	lemental nonqual	lified retirement plan?		4b		No		
c	Participate in, o	r receive payment from, an equ	ity-based compe	nsation arrangement?		4c		No		
	If "Yes" to any o	of lines 4a-c, list the persons an	d provide the app	plicable amounts for each item in Par	t III.					
	Only 501(c)(3	), 501(c)(4), and 501(c)(29	) organizations	must complete lines 5-9.						
5		ed on Form 990, Part VII, Section on tingent on the revenues of:	on A, line 1a, did	the organization pay or accrue any						
a	-	n?				5a				
b		anization?				5b				
6		ed on Form 990, Part VII, Section ontingent on the net earnings o		the organization pay or accrue any						
а	The organization	n?				6a				
b						6b				
	If "Yes," on line	6a or 6b, describe in Part III.						_		
7				the organization provide any nonfixe art III		7				
8	subject to the ir	nitial contract exception describe	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," d		8		_ <del>_</del>		
9				presumption procedure described in		9				
For I	Danarwork Padı	iction Act Notice, see the Ins	structions for Fo	orm 990 Cat No I	50053T Schedule	/Form	990)	2019		

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual. (B) Breakdown of W-2 and/or 1099-MISC compensation (E) Total of columns (A) Name and Title (C) Retirement and (D) Nontaxable (F) Compensation in other deferred benefits column (B) reported (B)(i)-(D) (i) Base (ii) Bonus & incentive (iii) Other compensation as deferred on prior compensation compensation reportable Form 990 compensation 1 LORI JASPERSON 99,609 (i) 9,439 0 37,294 2,797 149,139 0 CHIEF OPERATIONS OFFICER 193,358 0 5,429 (ii) 14,062 72,395 285,244 2 MARIO RODRIQUEZ 59,020 (i) 0 4,544 16,804 1,810 82,178 0 CHIEF INVESTMENT OFFICER 209,253 0 59,577 300,308 (ii) 25,062 6,416 0



efile GRAPHIC	C print - DO NO	T PROCES	S As F	iled Data -				יט	LN: 93	4933	1709139		
Schedule L		Tran	sactio	ns with li	ntereste	d Person	s	o. 1545-0047					
(Form 990 or 990	-EZ) ► Comple	te if the orga	anization a	inswered "Yes	s" on Form 9	90, Part IV, li	nes 25a	6,	2019				
		27, 28a,		Sc, or Form 99 ch to Form 99			юь.			<b>Z</b> U	117		
Department of the Trea		Go to <u>www.ii</u>		<u>m990</u> for inst			ormatio	n.	(		to Public ection		
Name of the orga BOILERMAKERS NA FUND	anization TIONAL HEALTH & W	ELFARE					-	<b>oyer id</b> 090694	entifica	ition n	umber		
Part I Exce	ss Benefit Trai	nsactions (	section 501	(c)(3), section	501(c)(4), and	d section 501(c			ns only)				
Compl	ete if the organiza	tion answere	d "Yes" on F	orm 990, Part	IV, line 25a o	r 25b, or Form	990-EZ,						
1 (a)	<b>)</b> Name of disquali	fied person	(b)	Relationship be		lified person ar	, ,	Descrip		_ <u>`</u>	) Corrected		
					organization			transact	ion	Y	es No		
							+			_			
							+			-			
							+						
4958. <b></b>	mount of tax incur					-	year und • •	_	n \$ —— \$				
<b>5</b> Enter the di	nount of tax, if an	,,, .	20070, 101111	bursed by the c	, gamzacion i								
Part II Loa	ans to and/or language	From Interization answe	ested Pei	r <b>sons.</b> n Form 990-EZ			0, Part I	V, line 2	5; or if	the org	anization		
Part II Loa Con report (a) Name of	ans to and/or	From Interization answen Form 990, (c) Purpose	rested Perered "Yes" o Part X, line (d) Loan	r <b>sons.</b> n Form 990-EZ 5, 6, or 22			00, Part I (g) In default	· (	h)	(i	anization ) Written reement?		
Part II Loa Con report (a) Name of	ans to and/or plete if the organ orted an amount of (b) Relationship	From Interization answen Form 990, (c) Purpose	rested Perered "Yes" o Part X, line (d) Loan	rsons. n Form 990-EZ 5, 6, or 22 to or from the	, Part V, line 3	38a, or Form 99	<b>(g)</b> In	Appro	<b>h)</b> oved by ord or	(i	) Written		
Part II Loa Con repo (a) Name of	ans to and/or plete if the organ orted an amount of (b) Relationship	From Interization answen Form 990, (c) Purpose	rested Perered "Yes" o Part X, line (d) Loan	rsons. n Form 990-EZ 5, 6, or 22 to or from the	, Part V, line 3	38a, or Form 99	<b>(g)</b> In	? Appro	h) oved by	(i	) Written		
Part II Loa Con repo (a) Name of	ans to and/or plete if the organ orted an amount of (b) Relationship	From Interization answen Form 990, (c) Purpose	rested Pered "Yes" o Part X, line (d) Loan orga	rsons. n Form 990-EZ 5, 6, or 22 to or from the nization?	, Part V, line 3	38a, or Form 99	(g) In default	? Appro	h) oved by ord or nittee?	(i ag	) Written reement?		
Part II Loa Con repo (a) Name of interested person	ans to and/or plete if the organ orted an amount of (b) Relationship	From Interization answen Form 990, (c) Purpose	rested Pered "Yes" o Part X, line (d) Loan orga	rsons. n Form 990-EZ 5, 6, or 22 to or from the nization?	, Part V, line 3	38a, or Form 99	(g) In default	? Appro	h) oved by ord or nittee?	(i ag	) Written reement?		
Part II Loa Con repo (a) Name of interested person	ans to and/or plete if the organ orted an amount of (b) Relationship	From Interization answen Form 990, (c) Purpose	rested Pered "Yes" o Part X, line (d) Loan orga	rsons. n Form 990-EZ 5, 6, or 22 to or from the nization?	, Part V, line 3	38a, or Form 99	(g) In default	? Appro	h) oved by ord or nittee?	(i ag	) Written reement?		
Part II Loa Con repo (a) Name of interested person	ans to and/or plete if the organ orted an amount of (b) Relationship	From Interization answen Form 990, (c) Purpose	rested Pered "Yes" o Part X, line (d) Loan orga	rsons. n Form 990-EZ 5, 6, or 22 to or from the nization?	, Part V, line 3	38a, or Form 99	(g) In default	? Appro	h) oved by ord or nittee?	(i ag	) Written reement?		
Part II Loa Con repo (a) Name of interested person	ans to and/or plete if the organ orted an amount of (b) Relationship	From Interization answen Form 990, (c) Purpose	rested Pered "Yes" o Part X, line (d) Loan orga	rsons. n Form 990-EZ 5, 6, or 22 to or from the nization?	, Part V, line 3	38a, or Form 99	(g) In default	? Appro	h) oved by ord or nittee?	(i ag	) Written reement?		
Part II Loa Con repo (a) Name of interested person See Additional Data Table	ans to and/or plete if the organ orted an amount of (b) Relationship	From Interization answern Form 990,  (c) Purpose of loan	rested Perered "Yes" o Part X, line (d) Loan orga To	rsons. n Form 990-EZ 5, 6, or 22 to or from the nization?  From	, Part V, line 3	38a, or Form 99	(g) In default	? Appro	h) oved by ord or nittee?	(i ag	) Written reement?		
Part II Loa Con report (a) Name of interested person See Additional Data Table	ans to and/or applete if the organ orted an amount of the organization with organization of the organizati	From Interization answern Form 990, (c) Purpose of loan	rested Perered "Yes" o Part X, line (d) Loan orga  To	rsons. n Form 990-EZ 5, 6, or 22 to or from the nization?  From	, Part V, line 3  (e) Original principal amount  **Amount**  **Amo	(f) Balance due	(g) In default	? Appro	h) oved by ord or nittee?	(i ag	) Written reement?		
Part II Loa Con repo  (a) Name of interested person  See Additional Data Table  Fotal .  Part III Gra Com	ans to and/or applete if the organ orted an amount of (b) Relationship with organization of the organizati	rom Interization answern Form 990, (c) Purpose of loan	rested Perered "Yes" o Part X, line (d) Loan orga  To  To  cing Inter swered "Y	rsons. n Form 990-EZ 5, 6, or 22 to or from the nization?  From  ested Perso es" on Form 9	, Part V, line 3  (e) Original principal amount  showing the showing principal amount  showing principal principal amount	(f) Balance due 613,027	(g) In default	Approbaccomro Yes	h) ved by rd or nittee? No	Yes	) Written reement?		
Part II Loa Conreport (a) Name of Interested person See Additional Data Table  Total	ans to and/or implete if the organization (b) Relationship with organization with organization or an arrangement of the organization or	From Interization answern Form 990, (c) Purpose of loan	rested Pere red "Yes" o Part X, line (d) Loan orga  To  To  To  sing Inter swered "Y o between and the	rsons. n Form 990-EZ 5, 6, or 22 to or from the nization?  From  ested Perso es" on Form 9	, Part V, line 3  (e) Original principal amount  **Amount**  **Amo	(f) Balance due	(g) In default	Approbaccomro Yes	h) ved by rd or nittee? No	Yes	) Written reement?		
Part III Loa Con repo  (a) Name of interested person  See Additional Data Table  Total Part III Gra	ans to and/or implete if the organization (b) Relationship with organization with organization or an arrangement of the organization or	rom Interization answer n Form 990, (c) Purpose of loan	rested Pere red "Yes" o Part X, line (d) Loan orga  To  To  To  sing Inter swered "Y o between and the	rsons. n Form 990-EZ 5, 6, or 22 to or from the nization?  From  ested Perso es" on Form 9	, Part V, line 3  (e) Original principal amount  showing the showing principal amount  showing principal principal amount	(f) Balance due 613,027	(g) In default	Approbaccomro Yes	h) ved by rd or nittee? No	Yes	) Written reement?		
Part II Loa Con repo  (a) Name of interested person  See Additional Data Table  Total .  Part III Gra Com	ans to and/or implete if the organization (b) Relationship with organization with organization or an arrangement of the organization or	rom Interization answer n Form 990, (c) Purpose of loan	rested Pere red "Yes" o Part X, line (d) Loan orga  To  To  To  sing Inter swered "Y o between and the	rsons. n Form 990-EZ 5, 6, or 22 to or from the nization?  From  ested Perso es" on Form 9	, Part V, line 3  (e) Original principal amount  showing the showing principal amount  showing principal principal amount	(f) Balance due 613,027	(g) In default	Approbaccomro Yes	h) ved by rd or nittee? No	Yes	) Written reement?		
Part II Loa Con repo  (a) Name of interested person  See Additional Data Table  Total .  Part III Gra Com	ans to and/or implete if the organization (b) Relationship with organization with organization or an arrangement of the organization or	rom Interization answer n Form 990, (c) Purpose of loan	rested Pere red "Yes" o Part X, line (d) Loan orga  To  To  To  sing Inter swered "Y o between and the	rsons. n Form 990-EZ 5, 6, or 22 to or from the nization?  From  ested Perso es" on Form 9	, Part V, line 3  (e) Original principal amount  showing the showing principal amount  showing principal principal amount	(f) Balance due 613,027	(g) In default	Approbaccomro Yes	h) ved by rd or nittee? No	Yes	) Written reement?		
Part II Loa Con repo  (a) Name of interested person  See Additional Data Table  Total .  Part III Gra Com	ans to and/or implete if the organization (b) Relationship with organization with organization or an arrangement of the organization or	rom Interization answer n Form 990, (c) Purpose of loan	rested Pere red "Yes" o Part X, line (d) Loan orga  To  To  To  sing Inter swered "Y o between and the	rsons. n Form 990-EZ 5, 6, or 22 to or from the nization?  From  ested Perso es" on Form 9	, Part V, line 3  (e) Original principal amount  showing the showing principal amount  showing principal principal amount	(f) Balance due 613,027	(g) In default	Approbaccomro Yes	h) ved by rd or nittee? No	Yes	) Written reement?		

Explanation

Schedule I. (Form 990 or 990-F7) 2019

**Return Reference** 

## **Additional Data**

#### Software ID:

Software Version:

ETA

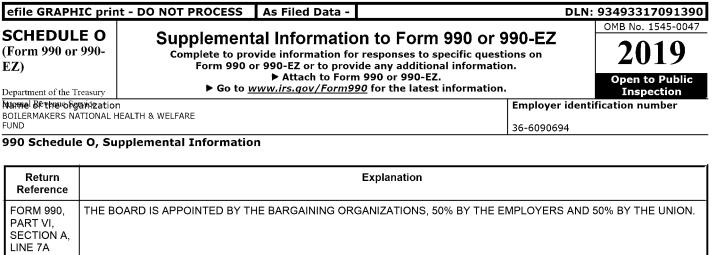
**EIN:** 36-6090694

Name: BOILERMAKERS NATIONAL HEALTH & WELFARE

FUND

Form 990, Schedule L, Part II - Loans to and from Interested Persons

(a) Name of interested person	(b) Relationship with organization	oans to and from (c) Purpose of loan	(d) l or fr	rested Loan to om the ization?	(e)Original principal amount	<b>(f)</b> Balance due		) In Jult?	(h Appro by boa comm	oved ard or	ac	i)Written  reement?
			То	From			Yes	No	Yes	No	Yes	No
(1) SUBSTANTIAL CONTRIBUTOR	CONTRIBUTOR	DELINQUENT CONTRIBUTIONS		×	3,085	3,085	Yes		Yes			No
(1) SUBSTANTIAL CONTRIBUTOR	CONTRIBUTOR	DELINQUENT CONTRIBUTIONS		X	619	619	Yes		Yes		Yes	
(2) SUBSTANTIAL CONTRIBUTOR	CONTRIBUTOR	DELINQUENT CONTRIBUTIONS		х	27,618	27,618	Yes		Yes			No
(3) SUBSTANTIAL CONTRIBUTOR	CONTRIBUTOR	DELINQUENT CONTRIBUTIONS		Х	85,133	85,133	Yes		Yes			No
(4) SUBSTANTIAL CONTRIBUTOR	CONTRIBUTOR	DELINQUENT CONTRIBUTIONS		Х	8,645	8,645	Yes		Yes			No
(5) SUBSTANTIAL CONTRIBUTOR	CONTRIBUTOR	DELINQUENT CONTRIBUTIONS		х	45,501	45,501	Yes		Yes			No
(6) SUBSTANTIAL CONTRIBUTOR	CONTRIBUTOR	DELINQUENT CONTRIBUTIONS		х	26,018	26,018	Yes		Yes			No
(7) SUBSTANTIAL CONTRIBUTOR	CONTRIBUTOR	DELINQUENT CONTRIBUTIONS		х	119,416	119,416	Yes		Yes			No
(8) SUBSTANTIAL CONTRIBUTOR	CONTRIBUTOR	DELINQUENT CONTRIBUTIONS		Х	24,442	24,442	Yes		Yes		Yes	
(9) SUBSTANTIAL CONTRIBUTOR	CONTRIBUTOR	DELINQUENT CONTRIBUTIONS		Х	13,560	13,560	Yes		Yes			No
(10) SUBSTANTIAL CONTRIBUTOR	CONTRIBUTOR	DELINQUENT CONTRIBUTIONS		X	3,368	3,368	Yes		Yes			No
(11) SUBSTANTIAL CONTRIBUTOR	CONTRIBUTOR	DELINQUENT CONTRIBUTIONS		Х	1,573	1,573	Yes		Yes			No
(12) SUBSTANTIAL CONTRIBUTOR	CONTRIBUTOR	DELINQUENT CONTRIBUTIONS		Х	8,896	8,896	Yes		Yes			No
(13) SUBSTANTIAL CONTRIBUTOR	CONTRIBUTOR	DELINQUENT CONTRIBUTIONS		Х	245,153	245,153		No	Yes		Yes	



Return Explanation

FORM 990,
PART VI,
PROVIDED BY MANAGEMENT. ONCE THE RETURN IS AVAILABLE, IT IS PROVIDED TO MANAGEMENT FOR RE
SECTION B,
LINE 11B

THE FORM 990 IS PREPARED BY THE ORGANIZATION'S PUBLIC ACCOUNTING FIRM BASED ON INFORMATION
PROVIDED BY MANAGEMENT FOR RE
SECTION B,
LINE 11B

Return

Reference	=^p
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION DOES REQUIRE ANNUAL DISCLOSURES FOR POTENTIAL CONFLICTS OF INTEREST OF AN Y POTENTIAL OR ACTUAL CONFLICTS OF INTEREST, WHICH ARE REVIEWED BY THE ORGANIZATION. THE A FFECTED 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 C OMPLIANCE WITH ERISA REQUIREMENTS. THE ORGANIZATION DOES REQUIRE FULL DISCLOSURE FOR POTEN TIAL CONFLICTS OF INTEREST WHEN CONDUCTING SEARCHES FOR NEW VENDORS AND SERVICE PROVIDERS.

Explanation

Return Explanation
Reference

FORM 990, PART VI, SECTION C, LINE 19

Return Explanation

FORM 990,
PART VII,
SECTION A
RY PATRICK M. GALLAGHER, UNION TRUSTEE AND TRUSTEE AND TRUSTEE CHAI
HERFORD, UNION TRUSTEE MICHAEL WEST, UNION TRUSTEE WILLIAM MULCONNERY, UNION TRUSTEE CHRI
STOPHER O'NEILL, UNION TRUSTEE ANTHONY HOWELL, UNION TRUSTEE

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493317091390 OMB No. 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2019 (Form 990) ▶ 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. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** BOILERMAKERS NATIONAL HEALTH & WELFARE FUND 36-6090694 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (b) (e) Legal domicile (state Direct controlling Name, address, and EIN (if applicable) of disregarded entity Primary activity Total income End-of-year assets or foreign country) 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. See Additional Data Table (a)
Name, address, and EIN of related organization (b) (g) Legal domicile (state Exempt Code section Direct controlling Section 512(b) Primary activity Public charity status or foreign country) (if section 501(c)(3)) (13) controlled entity? Yes No For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y Schedule R (Form 990) 2019

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.

See Additional Data Table

(a)		(b)	(c)	(d)	(e)	1	(f)	(g)	(h		(i)	1 0	is 1	(k)	,		
Name, address, and EIN of related organization		Primary activity	Legal domicile (state or foreign country)	Direct	Predomi	nant Si elated, tota ed, from der 512-	hare of	Share of end-of-year assets	Dispropr allocat	rtionate		ox managing partner?		General or managing partner?		Percent owners	tage
					314)	'			Yes	No	1	Yes	No				
Part IV Identification of Related Organizati because it had one or more related org.	ions Taxable as a Canizations treated as	Corporation a corporation	or Trus	<b>st.</b> Compl st during	ete if the or the tax yea	rganizatio ar.	ion ansv	vered "Yes	on F	orm 9	990, Part IV	, line	: 34				
See Additional Data Table																	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	Le dor (state d	(c) egal micile or foreign intry)	Dir	(d) ect controlling entity	(e) Type of e (C corp, S or trus	entity S S corp,	<b>(f)</b> Share of total income	Share	(g) of end- year assets	-of- Perce	<b>h)</b> entage ership	(1)	(i) ection 51 .3) contro entity? Yes	rolled		

Part V

Page **3** 

Yes No

t V Transactions With Related Organizations	. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.
Note. Complete line 1 if any entity is listed in Parts II, III,	or IV of this schedule.

		_	+
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)	<b>1</b> b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	<b>1</b> g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	<b>1</b> i		No
j Lease of facilities, equipment, or other assets to related organization(s)	<b>1</b> j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	$\overline{}$
o Sharing of paid employees with related organization(s)	10	Yes	
p Reimbursement paid to related organization(s) for expenses	<b>1</b> p	Yes	$\vdash$
Definition and weights and the selection (a) for a second	10	Voc	+

0	Sharing of paid employees with related organization(s)	10	Yes				
р	Reimbursement paid to related organization(s) for expenses	<b>1</b> p	Yes				
q	Reimbursement paid by related organization(s) for expenses	<b>1</b> q	Yes				
r	Other transfer of cash or property to related organization(s)	1r		No			
s	Other transfer of cash or property from related organization(s)	1s		No			
2	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.						
		(d) Method of determining amount involved					
				·			

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.

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	Ar	(e) e all partners section 501(c)(3) ganizations?	(f) Share of total income	Share of Share of total end-of-year	end-of-year	end-of-year	(h) Disproprtionate allocations?		end-of-year   allocations		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	nartner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No					
	1		1			ı				Schedul	e R (Form	990	0) 2019				

Provide additional information

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

Return Reference

RELATED ORGANIZATIONS THAT NO
TAX CLASSIFICATION WAS GIVEN

INC. ARC. UNION SERVICES I.I. ASSOCIATED TANK CONSTRUCTORS BADGER LABOR SERVICES I.I. BAY SHIPBUILDING CORP BI STATE INSULIATION INC. BRAYCO

Page 5

Schedule R (Form 990) 2019

FOR: INC HAROLD G BUTZER INC CONSOLIDATED MECHANICAL INC DUTCHESS COUNTY CONSTRUCTORS FASCO BOILER CORP EDWARDS INC FLITE ENVR & SAFETY SERVICES FLUOR CONSTRUCTORS INTL INC WB FOSSON & SONS GENERAL CONST SVCS INC. GIVOO J CONSULTANTS INC HASKELL-DAVIS JOINT VENTURE HELFRICH BROS BOILER WORKS INC IRONWORKS INC JENESIS INDUSTRIAL GROUP INC JOHNSON CONTRACTING COMPANY LOCKE AMILLIC MALL CITY MECHANICAL INC MECHANICAL ADVANTAGE CONST MILCO NATIONAL CONSTRUCTORS NPT WELDING LLC PITTSBURG TANK & TOWER CO PREFERRED. MAINTENANCE & CONST PRESSURE VESSEL SERVICES PROCESS GROUP AMERICA PROFESSIONAL PIPING SYSTEMS OA SUPPORT LP NJL SERVICES LLC IRICHMOND COUNTY CONSTRUCTORS ROGER & SONS CONSTRUCTION INC SAULSBURY MAINTENANCE & CONSTR SAVANNAH RIVER REMEDIATION SCHULTZ İINDUSTRIAL SERV INC CB&I PROJECT SERVICES GROUP SKANSKA BURNS MCDONNELL III JV SPECIAL INSTALLATIONS INC SPECIALTY WELD & TURNAROUNDS STEEL STRUCTURES INC STEVE GIORDANO BUILDERS INC SULZER TOWER FIELD SERVICE CA THE NEW GENERATION (TNG) JT THORPE & SON INC UPS INDUSTRIAL SERVICES OF CA WASATCH RAILROAD CONTRACTORS WELLSVILLE CONSTRUCTION CO LLC WESTERN WATER CONSTRUCTORS INC

Return Reference	Explanation
RELATED ORGANIZATION	CRAWFORD BOILER & ENGINEERING EMPIRE BOILER LLC HICKMANS WELDING MINNOTTE CONTR & ERECT CORP
TAXABLE AS AN INDIVIDUAL	TITAN CONSTRUCTION LLC
OR SOLE PROPRIETOR:	

Software ID: Software Version:

**EIN:** 36-6090694

Name: BOILERMAKERS NATIONAL HEALTH & WELFARE

FUND

(a)	(b)	(c)	(d)	(e)	(f)	(	g)
Form 990, Schedule R, Part II - Identification of Related Ta (a) Name, address, and EIN of related organization	Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	<b>(f)</b> Direct controlling entity	Section (b)(contract)	on 512 (13) rolled :ity?
				(3))		Yes	
						103	110
	+						
	+						
	1	1	I	1	1		1

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations										
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	<b>(f)</b> Direct controlling entity	Section (b)( control enti	n 512 13) olled ty?			
						Yes	No			
							<u> </u>			

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations (b) Primary activity **(f)** Direct controlling (a)
Name, address, and EIN of related organization (c) Legal domicile (d) Exempt Code (e) Public charity (g) Section 512 (state or foreign country) (b)(13) controlled section status entity (if section 501(c) (3)) entity? Yes No

PENSION BENEFITS

BENEFITS

DEFINED CONTRIBUTION

12200 N AMBASSADOR DRIVE SUITE 326

12200 N AMBASSADOR DRIVE SUITE 326

KANSAS, MO 64163 48-6168020

KANSAS, MO 64163 48-1029345 401(A)

401(A)

No

No

KS

KS

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	<b>(b)</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)	<b>(f)</b> Share of total income	(g) Share of end- of-year assets	(h Dispropi allocat	tions?	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j Gen o Mana Parti	eral r iging ner?	(k) Percentage ownership
ATT 050 / 1050   1 0				312 31.,			Yes	No		Yes	No	
ATI SERVICES LLC												
ADIRONDACK MECH SERVICES LLC												
ADVANCED PROJECT CONTROLS												
ALLOY CLADDING COMPANY LLC												
BEN HUR IND CONSTRUCTORS LLC												
CONSTRUCTION & TURNAROUND SERV												
FRESH MEADOW POWER LLC												
FRESH MEADOW POWER NE LLC												
GEAR TECH MECHANICAL LLC												
GREAT ARROW BUILDERS												
GIBRALTAR CHIMNEY INT'L												
GRACON LLC												
HAYES MECHANICAL												
ICON MECHANICAL CONST & ENG												
JH KELLY LLC												

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

Form 990, Schedule R, Part	111 - Identification		ted Organiza	tions laxable	as a Partner	snip 	ı			٠,	. 1	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal Domicile (State or Foreign Country)	<b>(d)</b> Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections	(f) Share of total income	(g) Share of end- of-year assets	(h Dispropi allocat	i) tionate tions?	Code V-UBI amount in	(j Gen o Mana Parti	eral r aina	<b>(k)</b> Percentage ownership
				512-514)			Yes	No		Yes	No	
MCP PROJECT MANAGEMENT LLC							ICS	110		103		
PALMER CONTRACTORS LLC												
PLIBRICO COMPANY LLC												
SOUTHERN ILLINOIS BOILER												
SECURITY INDUSTRIES												
STAR MECHANICAL CONTRACTORS												
STERLING BOILER & MECH LLC												
UNITED TECHNICAL SERVICES LLC												
VULCAN IND CONTRACTORS CO LLC												
AZZ WSI LLC												
BOILEROOM FABRICATION LLC												
GUBMK												
SKANSKA BURNS MCDONNELL ECCO												
TURNER INDUSTRIAL MAINTENANCE												

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust **(b)** Primary activity (d) (c) (e) (h) (i) (f) (g) Name, address, and EIN of Direct controlling Type of entity Legal Share of total Share of end-of-Percentage Section 512 related organization domicile (C corp, S corp, entity income ownership (b)(13)year (state or foreign or trust) controlled assets country) entity? Yes No BOILERMAKERS LOCAL 193 **BOILERMAKERS LOCAL 454** AECON TECHNICAL SERVICES INC ALBERICI CONSTRUCTORS ALLIANCE CONSTRUCTORS ALLIED POWER SERVICES LLC ARB INC ATLANTIC PLANT MAINTENANCE ATLAS BOILER & WELDING CO ATLAS TANK INC T BAILEY INC GD BARRI & ASSOCIATES INC 3B SERVICES INC BRAHMA INDUSTRIAL SERVICES INC CALIFORNIA SPECTRA INSTR

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (b) Primary activity (c) (e) (h) (i) (f) (g) Direct controlling Name, address, and EIN of Type of entity Legal Share of total Share of end-of-Percentage Section 512 related organization domicile (C corp, S corp, (b)(13)entity income ownership year (state or foreign or trust) controlled assets country) entity? Yes No CHATTANOOGA BOILER & TANK CHERNE CONTRACTING CORP CBI SERVICES LLC CHUGACH FEDERAL SOLUTIONS CH MURPHY CLARK ULLMAN INC APCOMPOWER 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 DURR MECHANICAL CONSTRUCTION **ERSHIGS INC** 

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust **(b)** Primary activity (c) (e) (h) (f) (g) (i) Name, address, and EIN of Direct controlling Type of entity Legal Share of total Share of end-of-Percentage Section 512 related organization domicile (C corp, S corp, entity income ownership (b)(13)year (state or foreign or trust) controlled assets country) entity? Yes No FLUOR MAINTENANCE SERVICES GRP MECHANICAL COMPANY INC GEM INDUSTRIAL INC GREAT LAKES POWER INC HAMON CUSTODIS INC **HUDSON BOILER & TANK CO** HRI INC IC CONTRACTORS INC INDUSTRIAL POWER SYSTEMS INC INDUSTRIAL CONTRACTORS SKANSKA ICC COMMONWEALTH CORPORATION JACOBS BOILER & MECH IND INC JOHNSON CONTRACTORS INC K&E FABRICATING CO INC KELLEY STEEL ERECTORS INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust **(b)** Primary activity (c) (e) (h) (i) (f) (g) Direct controlling Name, address, and EIN of Type of entity Legal Share of total Share of end-of-Percentage Section 512 related organization domicile (C corp, S corp, (b)(13)entity income ownership year (state or foreign or trust) controlled assets country) entity? Yes No KERFORD LIMESTONE CO KIEWIT POWER CONSTRUCTORS CO KIRK & BLUM MFG CO LARKIN ENTERPRISES INC FRANK LILL & SON INC LINTEC CORPORATION LIPPERT MECHANICAL SERVICE HT LYONS INC MTI GLOBAL SERVICES MAP MECHANICAL CONTRACTORS MAMMOET USA NORTH INC MAMMOET NORTHERN USA INC MCCARLS INC MATRIX NAC MECHANICAL TECHNOLOGIES INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (b) Primary activity (c) (e) (h) (i) (f) (g) Name, address, and EIN of Direct controlling Type of entity Legal Share of total Share of end-of-Percentage Section 512 related organization domicile (C corp, S corp, entity income ownership (b)(13)year (state or foreign or trust) controlled assets country) entity? Yes No MECHANICAL SYSTEM SERVICES LLC CR MEYER AND SONS COMPANY 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 OWENS & PRIDGEN INC PERFORMANCE MECHANICAL INC POWER & COMBUSTION CO PURVIS & FOSTER INC QUACKENBUSH CO

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (b) Primary activity (c) (e) (h) (i) (f) (g) Name, address, and EIN of Direct controlling Type of entity Legal Share of total Share of end-of-Percentage Section 512 related organization domicile (C corp, S corp, entity income ownership (b)(13)year (state or foreign or trust) controlled assets country) entity? Yes No RMF NOOTER INC RAGAN MECHANICAL INC REGIS MAINTENANCE CONTRACTORS REYCO MECHANICAL SERVICES INC RIGGS DISTLER & CO THE SMEDLEY COMPANY SIEMENS GENERATION SERVICES CO SKANSKA USA CIVIL NE INC SOMERSET STEEL ERECT CO SOUTH SIDE WLDG & BLR WORKS STEVENS ENGINEERS & CONSTRUCT F M SYLVAN INC SISTERSVILLE TANK WORKS INC TJM METAL INDUSTRIES INC TROY BOILER WORKS INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust **(b)** Primary activity (d) (c) (e) (h) (i) (f) (g) Name, address, and EIN of Direct controlling Type of entity Legal Share of total Share of end-of-Percentage Section 512 related organization domicile (C corp, S corp, entity income ownership (b)(13)year (state or foreign or trust) controlled assets country) entity? Yes No 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 BARTON MALOW COMPANY BRANDSAFWAY INDUSTRIES LLC CP ENVIRONMENTAL LLC EAGLE MECHANICAL LLC IPC LYDON INDUSTRIAL SERVICES INC WORLEY INDUSTRIAL SERVICES INC MADISON INDUSTR SERVICES TEAM

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (c) (e) (h) (i) (f) (g) Primary activity Name, address, and EIN of Direct controlling Type of entity Legal Share of total Share of end-of-Percentage Section 512 related organization domicile (C corp, S corp, entity income ownership (b)(13)year (state or foreign or trust) controlled assets country) entity? Yes No PCI ENERGY SERVICES LLC PROFESSIONAL CONSTR SERV LLC ROCKFORD CORPORATION SAVANNAH RIVER NUCLEAR SOLUT 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 ADVANCED FIELD SERVICES

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (b) Primary activity (c) (e) (h) (i) (f) (g) Name, address, and EIN of Direct controlling Type of entity Legal Share of total Share of end-of-Percentage Section 512 related organization domicile (C corp, S corp, entity income ownership (b)(13)year (state or foreign or trust) controlled assets country) entity? Yes No ALLOY CLADDING CO INC LLC ARTCO FABRICATING USA LLC BABCOCK & WILCOX CONST CO INC **BOILERWORKS INC** CALCULATED CONTROLS DEEP SOUTH CRANE & RIGGING LLC GULF COAST IND MAINT LLC HOLLY CONSTRUCTION CO INC J&J GENERAL MAINTENANCE INC LIQUIDMETAL COATING SOLUTIONS NATIONAL STEEL CITY LLC OMI INDUSTRIAL SERVICES LLC POWER TECH SERVICES LLC PROGRESSIVE INSULATION LLC PULLMAN POWER LLC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (a) Name, address, and EIN of **(b)** Primary activity (d) Direct controlling (c) (e) (h) (i) (f) (g) Type of entity Share of end-of-Legal Share of total Percentage Section 512 related organization domicile (C corp, S corp, (b)(13)entity income ownership year (state or foreign or trust) assets controlled country) entity? Yes No RL TRAXLER & ASSOCIATES LLC HI TECH WELD OVERLAY GROUP LLC SBS CONSTRUCTORS INC SCM SOLUTIONS LLC APTIM SERVICES LLC WAVE CONSTRUCTION GROUP LLC JJ WHITE INC ALPHA MECHANICAL SERVICE INC A&B WELDING & CONSTR INC ALB INC AMERICAN BOILER TANK & WLDG ANCHOR MECHANICAL INC ANDEE BOILER & WELDING CO APOLLO MECHANICALSHEET METAL API INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust **(b)** Primary activity (d) (c) (e) (h) (i) (f) (g) Name, address, and EIN of Direct controlling Type of entity Legal Share of total Share of end-of-Percentage Section 512 related organization domicile (C corp, S corp, entity income ownership (b)(13)year (state or foreign or trust) controlled assets country) entity? Yes No ASHTON AND COMPANY INC ACMS GROUP INC **AVALOTIS CORPORATION** AZCO INC BAY CITY BOILER & ENGR CO INC BARNARD OF NEVADA 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

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (b) Primary activity (c) (e) (h) (f) (g) (i) Name, address, and EIN of Direct controlling Type of entity Legal Share of total Share of end-of-Percentage Section 512 related organization domicile (C corp, S corp, entity income ownership (b)(13)year (state or foreign or trust) controlled assets country) entity? Yes No CADY AQUASTORE INC CENTRAL MAINTENANCE & WLDG CHAPMAN CORPORATION CHESTER POOL SYSTEMS INC CLEVELAND ELECTRIC COMPANY CONTINENTAL STEEL TANK CO INC CORE MECHANICAL INC DETROIT METRO MECHANICAL INC DDJ CONSTRUCTION WELDING INC EARLY CONSTRUCTION CO EDWARDS ENGINEERING EGAN COMPANY ELECTRICAL ENERGY SERV INC **ENERFAB PROC SOLUTIONS & FAB ENERFAB POWER & INDUSTRIAL INC** 

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (b) Primary activity (d) (c) (e) (h) (i) (f) (g) Name, address, and EIN of Direct controlling Type of entity Legal Share of total Share of end-of-Percentage Section 512 related organization domicile (C corp, S corp, entity income ownership (b)(13)year (state or foreign or trust) controlled assets country) entity? Yes No F&B STEEL ERECTORS INC FEWER BOILER INC FISHER TANK CO FOREST CITY ERECTORS INC FREITAG WEINHARDT INC WW GAY MECHANICAL CONTRACTOR GILLESPIE & POWERS INC GLASROCK PRODUCTS INC GLOBAL SCAFFOLD CONSTR SVCS GRAYCOR IND CONSTRUCTORS WO GRUBB STEEL ERECTION INC GUNDLACH CHAMPION INC HARDER MECHANICAL CONTR INC HASKELL CORP HOHL INDUSTRIAL SERVICES INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust **(b)** Primary activity (d) (c) (e) (h) (f) (g) (i) Name, address, and EIN of Direct controlling Type of entity Legal Share of total Share of end-of-Percentage Section 512 related organization domicile (C corp, S corp, entity income ownership (b)(13)year (state or foreign or trust) assets controlled country) entity? Yes No INDUSTRIAL CONTRACTORS INC-ICI INDEPENDENT MECHANICAL IND JAFFA CONSTRUCTION INC JAMAR COMPANY JERSEY TANK FABRICATORS INC KASSELMAN ELECTRIC CO INC KENNEDY TANK & MFG CO INC KEY WEST METAL INDUSTRIES LAKEHEAD CONSTRUCTORS INC LYNN LEFEVRE WELDING M&M WELDING AND FABR INC MC INDUSTRIAL INC MCABEE CONSTRUCTION INC MCGRAWKOKOSING MILETTA BROTHERS INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust **(b)** Primary activity (d) (c) (e) (h) (i) (f) (g) Direct controlling Name, address, and EIN of Type of entity Legal Share of total Share of end-of-Percentage Section 512 related organization domicile (C corp, S corp, (b)(13)entity income ownership year (state or foreign or trust) controlled assets country) entity? Yes No MI DE CON INC MID AMERICAN GUNITE MID MOUNTAIN BOILER & STEAM IN MILLCO MECHANICAL INC MILLER INDUSTR SERV TEAMS INC 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 NATIONAL FILTER MEDIA

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust **(b)** Primary activity (c) (e) (h) (f) (g) (i) Name, address, and EIN of Direct controlling Legal Type of entity Share of total Share of end-of-Percentage Section 512 related organization domicile (C corp, S corp, entity income ownership (b)(13)year (state or foreign or trust) controlled assets country) entity? Yes No NEW AGE FASTENING SYSTEMS INC NOLAN BOILER & TANK SERV NORTHERN HORIZONS SOLWAY INC NB PROCESSING OCONNOR CORPORATION OTONE MECHANICAL CONSTRUCTION PACIFIC TANK & CONSTRUCTION PBBS EQUIPMENT CORPORATION PETERSON SHEET METAL INC BMWC CONSTRUCTORS INC PIONEER PIPE INC PIPING & EQUIPMENT CO INC PLANT SERVICES GROUP INC PLATINUM INDUSTRIAL INC POPHAM MECHANICAL CONTRACTORS

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust **(b)** Primary activity (c) (e) (h) (i) (f) (g) Name, address, and EIN of Direct controlling Type of entity Legal Share of total Share of end-of-Percentage Section 512 related organization domicile (C corp, S corp, entity income ownership (b)(13)year (state or foreign or trust) controlled assets country) entity? Yes No POWER MECHANICAL SERVICES INC POWER SOURCE SERVICES INC PROJECTILE TUBE CLEANING INC RCR SERVICES INC RAND CONSTRUCTION CO RECO CONSTRUCTORS INC RHOADS INDUSTRIES INC PROJECT CONTROL SERVICES RYAN & ASSOCIATES INC R W LAPINE INC SCHECK MECHANICAL CORPORATION SHELBY MECHANICAL INC BLUE PEAKS INDUSTRIAL LLC SIMAKAS COMPANY INC SONGER SERVICES INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust **(b)** Primary activity (c) (e) (h) (i) (f) (g) Name, address, and EIN of Direct controlling Type of entity Legal Share of total Share of end-of-Percentage Section 512 related organization domicile (C corp, S corp, (b)(13)entity income ownership year (state or foreign or trust) controlled assets country) entity? Yes No SR INDUSTRIAL SOLUTIONS LLC STACK BROTHERS TANK TEK OF KENTUCKY INC TENCON INC TECHNICAL ERECTORS INC TRI RIVERS WELDING INC TWIN WIRE ARC INC UNION TANK ERECTION INC UNITED CONSTRUCTION CO INC US TANK & MECHANICAL SERVICES WACHS TECHNICAL SERVICES LTD WELDTECH SERVICES INC WILTSIE CONSTRUCTION CO INC WINBCO TANK COMPANY MILTON J WOOD COMPANY

(b) (h) Name, address, and EIN of Primary activity Direct controlling Type of entity Share of total Share of end-of-Percentage Section 512 Legal related organization domicile (b)(13)entity (C corp. S corp. income ownership vear (state or foreign controlled or trust) assets

	country)			entit	ty?
				Yes	No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

WRIGLEY MECHANICAL INC