DLN: 93493072000120 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 05-01-2018 , and ending 04-30-2019 C Name of organization D Employer identification number B Check if applicable OPERATING ENGINEERS' LOCAL 324 HEALTH ☐ Address change 38-1940673 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite 700 TOWER DRIVE ☐ Application pending (248) 813-9800 City or town, state or province, country, and ZIP or foreign postal code TROY, MI $\,$ 480982808 $\,$ G Gross receipts \$ 130,323,261 Name and address of principal officer H(a) Is this a group return for JAMES OLEKSINSKI □Yes ☑No subordinates? 500 HULET DRIVE H(b) Are all subordinates BLOOMFIELD TOWNSHIP, MI 48302 ☐ Yes ☐No included? Tax-exempt status 501(c)(3) **✓** 501(c) (9) **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW BENESYSINC COM/BENEFIT/IU0E324FRINGE ASP L Year of formation 1975 **M** State of legal domicile MI K Form of organization ☐ Corporation ☑ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities COLLECTION OF MONIES PURSUANT TO COLLECTIVE BARGAINING AGREEMENTS FOR DISTRIBUTION FOR PAYMENT OF COVERED HEALTH CARE, DEATH, AND DISABILITY BENEFITS TO PLAN PARTICIPANTS APPROX 9,725 PARTICIPANTS BENEFIT UNDER TERMS OF PLAN Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 4 4 Number of independent voting members of the governing body (Part VI, line 1b) 256 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 7 Total number of volunteers (estimate if necessary) . . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 b Net unrelated business taxable income from Form 990-T, line 34 7b 0 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . 126,239,752 127,349,423 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 2,262,396 2,973,838 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 128,502,148 130,323,261 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3). 127,260,903 14 Benefits paid to or for members (Part IX, column (A), line 4) . 116,615,547 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 598,126 584,144 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 6,553,858 6,130,264 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 123,767,531 133,975,311 19 Revenue less expenses Subtract line 18 from line 12 . 4,734,617 -3,652,050 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 93,706,737 90,363,116 64,003,290 21 Total liabilities (Part X, line 26) . 59,071,557 26,359,826 22 Net assets or fund balances Subtract line 21 from line 20 . Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2020-03-10 Signature of officer Sign Here JAMES OLEKSINSKI CHAIRMAN Type or print name and title Print/Type preparer's name Preparer's signature Date Check | If 2020-03-10 P00053811 Paid self-employed Firm's name PLANTE & MORAN PLLC Firm's EIN ▶ 38-1357951 **Preparer** Use Only Firm's address ≥ 2601 CAMBRIDGE CT STE 500 Phone no (248) 375-7100 AUBURN HILLS, MI 48326 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y

Form	990 (2018)				Page 2
Pa	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?		_		
	Check if Sche	edule O contains a response or	note to any line in this Part III		🗆
1	Briefly describe the	organization's mission			
NON	E				
2	Did the organization	ı undertake any sıgnıfıcant prog	ram services during the year which	were not listed on	
	the prior Form 990 o	or 990-EZ?			🗌 Yes 🗹 No
	If "Yes," describe the	ese new services on Schedule ()		
3	Did the organization	i cease conducting, or make sig	nificant changes in how it conducts,	any program	
	services?				🗌 Yes 🗹 No
	If "Yes," describe the	ese changes on Schedule O			
4	Section 501(c)(3) ar	nd $501(c)(4)$ organizations are	required to report the amount of gra		
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	See Addıtıonal Data				
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	-				
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
					-
4d	Other program serv	ıces (Describe in Schedule O)			
	(Expenses \$	including g	rants of \$	(Revenue \$)
4e	Total program ser	vice expenses >			
					Form 990 (2018)

Form 990 (2018) Page 3 Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Nο 1 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Nο No Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 4 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? 5 No 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? No 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Nο 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 💆 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? No R 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 No 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Nο permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🛸 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 a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Yes 11a

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Yes 11h assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏 Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🕏 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Yes 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🔧 11e Yes

Nο Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f No the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏 12a Yes b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b Nο If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

12a Did the organization obtain separate, 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 13 Nο 14a Νo

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments 14b Yes valued at \$100,000 or more? *If "Yes," complete Schedule F, Parts I and IV* Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Nο 15

14a Did the organization maintain an office, employees, or agents outside of the United States? foreign organization? If "Yes," complete Schedule F, Parts II and IV 💆 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to Nο 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, No 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Nο

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Nο **20a** Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* . . . 20a No

20b

21

Nο

No

Form **990** (2018)

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

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

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

Form	990 (2018)			Page 4
Pai	Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? 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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	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	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Yes

Yes Form **990** (2018)

180

0

1c

1a

1b

No

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V .

 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

Part V

ı	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
		5c	L
1	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?	6а	
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b	

Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7a

7b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7d

Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form

9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

b Gross income from other sources (Do not net amounts due or paid to other sources

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

which the organization is licensed to issue qualified health plans

Enter the amount of reserves the organization is required to maintain by the states in

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

b 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

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?

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

Sponsoring organizations maintaining donor advised funds.

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

Section 501(c)(7) organizations. Enter

11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders . 7h

8

9a

9h

12a

13a

14a

14b

15

No

No

Form **990** (2018)

10a 10b

11a

11b

12b

13b

13c

orm	990 (2018)			Page
Pa	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	•	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 10			
	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 4			
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	1
Ь	Each committee with authority to act on behalf of the governing body?	8b	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	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
10a	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		No
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		No
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		No
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?			

	,			
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	∍.)	
			Yes	No
10a	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		No
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		No
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c		No
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?			
a	The organization's CEO, Executive Director, or top management official	15a		No
ь	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
l h	If "Vec," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			

Form **990** (2018)

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 Section C. Disclosure List the States with which a copy of this Form 990 is required to be filed▶ 17

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

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest

State the name, address, and telephone number of the person who possesses the organization's books and records ▶BENESYS INC 700 TOWER DRIVE SUITE 300 TROY, MI 48098 (248) 813-9800

Own website Another's website Upon request Other (explain in Schedule O)

policy, and financial statements available to the public during the tax year

19

20

Part VII

Form 990 (2018)

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

(A) Name and Title	(B) Average hours per week (list any hours	Average hours per week (list any hours of the polyshours any hours director/trustee) Position (do not check more than one box, unless person is both an officer and a director/trustee) Reportable compensation from the organization (MV 2/12000)					(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the		
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
1) DOUGLAS STOCKWELL SECRETARY	2 00	×		×				0	149,110	70,725
(2) JAMES OLEKSINSKI CHAIRMAN	57 50 2 00 4 00	×		х				0	0	0
3) SCOTT HART TRUSTEE	2 00 55 00	х		x				0	85,965	64,100
4) MICHAEL A NYSTROM CHAIRMAN - PART YEAR	2 00	Х		×				0	0	0
5) MICHAEL SMITH FRUSTEE	2 00 1 00	×						0	0	0
6) LISA LAUZON FRUSTEE	2 00	Х						0	85,965	64,478
7) DAN BOONE FRUSTEE	2 00 56 00	Х						0	117,257	71,303
8) KENNETH DOMBROW FRUSTEE	2 00 56 50	Х						0	125,974	70,042
9) ME WOODBECK JR IRUSTEE	2 00 4 00	Х						0	0	0
(10) DEVEN RAU TRUSTEE	2 00	X						0	0	0
11) BOB ADCOCK TRUSTEE	2 00	Х						0	0	0
12) ROBERT COPPERSMITH FRUSTEE - PART YEAR	2 00	×						0	0	0

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

Page 8

Section A. Officers, Direct	.ors, rrustees	J, KCY	<u>riiib</u> i	10ye	<u>:es,</u>	<u>, anu i</u>	<u> </u>	lest compen	Sate	u Lilipioyees	COITE	mueu)	
(A) Name and Title	(B) Average hours per week (list any hours	than o	Position (do not check more than one box, unless person is both an officer and a director/trustee) Rep comp from comp from 2/100					(D) Reportable compensatio from the organization	ion (W-	Reportable compensation from related organizations (W-		(F) Estimated amount of other compensation from the organization and	
	for related organizations below dotted line)		Institutional Trustee	Officer	key employee	Highest compensatemployee	Former	- 2/1099-MIS	C)	2/1099-MISC	related organizations		
			र्ने	<u> </u>		# e-d							
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			+-	+	\vdash	+	+				+		
			+-	+	+	 	+						
			+	—	\vdash		+				+		
				\vdash			T						
1b Sub-Total	art VII , Section				-	*	<u> </u>		0	564,27	71		340,648
Total number of individuals (including of reportable compensation from the compensation)	but not limited	d to thos				e) who	rec			<u></u>			
												Yes	No
3 Did the organization list any former of line 1a? <i>If "Yes," complete Schedule J</i>			:ee, ke	ey e	mpi	oyee, d	or hi	ghest compens	atea.	employee on	3		No
4 For any individual listed on line 1a, is organization and related organization individual										the	4	Yes	
5 Did any person listed on line 1a receive services rendered to the organization										vidual for	5		No
Section B. Independent Contract	ors			_	_	<u> </u>	_						NO
Complete this table for your five higher from the organization. Report comper											mpens	sation	
Name a	(A) and business addre	ess								(B) ription of services		(C Comper	
BLUE CROSS BLUE SHIELD										OCESSING		3	3,107,626
600 E LAFAYETTE BLVD DETROIT, MI 48226								CLAIM	2 200				700 000
DELTA DENTAL PO BOX 30416								CLAIM.	S PKU	OCESSING			332,238
LANSING, MI 48909 BENESYS INC								RECOF	RDKEE	PING SERVICES			295,460
700 TOWER DRIVE 300									*=				
TROY, MI 48098 SALUS GROUP BENEFITS								PROFE	NOIZZ	NAL SERVICES			121,480
38233 MOUND RD BUILDING F STERLING HEIGHTS, MI 48310				_			_						
FINKEL WHITEFIELD SELIK PC								PROFE	SSION	NAL SERVICES			115,302
32300 NORTHWESTERN HWY FARMINGTON HILLS, MI 48334	/ 1:1	·	•	·		1		<u> </u>		**********	22.6		
2 Total number of independent contractor	:s (includina but	c not lim	aited *	to th	iose	 listed 	. aboʻ	ve) who receive	ed mr	ore than \$100.00	JU of L		

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

compensation from the organization ▶ 7

Part		Statement of	Revenue									Page 9
ган	VIII	 -		a respo	onse or note to any	/ line in th	ıs Part VIII					🗆
				- 1		(<i>A</i> Total re	١)	Rela exe	B) ted or empt ction	Unre Unsi	C) lated	(D) Revenue excluded from tax under sections
	1 a	Federated campaig	ns	1a				rev	enue			512 - 514
nts nts		• Membership dues		1b	<u> </u>							
is an		•			<u> </u> 							
Š, G Am		Fundraising events		1c								
善		Related organization Government grants (co		1d]							
S, (iii				1e								
ija S	ľ	All other contributions, and similar amounts no above		1f								
賣賣	۱.	Noncash contribution	ons included									
Contributions, Gifts, Grants and Other Similar Amounts												
ತ ಕ	ŀ	1 Total. Add lines 1a	-1f	•	•							
ı	_				Busines	s Code						
P. P.	2a	PAYMENT FROM EMPLOY	YERS			900099		95,322		95,322		
Service Revenue	b	SELF PMNTS FROM MEM	IBERS			900099	23,2	54,101	23,25	54,101		
ج ح	С			_								
3	d			_								
Program	e			_								
10gr	f	All other program se	rvice revenue		127	 ,349,423						
Δ.	g٦	Fotal. Add lines 2a-2	lf		•	,545,425						
		nvestment income (ii imilar amounts) .			interest, and other							
		ncome from investme			ond proceeds i	-	1,251,216					1,251,216
						•						
			(ı) Rea	l	(II) Personal							
	6a	Gross rents										
	ь	Less rental expenses				\dashv						
	_	Rental income or				4						
	С	(loss)										
	d	Net rental income o	r (loss)									
	_	Cross amount	(ı) Securit	ies	(II) Other	4						
		Gross amount from sales of assets other	1,7	22,622								
		than inventory										
	b	Less cost or other basis and				7						
		sales expenses		0		_						
		Gain or (loss) Net gain or (loss)		22,622		_{	1,722,622					1,722,622
		Gross income from fi			<u> </u>		1,722,022			1		1,722,022
n e		(not including \$		of								
₹		contributions reporte See Part IV, line 18		а	<u> </u>							
Re		Less direct expense		Ь								
Other Revenue		Net income or (loss)			ents							
Ö		Gross income from g See Part IV, line 19		es								
				а								
		Less direct expense		ь.								
		Net income or (loss)		activit	ies					-		
		Gross sales of invent returns and allowand										
	_			а								
		Less cost of goods s		Ь								
	<u> </u>	Net income or (loss) Miscellaneous		invent	Business Code							
	11:					1						
	b											
	С											
		All other revenue .				1				1		
		Total. Add lines 11a			•					1		
	12	Total revenue. See	instructions	• •			130,323,261		127,349,42	3	0	2,973,838

orm 990 ((2018)				Page 10
Part IX Section 50	Statement of Functional Expenses $1(c)(3)$ and $501(c)(4)$ organizations must complete all co	lumns All other orga	inizations must com	plete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX .			🗆
	clude amounts reported on lines 6b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
	s and other assistance to domestic organizations and stic governments See Part IV, line 21		·		
	s and other assistance to domestic individuals. See /, line 22				
	s and other assistance to foreign organizations, foreign nments, and foreign individuals See Part IV, line 15 6				
4 Benef	its paid to or for members	127,260,903			
	ensation of current officers, directors, trustees, and mployees				
define	ensation not included above, to disqualified persons (as a under section 4958(f)(1)) and persons described in a 4958(c)(3)(B)				
7 Other	salaries and wages	341,725			
	on plan accruals and contributions (include section 401 d 403(b) employer contributions)				
9 Other	employee benefits	214,743			
10 Payro	ll taxes	27,676			
11 Fees f	or services (non-employees)				
a Mana	gement				
b Legal		175,792			
c Accou	nting	150,623			
d Lobby	nng				
e Profes	ssional fundraising services See Part IV, line 17				
f Inves	tment management fees	185,132			
g Other	(If line 11g amount exceeds 10% of line 25, column mount, list line 11g expenses on Schedule 0)	3,582,567			
12 Adver	tising and promotion				
13 Office	expenses	185,477			
14 Inform	nation technology	2,400			
15 Royal	ties				
16 Occup	pancy	78,335			
17 Trave	_ ` 				
18 Paym	ents of travel or entertainment expenses for any al, state, or local public officials .				
19 Confe	rences, conventions, and meetings	10,253			
	est				
21 Pavm	ents to affiliates				
•	ciation, depletion, and amortization	641			
•	ance	58,521			
24 Other misce excee	expenses Itemize expenses not covered above (List llaneous expenses in line 24e If line 24e amount ds 10% of line 25, column (A) amount, list line 24e				
•	ises on Schedule O) IM ADMIN TAX	715,394			
<u>a</u> coa	IFI ADPIN TAX	, 15,551			
b CON	ISULTING FEES	569,109			
c FIEL	D COORDINATION	416,020			
d	All				
	other expenses	122.075.24			
	functional expenses. Add lines 1 through 24e	133,975,311			
report educa	costs. Complete this line only if the organization ted in column (B) joint costs from a combined thousand campaign and fundraising solicitation				
Check	there ► ☐ If following SOP 98-2 (ASC 958-720)				

		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	2,841,044	1	7,911,195
2	Savings and temporary cash investments	1,603,012	2	741,215
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	14,624,172	4	13,644,093
5	trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and			

478,695

474,116

6

8

9

10c

11

12

13

14

15

16

17

18

3,832

40.929.053

20.540.891

13.164.733

93,706,737

482.353

0

34.635.180

93,706,737

32

33

34

5.618

4,579

38,045,260

15.728.674

14.282.482

90.363.116

546.275

0

26.359.826

90,363,116

Form **990** (2018)

contributing employers and sponsoring organizations of section 501(c)(9)

voluntary employees' beneficiary organizations (see instructions) Complete

10a

10b

Assets	

Grants payable . .

Accounts payable and accrued expenses

Investments—other securities See Part IV, line 11 .

Total assets.Add lines 1 through 15 (must equal line 34) .

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

Investments-program-related See Part IV, line 11

Form 990 (2018)

Assets	
Liabilities	

17

18

32

33

34

Net

	6	trustees, key employees, and highest compense Part II of Schedule L. Loans and other receivables from other disquasection 4958(f)(1)), persons described in section contributing employers and sponsoring organizations are the properly employees' beneficiary organizations. Part II of Schedule L.
Assets	7	Notes and loans receivable, net
SS	8	Inventories for sale or use
٩	9	Prepaid expenses and deferred charges
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D
	b	Less accumulated depreciation
	11	Investments—publicly traded securities .
	12	Investments—other securities See Part IV, line
	13	Investments—program-related See Part IV, lir
	14	Intangible assets
	15	Other assets See Part IV, line 11
	16	Total assets.Add lines 1 through 15 (must ed

19 Deferred revenue . . . 19 20 Tax-exempt bond liabilities . . . 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 58.589.204 25 63.457.015 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 . 59.071.557 26 64.003.290

Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and

complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27

Fund Balance 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets

Organizations that do not follow SFAS 117 (ASC 958),

check here ▶ ☑ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 34,635,180 30

26,359,826

Assets or 31 Paid-in or capital surplus, or land, building or equipment fund . . . 0 31 0

3a

3b

No

Form 990 (2018)

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: 38-1940673

Name: OPERATING ENGINEERS' LOCAL 324 HEALTH

CARE PLAN

Form 990 (2018)

Form 990, Part III, Line 4a:

COLLECTION OF MONIES PURSUANT TO COLLECTIVE BARGAINING AGREEMENTS FOR DISTRIBUTION FOR PAYMENT OF COVERED HEALTH CARE, DEATH, AND DISABILITY BENEFITS TO PLAN PARTICIPANTS APPROX 9,446 PARTICIPANTS BENEFIT UNDER TERMS OF THE PLAN

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE D**

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

(Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Financial Statements

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

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

DLN: 93493072000120 OMB No 1545-0047

Open to Public **Inspection**

Employer identification number

	ERATING EI RE PLAN	NGINEERS' LOCAL 324 HEALTH				38-1	1940673	
Pa		Organizations Maintaining Donor Advi Complete if the organization answered "Ye				r Acc	counts.	
			(a) Dono	r advı	sed funds		(b)Funds and other ac	counts
L	Total nu	ımber at end of year						
2	Aggrega	ate value of contributions to (during year)						
3	Aggrega	ate value of grants from (during year)						
1	Aggrega	ate value at end of year						
5		organization inform all donors and donor adviso ation's property, subject to the organization's ex			ets held in donor ad	vised	_	Yes 🗌 No
5	charital	organization inform all grantees, donors, and do ble purposes and not for the benefit of the donor benefit?					rıng impermissible	Yes 🗌 No
Pa	rt II	Conservation Easements. Complete if the	 ne organization a	nswe	red "Yes" on Forn	n 990		163 🗀 110
		e(s) of conservation easements held by the organ					,,	
		reservation of land for public use (e g , recreation				histor	rically important land ar	ea
	_	rotection of natural habitat		$\overline{\Box}$			ed historic structure	
				_	Freservation of a c	.er tille	a matoric structure	
		reservation of open space	16.1			,		
2		ete lines 2a through 2d if the organization held a ent on the last day of the tax year	qualified conservat	ion co	ntribution in the for	m or a	a conservation Held at the End of	the Year
а		umber of conservation easements				2a	Tield dt tile zild of	tire rear
b	Total ac	creage restricted by conservation easements				2b		
С	Number	of conservation easements on a certified histori	c structure included	d ın (a)	2c		
d		r of conservation easements included in (c) acquire listed in the National Register	red after 7/25/06,	and n	ot on a historic	2d		
3	Numbe tax yea	r of conservation easements modified, transferre ir ►	d, released, exting	uished	d, or terminated by	the or	ganization during the	
1	Numbe	r of states where property subject to conservation	n easement is loca	ted ▶			_	
5	Does th and enf	ne organization have a written policy regarding the forcement of the conservation easements it holds	ne periodic monitori 3?	ıng, ır	spection, handling o	of viola	ations, Yes	□ No
5	Staff ar ▶	nd volunteer hours devoted to monitoring, inspec	ting, handling of vi	olatio	ns, and enforcing co	onserv	ation easements during	the year
7	Amoun	t of expenses incurred in monitoring, inspecting,	handling of violation	ns, a	nd enforcing conserv	vation	easements during the	year
3	Does ea	 ach conservation easement reported on line 2(d)	above satisfy the r	eauire	ements of section 1	70(h)((4)(B)(ı)	
		ction 170(h)(4)(B)(ii)?	,	•		. , ,	Yes	□ No
•	balance	XIII, describe how the organization reports consessheet, and include, if applicable, the text of the anization's accounting for conservation easemen	footnote to the org					
ar		Organizations Maintaining Collections Complete if the organization answered "Ye				er Si	milar Assets.	
La	art, his	organization elected, as permitted under SFAS 11 torical treasures, or other similar assets held for e, in Part XIII, the text of the footnote to its finar	public exhibition, e	ducat	ion, or research in f			orks of
b	historic	organization elected, as permitted under SFAS 11 tal treasures, or other similar assets held for pub ng amounts relating to these items						
((i) Reven	ue included on Form 990, Part VIII, line 1					> \$	
(ii)Assets	included in Form 990, Part X					▶ \$	
2		organization received or held works of art, historing amounts required to be reported under SFAS				ncıal g	gain, provide the	
а		ie included on Form 990, Part VIII, line 1	•	-			▶ \$	
b	Assets	included in Form 990, Part X					▶ \$	

Cat No 52283D

Schedule D (Form 990) 2018

Par	31111	Organizations Maintainir	ng Collections	of Art, I	Histori	cal T	reası	ures, or	Other	Similar As	sets ((continued)	
3	Using items	the organization's acquisition, as (check all that apply)	ccession, and othe	r records	, check	any of	the fo	ollowing t	hat are a	significant i	ise of it	s collection	
а		Public exhibition			d		Loan	or excha	ange prog	grams			
b		Scholarly research			e		Othe	er					
c		Preservation for future generation	ons										
4	Provid Part >	de a description of the organization	on's collections and	d explain	how the	ey furtl	her th	e organız	ation's e	xempt purpo	se in		
5		g the year, did the organization s s to be sold to raise funds rather								nılar	□ Y	es 🗆 No	,
Pai	rt IV	Escrow and Custodial Ar		U a.a. Fa		D	T) /	0				Fa 000 I	D=t
		Complete if the organizatio X, line 21.	n answered "Yes	on Fo	rm 990	, Part	IV, II	ine 9, oi	reporte	ed an amou	int on	Form 990, 1	Part
1a		e organization an agent, trustee, ded on Form 990, Part X?	custodian or other	ıntermed	diary for	contri	butior	ns or othe	er assets	not	□ Y	es 🗌 No)
ь	If "Y∈	es," explain the arrangement in P	art XIII and compl	ete the fo	ollowing	table		[A	mount		-
С		ining balance	·					l	1c				-
d	Addıt	ions during the year							1d				-
е	Dıstrı	butions during the year							1e				-
f	Endın	ig balance							1f				-
2a	Did H	re organization include an amour	nt on Form 990 Pa	rt X line	21 for	escrov	v or ci	Istodial a	ccount li	ahility?		es 🗆 No	-
b		es," explain the arrangement in Pa									_	es 🗀 III	,
_	rt V	Endowment Funds. Comp											
			(a)Curre			rior yea				(d)Three year		(e)Four years	s back
1a	Beginn	ing of year balance											
b	Contrib	outions											
С	Net inv	estment earnings, gains, and los	ses										
d	Grants	or scholarships											
e		expenditures for facilities ograms											
f	Admını	strative expenses											
g	End of	year balance											
2	Provid	de the estimated percentage of tl	he current year en	d balance	e (line 1	g, colu	mn (a	a)) held a	s			l	
а		d designated or quasi-endowment	•		,		•	•					
ь	Perm	anent endowment 🟲											
С	Temp	orarily restricted endowment >											
_		percentages on lines 2a, 2b, and 2	2c should equal 10	0%									
3а	orgar	nere endowment funds not in the nization by		organıza	tion that	t are h	eld ar	nd admini	stered fo	r the	_	Yes	No
	(i) ur	rrelated organizations				•						Ba(i)	
L		elated organizations es" on 3a(ii), are the related orga				 مانام	•					a(ii) 3b	
ь 4		ribe in Part XIII the intended uses		•			•				L	30	
	rt VI	Land, Buildings, and Equ		on a chido	· · · · · · · · · · · · · · · · · · ·	anas							
T G		Complete if the organization		" on Fo	rm 990	, Part	IV, l	ıne 11a.	See Fo	rm 990, Pa	rt X, lı	ne 10.	
	Descri		ost or other basis investment)	(b) Cost	t or other	basis (other)	(c) Acc	umulated o	depreciation		(d) Book value	
1a	Land												
	Buildin							1					
		old improvements						1					
		nent				4	78,695	1		474,116			4,579
		lines 1a through 1e (Column (d)	must equal Form S	990, Part	X, colur	nn (B)	, line	10(c))		>			4,579

Part VII Investments—Other Securities. Complete if the	ie organization ans	wered "Yes" on Form	Page 3 990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category	(b) Book value	(c) Me	thod of valuation
(including name of security)			l-of-year market value
(1) Financial derivatives			
(3) Other	45.55		
(A) COMMINGLED FUNDS (B)	15,728,674		
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	15,728,674		
Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on F	orm 990, Part IV, I	ine 11c. See Form 99	0, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Me	thod of valuation l-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•		
Part IX Other Assets. Complete if the organization answered	'Yes' on Form 990, P	art IV, line 11d See For	
(1) DEPOSITS			(b) Book value 4,459,400
(2) ACCRUED INTEREST RECEIVABLE			100,625
(3) DUE FROM BROKER FOR SECURITIES SOLD			0.722.451
(4) INVESTMENTS - CASH (5)			9,722,451
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)			▶ 14,282,482
Part X Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.	nswered 'Yes' on F	orm 990, Part IV, line	e 11e or 11f.
1. (a) Description of liability	(b) I	Book value	
(1) Federal income taxes			
CLAIMS PAYABLE		4,700,108	
DEFERRED REVENUE - SELF PAYMENTS		226,907	
RESERVES FOR UNPAID CLAIMS		7,530,000	
RESERVES FOR FUTURE CLAIMS (5)		51,000,000	
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions In Part XIII, provide the text of	► the footnote to the c	63,457,015 organization's financial st	atements that reports the
organization's liability for uncertain tax positions under FIN 48 (ASC 7			_

4a

4b

2a

2b

2c 2d

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Page 4

222,967

130,323,261

130,323,261

133,975,311

133,975,311

133,975,311

Schedule D (Form 990) 2018

2e 3

4c

1

2e 3

4c

5

2 Amounts included on line 1 but not on Form 990. Part VIII. line 12 Net unrealized gains (losses) on investments 2a 222.967

2h h

2c 2d

3

4

Schedule D (Form 990) 2018

Part XI

5

1

2

3

4

5

Part XIII

Return Reference

а

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 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

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

Explanation

Add lines 4a and 4b .

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

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Part XII

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

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . . b

Supplemental Information

Schedule D (Fo	orm 990) 2018	Page 5	
Part XIII	Supplemental Info	rmation <i>(continued)</i>	
Ret	urn Reference	Explanation	
			Schedule D (Form 990) 2018

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information. Copen to Put Inspection	SCHEDULE F	State	ement of A	Activities (Outside the Un	ited S	States	OMB No 1545-0	047
Name of the organization OPERATING ENGINEERS' LOCAL 324 HEALTH CARE PLAN Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (a) Region (b) Number of offices in the region of the following Part I, line 3 table can be duplicated if additional space is needed) (c) Number of employees, agents, and independent contractors in region (by type) (e.g., fundrasing, organization) service(s) in region service(s) in region for and investring in region CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS, 3a Sub-total 3 Sub-total 5 Total from continuation sheets to Part I for the grants of the United States. Complete if the organization answered "Yes" 8 Sub-total form continuation sheets to Part I form and the form of the properties of the United States. Complete if the organization answered "Yes" 9 Sub-total form continuation sheets to Part I form and the following and the United States. Complete if the organization answered "Yes" 1 For grantmakers. Coest the United States. Complete if the organization answered "Yes" 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance outside the United States. 1 For grantmakers. Does the organization answered "Yes" 1 For grantmakers. Describe in Part V the organization answered "Yes" 1 For grantmakers. Describe in Part V the	(Form 990) Department of the Treasury	► Compl	lete if the organiz	ation answered "' ► Attach t	15, or 16.	2018 Open to Publinspection			
Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (a) Region (b) Number of offices in the region (c) Number of offices in the region (b) type) (e g, fundraising, program service, describe specific type of service(s) in region (b) type) (c) In region (c) Nivestment (c) In region							Employer iden	ntification numbe	er
General Information on Activities Outside the United States. Complete if the organization answered "Yes" Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (a) Region (b) Number of offices in the region offices in the region in region in region (b) type) (e g, fundraising, program service, describe specific type of service(s) in region for and investor region in region in region in region. CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS, BARBUDA, ARUBA, BAHAMAS, 3a Sub-total 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OPERATING ENGINEERS' LO	OCAL 324 HE	ALTH				• •		
other assistance, the grantees' eligibility for the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (a) Region (b) Number of offices in the region (b) Number of offices in the region (b) type) (e.g., fundraising, program service, describe specific type of service(s) in region (b) type) (e.g., fundraising, program service, sinestments, grants to recipients located in the region) CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS, BARBUDA, ARUBA, BAHAMAS, O O INVESTMENT 3 Sub-total 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Part I General In			Outside the U	Jnited States. Comple	te if the		nswered "Yes" t	0
outside the United States 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (a) Region (b) Number of offices in the region offices in the region (by type) (e g , fundraising, program service, describe specific type of service(s) in region (by type) (e g , fundraising, program service, describe specific type of service(s) in region (by type) (e g , fundraising, program service, describe specific type of service(s) in region (by type) (e g , fundraising, program service, describe specific type of service(s) in region (by type) (e g , fundraising, program service, describe specific type of service(s) in region (by type) (e g , fundraising, program service, describe specific type of service(s) in region (by type) (e g , fundraising, program service, describe specific type of service(s) in region (by type) (e g , fundraising, program service, describe specific type of service(s) in region (by type) (e g , fundraising, program service, describe specific type of service(s) in region (by type) (e g , fundraising, program service, describe specific type of service(s) in region (by type) (e g , fundraising, program service, describe specific type of service(s) in region (by type) (e g , fundraising, program service, describe specific type of service(s) in region (by type) (e g , fundraising, program service, describe specific type of service(s) in region (by type) (e g , fundraising, program service, describe specific type of service(s) in region (by type) (e g , fundraising, program service, describe specific type of service(s) in region (by type) (e g , fundraising, program service, describe specific type of service(s) in region (by type) (e g , fundraising, program service, describe specific type of service(s) in region (by type) (e g , fundraising, program service, program	other assistance, th	e grantees'	eligibility for th			_		☐ Yes ☐	No
(a) Region (b) Number of offices in the region (c) Number of offices in the region (d) Activities conducted in region (by type) (e g, fundraising, program service, describe specific type of service(s) in region CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS, BARBUDA, ARUBA, BAHAMAS, CENTRAL AMERICA AND THE CARIBBEAN - O INVESTMENT CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS, CENTRAL AMERICA AND THE CARIBBEAN - O INVESTMENT CENTRAL AMERICA AND THE CARIBBEAN - O INVESTMENT CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS, D O INVESTMENT CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS, CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS, CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS, CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS, CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS, CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS, CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS, CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS, CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS, CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS, CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS, CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS, CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS, CENTRAL AMERICA & BARBUDA, ARUBA, BAH	_		Part V the orga	inization's proce	dures for monitoring the	use of ı	ts grants and otl	her assistance	
offices in the region of fices in the region of fices in the region of service in the region of service in region	3 Activites per Region	(The followin	ng Part I, line 3 t	able can be duplı	cated if additional space is	needed)		
CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS, 3a Sub-total b Total from continuation sheets to Part I	(a) Region		offices in the	employees, agents, and independent contractors in	region (by type) (e g , fundraising, program services, investments, grants to recipients located in the	progran sp	n service, describe ecific type of	(f) Total expendi for and investm in region	
b Total from continuation sheets to Part I	CARIBBEAN - ANTIGU	A &	0	0	INVESTMENT				
b Total from continuation sheets to Part I									
Part I		n sheets to	0	0					C
	Part I		0	n					
	,	, '				•		•	

Schedule F (Form 990) 2018 Page 3 Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (c) Number of (a) Type of grant or assistance (b) Region (d) Amount of (e) Manner of cash (f) Amount of (g) Description (h) Method of recipients cash grant disbursement non-cash of non-cash valuation (book, FMV, assistance assistance appraisal, other)

Sche	dule F (Form 990) 2018		Page 4
Par	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)		
		☐ Yes	✓ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)		
	Corporations (see Instructions for Form 5471)	✓ Yes	□No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	✓ Yes	□No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		
		☐ Yes	✓ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the		
	organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)	☐ Yes	☑ No

chedule F	(Form 990) 2018	Page 5
Part V	amounts of invest method); and Par	Information Information Ination required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; ments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting till, column (c) (estimated number of recipients), as applicable. Also complete this part to provide primation (see instructions).
90 Sche	dule F, Suppleme	ntal Information
Ret	urn Reference	Explanation

INVESTMENT ACCOUNT LIQUIDATED PRIOR TO YEAR END ZERO BALANCE AS OF 04/30/2019

PART I, LINE 3, COLUMN F

efil	e GRAPHIC pr	rint - DO NOT PROCESS	As Filed Dat	a -	DLN: 934	19307	2000	120	
Sch	edule J	· · · · · · · · · · · · · · · · · · ·							
(For	n 990)	For certain Officer		Frustees, Key Employees, and Hig	hest	•			
		► Complete if the orga	Compensa nization answ	ated Employees vered "Yes" on Form 990, Part IV,	, line 23.	20	118	3	
Б			▶ Attach	n to Form 990. instructions and the latest inforn		pen i			
•	tment of the Treasury al Revenue Service	₽ do to <u>www.irs.gov</u>	<u>/ </u>	mstructions and the latest mion		Insp	ectio	n	
	ne of the organiza	ation 5' LOCAL 324 HEALTH			Employer identificat	ion nu	ımber		
	E PLAN	PEOGNE SETTIENETT			38-1940673				
Pa	rt I Questi	ons Regarding Compensati	ion						
							Yes	No	
1a				f the following to or for a person liste by relevant information regarding thes					
		s or charter travel		Housing allowance or residence for	•				
		companions	님	Payments for business use of persoi					
		nification and gross-up payments	H	Health or social club dues or initiation Personal services (e.g., maid, chauf					
	□ Discretion	nary spending account		Personal services (e g , maid, chaur	reur, cher)				
b		xes in line 1a are checked, did the all of the expenses described abov		ollow a written policy regarding paym nplete Part III to explain	nent or reimbursement	1b			
2				or allowing expenses incurred by all r, regarding the items checked in line	. 152	2			
	directors, truste	es, officers, including the CEO/EX	ecutive Directo	r, regarding the items checked in line	e lar				
3		if any, of the following the filing of EO/Executive Director Check all		ed to establish the compensation of th	ne				
	_			CEO/Executive Director, but explain i	n Part III				
	Componer	ation committee		Written employment contract					
		ent committee	H	Compensation survey or study					
		of other organizations		Approval by the board or compensa	tion committee				
4			90, Part VII, Se	ection A, line 1a, with respect to the fi	iling organization or a				
	related organiza	ation							
а		ance payment or change-of-contr				4a		No	
b	•	r receive payment from, a supple	•	· ·		4b		No	
С		r receive payment from, an equity		nsation arrangement? plicable amounts for each item in Part	- 111	4c		No	
	in res to any c	or lines at c, list the persons and	provide the app	oneable amounts for each item in Fair	. 111				
	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 ontingent on the revenues of		the organization pay or accrue any					
а	The organization	n?				5a			
b	Any related orga					5b			
	•	5a or 5b, describe in Part III							
6		ed on Form 990, Part VII, Section ontingent on the net earnings of	A, line 1a, did	the organization pay or accrue any					
а	The organization					6a			
b	Any related orga					6b			
-	•	6a or 6b, describe in Part III	A long 4 1 1	hha annanananan nasarata asara s	_				
7	payments not d	escribed in lines 5 and 6? If "Yes,	" describe in Pa		a	7			
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," de	escribe	8			
9	If "Yes" on line 3 53 4958-6(c)?	8, did the organization also follow	the rebuttable	presumption procedure described in	Regulations section	9			
For F	Panerwork Redu	iction Act Notice, see the Insti	ructions for Fo	orm 990. Cat No. 5	50053T Schedule J	(Form	990)	2018	

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Part II For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation in other deferred column (B) reported benefits (B)(1)-(D)(ii) Bonus & incentive (i) Base (iii) Other compensation as deferred on prior compensation compensation reportable Form 990 compensation 1 DOUGLAS STOCKWELL 0 (i) 0 0 0 0 0 SECRETARY 149,110 0 0 (ii) 53,918 16,807 219,835 2 SCOTT HART (i) 0 0 0 0 0 0 TRUSTEE 85,965 0 0 47,777 16,323 150,065 0 (ii) 3 LISA LAUZON 0 (i) 0 0 0 0 0 0 TRUSTEE 85,965 0 0 48,114 16,364 150,443 0 (ii) 4 DAN BOONE 0 (i) 0 0 0 0 0 0 TRUSTEE 117,257 0 0 54,496 16,807 188,560 0 (ii) 5 KENNETH DOMBROW 0 (i) 0 0 0 0 0 0 TRUSTEE 125,974 0 0 53,235 16,807 196,016 0 (ii)

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

Schedule J (Form 990) 2018

efile GRAPH	IC print - DO NOT PROCESS	As Filed Data -		DLN:	93493072000120
SCHEDUL (Form 990 or EZ)	990- Complete to pro	ovide information for or 990-EZ or to provi ▶ Attach to Forn	on to Form 990 or 9 r responses to specific questi ide any additional information n 990 or 990-EZ. 90 for the latest information.	ons on n.	2018 Open to Public Inspection
CARE PLAN	କର୍ନାহation IEERS' LOCAL 324 HEALTH e O, Supplemental Informatio	on		Employer identi 38-1940673	fication number
Return Reference			Explanation		
FORM 990, PART VI, SECTION A, LINE 7A	FIVE TRUSTEES SHALL BE APPOLL BE DESIGNATED AS UNION TITUSTEE AND THEY SHALL BE DESIGNATION OF THE PROPERTY OF	THE FIVE ASSOCIATION MEM			

Return Explanation
Reference

FORM 990, THE 990 IS REVIEWED BY THE CFO BEFORE BEING FILED
PART VI,
SECTION B,
LINE 11B

Return Explanation

FORM 990, GOVERING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST PART VI, SECTION C, LINE 19

Return Explanation Reference

FORM 990. THE AMOUNT REPRESENTS THE NET CHANGE IN THE RESERVE FOR UNPAID BENEFITS AND THE RESERVE FO PART XI. R FUTURE CLAIMS SHOWN AS A LIABILITY IN PART I -4.846.271

LINE 9

Return Explanation
Reference

FORM 990, PART XII, LINE 2C

efile GRAPHIC print - DO	NOT PROCESS	As Filed Data -										DLN: 93493	072000	120	
SCHEDULE R (Form 990)		Related (Organiz	zations	and Un	relate	d Partn	ership	s			OMB No		17	
(FOIIII 990)	▶ 0	Complete if the orga	nization ar	swered "Yes ▶ Attach to			IV, line 33	s, 34, 35b,	36, or	37.		2018			
Department of the Treasury Internal Revenue Service		► Go to <u>ww</u>	w.irs.gov/	<i>Form</i> 990 for			e latest info	ormation.				Open to	Publicection		
Name of the organization OPERATING ENGINEERS' LOCAL 324 CARE PLAN	HEALTH									loyer identif	icatior	number			
	of Disregarded E	ntities Complete ıf	the organ	ızatıon answ	ered "Yes	" on Form	990, Part	IV, line 3		940673					
Name, address, and	(a) EIN (If applicable) of disre	egarded entity		(b) Primary a		Legal dom	c) nicile (state n country)	(d) Total inc	ome	(e) End-of-year as	ssets	(f Direct co ent	ntrolling		
Part II Identification of related tax-exent See Additional Data Table	of Related Tax-Ex npt organizations di		1s Comple	ete if the org	anızatıon	answered	"Yes" on F	orm 990,	Part IV	, line 34 be	cause	ıt had one or	more		
	(a) d EIN of related organızatı	ion	Prim	(b) ary activity	Legal dom	c) nicile (state n country)	(d) Exempt Cod		Public cl	(e) narity status n 501(c)(3))	Dii	(f) rect controlling entity	Section (13) cor enti	512(b) ntrolled ty?	
													Tes	No	
For Paperwork Reduction Ac	t Notice, see the Ins	structions for Form 9	90.		Ca	t No 5013	 35Y				Sche	edule R (Form	990) 20	18	

Schedule R (Form 990) 2018 Page 2 Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. See Additional Data Table (e) (f) (g) Share of income (related, total income end-of-year **(b)** Primary (c) (d) Direct **(j)** General or (k) Percentage (a) Name, address, and EIN of (h) Disproprtionate (i) Code V-UBI Legal controlling related organization activity domicile allocations? amount in box managing ownership unrelated, excluded from tax under 20 of Schedule K-1 (Form 1065) entity (state assets or foreign country) sections 512-514) Yes No Yes No

		1									. [
Part IV Identification of Related Organizati because it had one or more related organizati						swered "Yes'	on Fo	orm 990	, Part IV,	line	34	
See Additional Data Table												
(a) Name, address, and EIN of related organization	(b) Primary activity	gal ncile r foreign	Dire	(d) ect controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	Share	(g) of end-of- year assets	(h Percei owne	ntage	Sectio (13) c	n 512(b) controlled ntity?
								Sc	hedule R	(Forr	n 990) 2	2018

No

No No

No

No

No

1k

11

1m

1n 1o | Yes

1q | Yes

1r

1s

Schedule R (Form 990) 2018

(d)

Method of determining amount involved

Yes

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.									
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No					
1 [uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	П							
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No					
Ь	Gift, grant, or capital contribution to related organization(s)	1 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)	1 d		No					
е	Loans or loan guarantees by related organization(s)	1e		No					

b	Gift, grant, or capital contribution to related organization(s)	1b		
c	Gift, grant, or capital contribution from related organization(s)	1b 1c 1d		
d	Loans or loan guarantees to or for related organization(s)	1 d		
е	Loans or loan guarantees by related organization(s)	1e	:	
_				

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

Performance of services or membership or fundraising solicitations for related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

(a)

Name of related organization

_	only granty or capital continuation to related organization (5)	1 1	
С	Gift, grant, or capital contribution from related organization(s)	1c	No
d	Loans or loan guarantees to or for related organization(s)	1d	No
е	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)	1 g	No
h	Purchase of assets from related organization(s)	1h	No
i	Exchange of assets with related organization(s)	1i	No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	No
		\Box	

(b)

Transaction

type (a-s)

(c)

Amount involved

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

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

was not a related organization. See mistractions regarding exclusion																
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		ganizations?	(f) Share of total income	(f) Share of total Income	(g) Share of end-of-year assets			(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No				
										Schedul	e R (Forn	n 99	0) 2018			



Software ID: **Software Version:**

EIN: 38-1940673

Form 990, Schedule R, Part II - Identification of Related (a)	(b)	(c)	(d)	(e)	(f)	(g	ı)
Name, address, and EÌN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c) (3))	Direct controlling entity	Sectio (b)(contr enti	13) olled
	TO DOCUMENT TO A VALUE		504 (6) 5			Yes	No
1550 HOWARD STREET DETROIT, MI 48216 23-7109957	TO PROVIDE TRAINING TO MEMBERS	MI	501 (C) 5				No
1550 HOWARD STREET DETROIT, MI 48216 80-0702994	TO HOLD BUILDING USED BY THE EDUCATION FUND	MI	501 (C) 2				No
275 E HIGHLAND ROAD HOWELL, MI 48843	TO PROVIDE TRAINING TO MEMBERS	MI	501 (C) 3				No
38-3215444 500 HULET DRIVE BLOOMFIELD TOWNSHIP, MI 48302	TO PROVIDE HEALTH BENEFITS FOR MEMBERS	MI	501 (C) 9				No
38-2243531 500 HULET DRIVE BLOOMFIELD TOWNSHIP, MI 48302 38-2872986	TO DISSEMINATE PROMOTIONAL MATERIALS AND INFO TO ARCHITECTS AND ENGINEERS	MI	501 (C) 5				No
500 HULET DRIVE BLOOMFIELD TOWNSHIP, MI 48302 38-0679790	TO ANTICIPATE FOR AND CAPITALIZE ON THE CHALLENGES FACING THE UNION	MI	501 (C)				No
500 HULET DRIVE BLOOMFIELD TOWNSHIP, MI 48302	TO PROVIDE RETIREMENT BENEFITS FOR MEMBERS	MI	501 (A)				No
38-1900637 500 HULET DRIVE BLOOMFIELD TOWNSHIP, MI 48302 38-2342972	TO PROVIDE RETIREMENT BENEFITS FOR MEMBERS	MI	501 (A)				No
500 HULET DRIVE BLOOMFIELD TOWNSHIP, MI 48302 38-3237248	TO MONITOR POLITICAL ACTIVITIES AFFECTING MEMBERS	MI	527				No
500 HULET DRIVE BLOOMFIELD TOWNSHIP, MI 48302 38-6195525	TO PROVIDE VACATION BENEFITS FOR MEMBERS	MI	501 (C) 9				No
500 HULET DRIVE BLOOMFIELD TOWNSHIP, MI 48302	TO PROVIDE RETIREMENT BENEFITS FOR MEMBERS	MI	501 (A)				No
38-3386104 500 HULET DRIVE BLOOMFIELD TOWNSHIP, MI 48302	TO HOLD BUILDINGS USED BY THE UNION	MI	501 (C) 2				No
38-6082362 500 HULET DRIVE BLOOMFIELD TOWNSHIP, MI 48302 38-3685356	TO PROVIDE RETIREMENT BENEFITS FOR MEMBERS	MI	501 (A)				No
500 HULET DRIVE BLOOMFIELD TOWNSHIP, MI 48302 38-3037205	TO HOLD REAL ESTATE RELATED TO OE FRINGE FUNDS	MI	501 (C) 2				No

Form 990, Schedule R, Part II - Identification of Related Tax	-Exempt Organizat	ions	1	1	1 40	1 .	,
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	Sectio (b)(contr enti	n 512 13) olled ty?
						Yes	No
					I		l

Form 990, Schedule R, Part II - Identification of Related Tax	-Exempt Organizat	ions	1	1	1 40	1 .	,
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	Sectio (b)(contr enti	n 512 13) olled ty?
						Yes	No
					I		l

Form 990, Schedule R, Part II - Identification of Related Tax	-Exempt Organizat	ions	1	1	1 40	1 .	,
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	Sectio (b)(contr enti	n 512 13) olled ty?
						Yes	No
					I		l

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

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations



Form 990, Schedule R, Part	III - Identificatior		ted Organiza	tions Taxable	as a Partner	ship						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections		(g)	(† Disprop allocai	tionate	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	Man-	eral r agıng	(k) Percentage ownership
				512-514)			Yes	No		Yes	No	
(1) ABM ENGINEERING SERVICES												
(1) ADVANCED DISPOSAL SVCS												
(2) ADVANTAGE INDUSTRIAL SYSTEMS												
(3) AGGREGATE INDUSTRIES												
(4) ALPHA ELECTRIC & ENGINEERING												
(5) ALTA EQUIPMENT												
(6) AMERICAN AGG OF MICH-MECH												
(7) AMERICAN PAVEMENT SAWING												
(8) AMS STEEL LLC												
(9) APTIM SERVICES LLC												
(10) ARISTEO INSTALLATION LLC												
(11) ASSEMBLERS PRECAST & STEEL												
(12) ATLAS INDUSTRIAL HOLDINGS LLC												
(13) AUTOMOTIVE TESTNG OPERATNS												
(14) B & B CONCRETE PLACEMENT												

Form 990, Schedule R, Part I	II - Identification		ed Organizat	ions Taxable a	as a Partners	ship			ı	l		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h Dispropi allocat	tionate cions?	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j Gen o Mana Parti	eral r aging ner?	(k) Percentage ownership
(16)							162	140		165	140	
BALLARD MARINE CONSTRUCTION												
(1) BC TEN AIR												
(2) BD DIAGNOSTICS												
(3) BELLE RIVER INDUSTRIAL SVCS												
(4) BMI REFRACTORY SERVICES												
(5) BP CONTRACTING LLC												
(6) BRAND ENERGY SVCS												
(7) BRANDENBURG INDUSTRIAL SERVICE												
(8) BRAZEN & GREER MASONRY												
(9) BRINKER TEAM CONSTRUCTION												
(10) BRISTOL ERECTORS												
(11) BRISTOL MANUFACTURING												
(12) BROCK INDUSTRIAL SERVICES LLC												
(13) C & R PLUMBING & HEATING												
(14) CADILLAC ASPHALT LLC												

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total	 (h Dispropr allocat	tionate	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j Gen o Mana Partr	eral r iging ner?	(k) Percentage ownership
(31) CARDINAL AGGREGATE						res	NO		res	NO	
,											
(1) CARDNO JFNEW											
(2) CASE FOUNDATION											
(3) CEI MICHIGAN LLC											
(4) CENTRAL EXCAVATING LLC											
(5) CHARPS LLC											
(6) CHRISTEN DETROIT											_
(7) CIPPARRONE CONST											
(8) CMF GROUP											
(9) CMS LANDSCAPING											
(10) COLD CREEK SERVICES LLC											
(11) COMMERCE CONSTR & LANDSCAPING											
(12) COMMERCIAL FACILITIES MGNT											
(13) CONSTRUCTION LABOR SERVICES											
(14) CONTINUUM SERVICES											

Form 990, Schedule R, Part 1	III - Identification		ted Organiza	tions Taxable	as a Partners	ship	i			l	. 1	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total Income	(g) Share of end- of-year assets	(h Dispropi allocat	tionate ions?	(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
							Yes	No		Yes	No	
(46) CRACKERS DEMO LLC												
(1) CREEK UNDERGROUND LLC												
(2) CULVER DEVELOPMENT												
(3) CUT AND CORE CONCRETE CUTTING												
(4) CUTTING EDGE CONCRETE CUTTING												
(5) D & R EARTHMOVING LLC												
(6) DAWES RIGGING & CRANE RENTAL												
(7) DEEP SOUTH CRANE & RIGGING LLC												
(8) DEN-MAN CONTRACTORS												
(9) DETROIT RENEWABLE POWER												
(10) DEVON INDUSTRIAL GROUP												
(11) DTE ES OPER LLC ENERGY CTR												
(12) DTE ES OPER LLC NORTHWIND												
(13) DURR SYSTEMS			_									
(14) E R ZEILER EXCAVATING												

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

Form 990, Schedule R, Part I	II - Identification		ed Organizat	ions Taxable	as a Partners	hip			.	ı		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant Income(related, unrelated, excluded from tax under sections	(f) Share of total Income		(h Dispropi alloca l	rtionate cions?	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j Gen o Mana Parti	eral r aging	(k) Percentage ownership
				512-514)			Yes	No		Yes	No	
(61) EAGLE EXCAVATION												
(1) ECI CONTRACTING												
(2) ENVIRONMENTAL IND SVC												
(3) EQ INDUSTRIAL SERVICES												
(4) F & M POURED WALLS												
(5) FLORENCE CEMENT												
(6) FOLTZ WELDING												
(7) FOUNDATION STEEL LLC												
(8) FUTURE EARTH SERVICE LLC												
(9) GALLAGHER KAISER												
(10) GARDEN CITY RENTAL												
(11) GENESEE CONTRACTORS LLC												
(12) GLOBAL INFRASTRUCTURE LLC												
(13) GLT CRANE EQUIPMENT LLC												
(14) GO SERVICES LLC												

Form 990, Schedule R, Part I	III - Identification		ted Organiza	tions Taxable	as a Partner	ship	1					
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total Income	(g) Share of end- of-year assets	(h Dispropri allocat	tionate tions?	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j Gen o Mana Partr	eral r iging ner?	(k) Percentage ownership
(76) GOYETTE MECHANICAL							1 63	.10		. 63	110	
(,												
(1) GRAND DAVO CRANE SERVICE												
(2) GRAND RAPIDS CRANE COMPANY LLC												
(3) GREAT LAKES FABRICATORS &												
(4) GREAT LAKES FUSION EXC LLC												
(5) GREAT LAKES HYDRO DEMOLITION												
(6) GRSD SEWER AUTHORITY												
(7) GSD CONTRACTING												
(8) H M WHITE LLC												
(9) HAMILTON CONTRACTING LLC												
(10) HARNISH FIREPROOFING												
(11) HELSELS TREE SERVICE												
(12) HERC RENTALS ERIE DIVISION												
(13) HINES DETROIT SVCS LLC												
(14) HMC MASON CONTRACTORS												

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total Income	·	(h Dispropr allocat	ions?	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)		eral r aging ner?	(k) Percentage ownership
(91) HOLLY SAND & GRAVEL							Yes	No		Yes	No	
(1) HUSKY HYDROVAC MICHIGAN LLC												
(2) IDEAL CONTRACTING LLC												
(3) INDUSTRIAL DEMOLITION SVCS LLC												
(4) INDUSTRIAL POWER SYSTEMS												
(5) INDUSTRIAL REFRIGERATION												
(6) INFRASOURCE CONSTRUCTION LLC												
(7) INSITUFORM TECHNOLOGIES USA												
(8) INTEGRITY GRADING & EXCAVATING												
(9) INTREN LLC												
(10) J & J SITE SERVICES LLC												
(11) JONES LANG LASALLE GM												
(12) KELLEY DEWATERING & CONSTR												
(13) KENT POWER SERVICES LLC												
(14) KEWEN LTD												

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total	I -	(h Dispropi allocat		(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
(106) KS ENERGY SERVICES				<u> </u>			Yes	No		Yes	No	
, ,												
(1) L & M LANDSHAPING												
(2) LAKE MICHIGAN SITE DEVELOPMENT												
(3) LANDFILL DRILLING & PIPING												
(4) LARSON'S LAND SERVICES LLC												
(5) LEE MACHINERY MOVERS												
(6) LEXTIN EXCAVATING LLC												
(7) LIBERTA CONSTRUCTION												
(8) M & W CRANE SERVICE LLC												
(9) MACOMB CONCRETE CUTTING												
(10) MANIC CONTRACTING												
(11) MANISTEE CRANE SERVICE LLC												
(12) MASTERLINK CONCRETE PUMPING												
(13) MAXIM CRANE WORKS												
(14) MC SHANE MECHANICAL												

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership																								
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets			(h) Disproprtionate allocations? Yes No		Disproprtionate allocations?		Disproprtionate allocations?		Disproprtionate allocations?		Disproprtionate allocations?		Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j Gen o Mana Partr	eral r iging ner?	(k) Percentage ownership
(121) MDR LANDFILL SERVICES LLC							165	No		163	NO													
(1) MEDINA RESOURCES GROUP																								
(2) MICHIGAN CAT																								
(3) MICHIGAN DISPOSAL-WASTE PROCES																								
(4) MICHIGAN PAVING & MATERIAL																								
(5) MICHIGAN RENTAL LLC																								
(6) MID AMERICA ENERGY SERVICES																								
(7) MID MICHIGAN ROOFING																								
(8) MILBOCKER & SONS																								
(9) MILLER PIPELINE LLC																								
(10) MMM ENTERPRISES LLC OF MI DBA																								
(11) MONARCH WELDING & ENGINEERING																								
(12) MOTOR CITY TRANSPORTER																								
(13) MOORHEAD PIPELINE SVCS																								
(14) MTS DRILLING LLC																								

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

(c) (e) (e) (f) (g) (h)

Legal (d) Production at a legal (d) Production at a legal (d) (e) (g) (h)

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total Income	(g) Share of end- of-year assets	Uspropi allocat	tionate cions?	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	Gen o Mana Parti	er aging ner?	(k) Percentage ownership
(136) NATIONAL ROOFING & SHEET METAL							Tes	NO		165	No	
(1) NORTH AMERICAN DISMANTLING												
(2) NORTHCOAST POWER SYS LLC												
(3) NORTHERN A-1 INDUSTRIAL												
(4) OAKLAND HEIGHTS DEVELOPMENT												
(5) OLSTROM EXCAVATNG & PAVING												
(6) OLYMPIA ENTERTAINMENT												
(7) PATRICK HORIZONTAL DRILLING												
(8) PCI CONSTRUCTION SERVICES LLC												
(9) PCI ENERGY SERVICES												
(10) PEARSON EQUIPMENT & SERVICE												
(11) PRECISION PIPELINE LLC												
(12) PREMIUM DOOR & MORE												
(13) PRICE-GREGORY												
(14) PROACTIVE EQUIPMENT REPAIR LLC												

Form 990, Schedule R, Part 1	III - Identification		ted Organizat	tions Taxable	as a Partners	ship	1		1			
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total Income	(g) Share of end- of-year assets	(h Dispropr allocat) tionate ions?	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j Gen o Mana Parti	r iging ner?	(k) Percentage ownership
(151) PROCESS PIPING & EQUIPMENT												
(1) PROFESSIONAL BUSINESS PROVIDRS												
(2) QUALITY STEEL FABRICATING AND												
(3) REDLINE DEMOLITION LLC												
(4) ROAD MACHINERY & SUPPLIES												
(5) ROCK SOLID STABILIZATION												
(6) ROEMER UTILITY SERVICES LLC												
(7) ROHRSCHEIB SONS CAISSONS												
(8) RONCELLI ELC3 LLC												
(9) ROONEY CRANE SERVICE LLC												
(10) ROYAL-WEST ROOFING & SHEET MET												
(11) R-VALUE FOAM INSULATION LLC												
(12) SAGINAW ASPHALT PAVING												
(13) SAUK TRAIL HILLS												
(14) SCHENA ROOFING & SHEET METAL												

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (c) (a) (b) (j)														
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total Income	(g) Share of end- of-year assets	(h Dispropi allocat	tionate cions?	Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)		Code V-UBI amount in NBox 20 of Schedule K-1 (Form 1065)		eral r ging ner?	(k) Percentage ownership
(166) SEAWAY PAINTING LLC							162	110		Yes	140			
, ,														
(1) SERA EXCAVATING LLC														
(2) SERVICE CONSTRUCTION LLC														
(3) SEVENSON ENVIRONMENTAL SVCS														
(4) SHEET PILING SERVICES LLC														
(5) SHOULDICE MANUFACTURERS & CONS														
(6) SIMONE SERVICES LLC														
(7) SIMPSON INDUSTRIAL SERVICES														
(8) SOUTHEAST DIRECTIONAL DRILLING														
(9) SOUTHEAST MACOMB SANITARY DIST														
(10) SPEEDRACK MIDWEST														
(11) SPENCE BROTHERS														
(12) SPRINGLINE EXCAVATING														
(13) SUPERIOR CONTRACTING GROUP LLC														
(14) SUPERIOR ELECTRIC GREAT LAKES														

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total Income	(g) Share of end- of-year assets	(h Dispropi allocat	tionate ions?	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j Gendon Mana Partr	eral r iging ner?	(k) Percentage ownership
(181) SUPERIOR EXCAVATING				,			Yes	No		Yes	No	
(1) T & M ASPHALT PAVING												
(2) TENMILE CREEK EXCAV LLC												
(3) THE STATE GROUP INDUSTRIAL USA												
(4) THE WICHER GROUP												
(5) TIP TOP DRILLING												
(6) TMS INTERNATIONAL LLC												
(7) TOEBE CONSTRUCTION LLC												
(8) TOM ALLEN CONSTRUCTION												
(9) TOOLES CONTRACTING GROUP												
(10) TOTAL FOUNDATIONS												
(11) TR SERVICES LLC												
(12) TRANSWSTRN PROPRTY MI LLC DBA												
(13) TURBINE PROS LLC												
(14) TWENTY FIRST CENTURY SALVAGE												

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

Form 990, Schedule R, Part I	II - Identification		ted Organizal	ions Taxable	as a Partners	inip	I		1	1 4	, 1													
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total Income	(g) Share of end- of-year assets	(h) Disproprtionate allocations?		Disproprtionate allocations?		Disproprtionate allocations?		(h) Disproprtionate allocations?		(h) Disproprtionate allocations?		(h) Disproprtionate allocations?		(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	raraner		(k) Percentage ownership
				312-314)			Yes	No		Yes	No													
(196) UNIVERSAL WALL SYSTEMS																								
(1) WALBRIDGE EQUIP INSTALLTION																								
(2) WALBRIDGE TOOLING SERVICES																								
(3) WALSHTOEBE JOINT VENTURE																								
(4) WALTER PAYTON POWER EQUIPMENT																								
(5) WEISS CONSTRUCTION																								
(6) WEST MICHIGAN EARTH MANAGEMENT																								
(7) WESTSIDE CONCRETE																								
(8) WILLIAMS PLANT SERVICES LLC																								
(9) WINGS EXCAVATING LLC																								
(10) YOUNGS ENVIRONMENTAL CLEANUP																								
(11) ZUPIN CRANE LLC																								

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (b) (c) (e) (f) (g) (h) (i) Name, address, and EIN of Primary activity Legal Direct controlling Type of entity Share of total Share of end-of-Percentage Section 512 (C corp, S corp, related organization domicile entity ownership (b)(13)income year (state or foreign or trust) assets controlled country) entity? Yes No (1) 6-K CONSTRUCTION CO (1) A J REHMUS & SON INC (2) A LINDBERG & SONS INC (3) AF SMITH ELECTRIC INC (4) AARON ENTERPRISES INC (5) ACE ASPHALT & PAVING CO INC (6) ACTION FENCE INC (7) ADAMO DEMOLITION CO INC (8) AECOM ENERGY & CONSTR INC (9) AGF ACCESS MICHIGAN INC (10) AJAX PAVING INDUSTRIES INC (11) ALBERICI CONSTRUCTORS INC (12) ALDRIDGE ELECTRIC (13) ALLINGHAM CORPORATION (14) AMALIO CORP

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust **(b)** Primary activity (c) (d) (e) (i) (f) (g) (h) Name, address, and EIN of Direct controlling Legal Type of entity Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, domicile entity ownership (b)(13) income year (state or foreign or trust) controlled assets country) entity? No Yes (16) AMES CONSTRUCTION (1) ANGELO IAFRATE CONSTRUCTION CO (2) ANLAAN CORPORATION (3) ANTIGO CONSTRUCTION INC (4) ARISTEO CONSTRUCTION CO (5) ASSEMBLERS INC (6) ATLANTIC PLANT MAINT INC (7) ATLAS FOUNDATION CO (8) AUTOMATIC SYSTEMS INC (9) AZCO INC (10) B & A STEEL COMPANY INC (11) B & B ELECTRICAL CONTR INC (12) B&B WRECKING & EXCAVATING INC (13) BABCOCK & WILCOX CONST CO

(14) BACCO CONST CO

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (e) (i) (c) (f) (g) (h) Primary activity Name, address, and EIN of Direct controlling Legal Type of entity Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, domicile entity ownership (b)(13) income year (state or foreign or trust) controlled assets country) entity? No Yes (31) BADGER DAYLIGHTING INC (1) BAILEY EXCAVATING INC (2) BAKER CONSTRUCTION CO INC (3) BARNHART CRANE & RIGGING CO (4) BARTON MALOW COMPANY (5) BEARD ASSOCIATES INC (6) BEST ASPHALT INC (7) BIERLEIN SERVICES INC (8) BIG INCH FABRICATORS & CONST (9) BLATTNER ENERGY INC (10) BLAZE CONTRACTING INC (11) BLOOM ROOFING SYSTEMS INC (12) BLUE RIBBON CONTRACTING INC (13) BLUE STAR INC-CO UAP (14) BOCA CONSTRUCTION INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust **(b)** Primary activity (d) (e) (i) (c) (f) (g) (h) Name, address, and EIN of Direct controlling Legal Type of entity Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, domicile entity ownership (b)(13) income year (state or foreign or trust) controlled assets country) entity? No Yes (46) BODDY CONST CO INC (1) BOONE & DARR INC (2) BORNOR RESTORATION INC (3) BRADY SAND & GRAVEL INC (4) BRENCAL CONTRACTORS INC (5) BRINT ELECTRIC INC (6) BRIX CORPORATION (7) BRUNETTE & SONS INC (8) BUCK'S CRANE (9) C & D HUGHES INC (10) C & P CONST CO INC (11) C A HULL CO INC (12) C L RIECKHOFF CO INC (13) C MUSSON CONSTR INC

(14) C R MEYER & SONS COMPANY

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust **(b)** Primary activity (c) (d) (e) (i) (f) (g) (h) Name, address, and EIN of Direct controlling Type of entity Legal Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, ownership domicile entity (b)(13) income year (state or foreign or trust) controlled assets country) entity? No Yes (61) CAMERON CONSTRUCTION CO (1) CAPITAL CITY GROUP INC (2) CARDINAL CONTRACTING CORP (3) CARLETON FARMS INC (4) CARLO CONSTRUCTION INC (5) CARSON CORPORATION (6) CASPER CONSTRUCTION INC (7) CB INC (8) CBI SERVICES INC (9) CBRE INC (10) CCK EQUIPMENT CO (11) CEM-BASE INC (12) CENTER LINE ELECTRIC INC (13) CENTRAL CONVEYOR CO (14) CENTRAL MICHIGAN CONTR INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (i) (c) (e) (f) (g) (h) Primary activity Name, address, and EIN of Direct controlling Legal Type of entity Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, domicile entity ownership (b)(13) income year (state or foreign or trust) controlled assets country) entity? Yes No (76) CENTRAL RENT-A-CRANE INC (1) CENTURY CEMENT CO (2) CHAMPAGNE & MARX EXCINC (3) CHARLES SINELLI & SONS INC (4) CHRISTMAN CONSTRUCTORS INC (5) CI CONTRACTING INC (6) CITIZENS DISPOSAL INC (7) CLARK CONSTRUCTION CO (8) CLOSNER CONSTR & SALES INC (9) CLOVERDALE EQUIPMENT CO (10) CLS CONSTRUCTION SERVICES INC (11) CMC & MAINTENANCE INC (12) COLASANTI CONSTR SVCS INC (13) COMET CONTRACTING INC (14) COMMERCIAL CONSTRUCTION INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (c) (e) (f) (g) (h) (i) Primary activity Name, address, and EIN of Direct controlling Legal Type of entity Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, domicile entity ownership (b)(13) income year (state or foreign or trust) controlled assets country) entity? Yes No (91) COMMERCIAL CONTRACTING CORP (1) CONCORD EXCAVATNG & GRADNG INC (2) CONCRETE CUTTING CO INC (3) CONNELLY CRANE RENTAL CORP (4) CONTI CORPORATION (5) CONTRACT DEWATERING SERV INC (6) CONTRACT GLAZIERS INC (7) CONTRACTING & MATERIAL CO (8) CONTRACTORS RENTAL CORPORATION (9) CORBY ENERGY SERVICES INC (10) CORTIS BROTHERS TRKG & EXC INC (11) COUGAR CONTRACTING INC (12) CRANE INDUSTRIAL SERV COINC (13) CROSS CONCRETE PUMPING CO (14) CTS FOUNDATIONS INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (e) (i) (c) (f) (g) (h) Primary activity Name, address, and EIN of Direct controlling Legal Type of entity Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, domicile entity ownership (b)(13) income year (state or foreign or trust) controlled assets country) entity? No Yes (106) D & H SERVICES INC (1) D J FICK EXCAVATING CO INC (2) D J MCQUESTION & SONS INC (3) DS CRANE & ELEVATOR INC (4) DAN'S EXCAVATING INC (5) DAY & ZIMMERMANN NPS INC (6) DAYTON SUPERIOR CORPORATION (7) DC BYERS COMPANYDETROIT (8) DEARBORN MID-WEST CONVEYOR CO (9) DE-CAL MECHANICAL INC (10) DEE CRAMER INC (11) DELTA NOOTER INC (12) DEMARIA BUILDING CO INC (13) DENN-CO CONSTRUCTION INC (14) DESJARDEN EXCAVATING INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (e) (i) (c) (f) (g) (h) Primary activity Name, address, and EIN of Direct controlling Legal Type of entity Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, domicile entity ownership (b)(13) income year (state or foreign or trust) controlled assets country) entity? No Yes (121) DETROIT DIAMOND DRILLING (1) DETROIT DISMANTLING CORP (2) DETROIT INDUSTRIAL SVCS INC (3) DGI-MENARD INC (4) DI COSMO CONSTRUCTION (5) DILISIO CONT INC (6) DIRIG SHEET METAL (7) DOAN CONSTRUCTION CO (8) DOBSON INDUSTRIAL INC (9) DOETSCH INDUSTRIAL SVCS INC (10) DON EQUIPMENT INC (11) DOUGLAS N HIGGINS INC (12) DOUGLAS STEEL ERECTION CO (13) DUKE & DUKE SERVICES INC

(14) DULUTH SERVICES INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (e) (i) (c) (f) (g) (h) Primary activity Name, address, and EIN of Direct controlling Legal Type of entity Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, domicile entity ownership (b)(13) income year (state or foreign or trust) controlled assets country) entity? No Yes (136) DUN TRANSPORTATION & STRINGING (1) DUNBAR MECHANICAL INC (2) DUNN COMPANY (3) E & L DEVELOPMENT INC (4) E C KORNEFFEL CO (5) E S WAGNER COMPANY (6) EASTLUND CONCRETE CONST INC (7) EDW R WHITE CONTR INC (8) ELECTRIC CONDUIT CONSTR CO (9) ENGINEERED SOILS INC (10) ERICKSON & LINDSTROM CONST CO (11) ERICKSON TRUCKING SER INC (12) ESM GROUP INC (13) EVOLVE GROUP INC

(14) EXPERT MECHANICAL SVCS INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (e) (i) (c) (f) (g) (h) Primary activity Name, address, and EIN of Direct controlling Legal Type of entity Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, domicile entity ownership (b)(13) income year (state or foreign or trust) controlled assets country) entity? No Yes (151) FA INDUSTRIAL SERVICES INC (1) FANELLI CONST INC (2) FERRARO PILE & SHORING INC (3) FESSLER & BOWMAN INC (4) FISHER CONTRACTING CO (5) FLAGG CLEANING SYSTEMS INC (6) FLYNN PAVING COMPANY (7) FM SYLVAN INC (8) FMG CONCRETE CUTTING INC (9) FOUNDATION SERVICE CORP (10) FRAZIER RENTALS INC (11) FUTURE FENCE COMPANY (12) G ANDERSON EXCAVATING INC (13) GV CEMENT CONTRACTING CO (14) GALLO EQUIPMENT COMPANY

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust **(b)** Primary activity (c) (d) (e) (i) (f) (g) (h) Name, address, and EIN of Lègal Direct controlling Type of entity Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, ownership domicile entity (b)(13) income year (state or foreign or trust) controlled assets country) entity? No Yes (166) GARCO CONSTRUCTION INC (1) GAYANGA CO (2) GEM INDUSTRIAL INC (3) GENESYS (4) GEORGE GRADEL COMPANY (5) GERACE CONSTRUCTION CO INC (6) GERKEN PAVING INC (7) GIFFIN INC (8) GLA LEASING SVCS INC (9) GLASROCK PRODUCTS INC (10) GLENCORP (11) GRAND RIVER CONSTR INC (12) GRANGER CONST CO (13) GREAT LAKES EXCAVATING INC (14) GRUNWELL-CASHERO CO INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (e) (i) (c) (f) (g) (h) Primary activity Name, address, and EIN of Direct controlling Legal Type of entity Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, domicile entity ownership (b)(13) income year (state or foreign or trust) controlled assets country) entity? No Yes (181) GUIDELINE MECHANICAL INC (1) GUNDLACH CHAMPION INC (2) HACKETT CONSTRUCTION CO (3) HALLIGAN ELECTRIC INC (4) HANK'S PLUMBNG & HEATNG CO INC (5) HARDMAN CONSTRUCTION INC (6) HASPER EQUIPMENT COMPANY (7) HAYES MECHANICAL INC (8) HAYWARD BAKER CO (9) HEBERT CONSTRUCTION CO (10) HENKELS & MCCOY INC (11) HENRY GURTZWEILER INC (12) HI-BALL COMPANY INC (13) HIGHWAY SERVICE CO INC (14) HM ENVIRONMENTAL SVCS INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (e) (i) (c) (f) (g) (h) Primary activity Name, address, and EIN of Direct controlling Legal Type of entity Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, domicile entity ownership (b)(13) income year (state or foreign or trust) controlled assets country) entity? Yes No (196) HOFFMAN BROS INC (1) HOLLY CONSTRUCTION CO (2) HOMER TREE SERVICE INC (3) HOOPER CORPORATION (4) HOOVER & WELLS INC (5) HOYT BRUMM & LINK INC (6) HUNTER-PRELL CO (7) HYDAKER-WHEATLAKE CO (8) IDEAL CRANE RENTAL INC (9) ILE EXCAVATING INC (10) IMPERIAL POWER SERVICES INC (11) INDEPENDENCE EXCAVATING INC (12) INDUSTRIAL MAINTENANCE SVC INC (13) INT IND CONTR CORP (14) INTERCON CONSTRUCTION INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (e) (i) (c) (f) (g) (h) Primary activity Name, address, and EIN of Direct controlling Legal Type of entity Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, domicile entity ownership (b)(13) income year (state or foreign or trust) controlled assets country) entity? Yes No (211) INTERNATIONAL CHIMNEY CORP (1) INTERSTATE HIGHWAY CONST INC (2) INTERSTATE IMPROVEMENT INC (3) J C HOLLY CONTRACTING (4) J J CURRAN CRANE CO (5) J J WHITE INC (6) J RANCK ELECTRIC INC (7) JAMAR COMPANY (8) JAMES BUONO GRADING & EXCAVATN (9) JAMES PETERSON SONS INC (10) JAY DEE CONTRACTORS INC (11) JD CANDLER ROOFING COMPANY (12) JEFFERS CRANE SERVICE INC (13) JERICO CONSTRUCTION INC

(14) JJ BARNEY CONSTRUCTION INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust **(b)** Primary activity (d) (e) (i) (c) (f) (g) (h) Name, address, and EIN of Direct controlling Legal Type of entity Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, domicile entity ownership (b)(13) income year (state or foreign or trust) controlled assets country) entity? No Yes (226) JMS CRANE INC (1) JOHN A PAPALAS & CO (2) JOHN E GREEN CO (3) JUDD INDUSTRIAL CONTRACTNG INC (4) K2KM PLANT SERVICES (5) KALTZ EXCAVATING CO INC (6) KBC INC (7) KCORP SUPPORT SVCS (8) KIEWIT POWER CONSTRUCTORS (9) KIRBY STEEL INC (10) KIRK EXCAVATING & CONST INC (11) KLETT RECYCLE INC (12) KLOCHKO EQUIPMENT RENTAL CO (13) KOKOSING INDUSTRIAL INC (14) KRULL CONSTRUCTION CO INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (e) (i) (c) (f) (g) (h) Primary activity Name, address, and EIN of Direct controlling Legal Type of entity Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, domicile entity ownership (b)(13) income year (state or foreign or trust) controlled assets country) entity? No Yes (241) KT-GRANT INC (1) KVM DOOR SYSTEMS INC (2) L & L CONSTRUCTION CO INC (3) L A CONSTRUCTION CORP (4) LABELLE ELECTRIC SERVICES INC (5) LAKEHEAD CONSTRUCTORS INC (6) LAKESHORE GLOBAL CORP (7) LAKEVIEW CONTRACTING INC (8) LANAVILLE FOUNDATIONS INC (9) LARAMIE ENTERPRISES INC (10) LESCO DESIGN & MANUFACTURING (11) LGC GLOBAL CORPORATION (12) LIBERTY SHEET METAL INC (13) LOWE CONST CO (14) LUEDTKE ENGINEERING INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust **(b)** Primary activity (c) (d) (e) (i) (f) (g) (h) Name, address, and EIN of Direct controlling Legal Type of entity Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, domicile entity ownership (b)(13) income year (state or foreign or trust) controlled assets country) entity? No Yes (256) LUNDA CONST CO (1) LUTZ ROOFING INC (2) LYON SAND & GRAVEL CO (3) M & M EXCAVATING INC (4) MUE INC (5) MADISON HEIGHTS GLASS CO INC (6) MAJOR CEMENT CO (7) MAJOR CONCRETE COMPANY (8) MAMMOET NORTHERN USA INC (9) MANNING ENTERPRISES INC (10) MC DONAGH DEMOLITION INC (11) MCM MANAGEMENT CORP (12) MCNALLY & NIMERGOOD COMPANY (13) MERSINO DEWATERING INC

(14) MESSINA TRUCKING INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (e) (i) (c) (f) (g) (h) Primary activity Name, address, and EIN of Direct controlling Legal Type of entity Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, domicile entity ownership (b)(13) income year (state or foreign or trust) controlled assets country) entity? Yes No (271) METRO DET AREA HOSPITAL SVCS (1) MICHELS CORPORATION (2) MID-AMERICAN GUNITE INC (3) MID-STATE EARTHWORKS INC (4) MIDWEST STEEL INC (5) MILLER BROTHERS CONST CO (6) MILLER DEVELOPMENT INC (7) MILLS EXCAVATING (8) MINNESOTA LIMITED INC (9) MINTEQ INTERNATIONAL INC (10) MIRON CONSTRUCTION CO INC (11) MJ VAN DAMME TRUCKING INC (12) M-K CONSTRUCTION COMPANY (13) MOTOR CITY ELECTRIC CO

(14) MT CARMEL STABILIZATION GROUP

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (i) (c) (e) (f) (g) (h) Primary activity Name, address, and EIN of Direct controlling Legal Type of entity Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, domicile entity ownership (b)(13) income year (state or foreign or trust) controlled assets country) entity? Yes No (286) MUSSON BROSINC (1) MWB CONTRACTING INC (2) N B WEST CONTRACTING CO (3) NAGLE PAVING COMPANY (4) NASHVILLE CONSTRUCTION CO (5) NB PROCESSING INC (6) NEDROW REFRACTORIES CO (7) NEWKIRK ELECTRIC ASSOC INC (8) NICHOLSON CONST CO (9) NICK KOSTECKI EXCAVATING INC (10) NIEMI CORPORATION (11) NORTH CHANNEL CONST COINC (12) NORTHEAST ASPHALT INC (13) NORTHERN CLEARING INC (14) NORTHERN INDUSTRIAL CONSTR INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust **(b)** Primary activity (c) (d) (e) (i) (f) (g) (h) Name, address, and EIN of Direct controlling Legal Type of entity Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, domicile entity ownership (b)(13) income year (state or foreign or trust) controlled assets country) entity? No Yes (301) NORTHERN TIRE CO (1) NOVI WALL INC (2) NPL CONSTRUCTION COMPANY (3) NSS CONSTRUCTION INC (4) ONE WAY SERVICE INC (5) OTIS EASTERN SERVICE INC (6) OVERHEAD CONVEYOR COMPANY (7) PARRIS TRNCHNG & BLOCK INC (8) PAYNE & DOLAN INC (9) PE BEN USA INC (10) PERFITT EXCAVATING INC (11) PETERS CONST CO (12) PHOENIX ENVIRONMENTAL INC

(13) PIPELINE EQUIPMENT SPEC INC

(14) PIQUA STEEL COMPANY

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust **(b)** Primary activity (c) (d) (e) (i) (f) (g) (h) Name, address, and EIN of Direct controlling Legal Type of entity Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, domicile entity ownership (b)(13) income year (state or foreign or trust) controlled assets country) entity? No Yes (316) PITSCH ENTERPRISES INC (1) PJ STEEL SUPPLY INC (2) POURED BRICK WALLS INC (3) POWELL DRILLING INC (4) POWER PROCESS PIPING INC (5) POWER TECHNIQUES INC (6) PRECAST SERVICES INC (7) PRESTIGE TECHNOLOGIES INC (8) PROGRESSIVE MECHANICAL INC (9) PYRAMID PVG & CONTR CO (10) Q3 CONTRACTING (11) QUALITY ROOFING INC (12) R G EISENHARDT INC (13) R H MARLIN INC

(14) R L COOLSAET CONST CO

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust **(b)** Primary activity (c) (d) (e) (i) (f) (g) (h) Name, address, and EIN of Direct controlling Legal Type of entity Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, domicile entity ownership (b)(13) income year (state or foreign or trust) controlled assets country) entity? No Yes (331) R L MORRIS & SONS CONST CO (1) RAM CONST SERV OF MICHIGAN INC (2) RAND ENVIRONMENTAL SERV INC (3) RAUHORN ELECTRIC INC (4) RAYMOND EXCAVATING CO (5) RBV CONTRACTING INC (6) REFTECH INTERNATIONAL CORP (7) RIC MAN DETROIT INC (8) RIETH-RILEY CONSTRUCTION CO (9) RNA FACILITIES MGMT (10) ROBERTS PIPELINE CONSTR CO INC (11) ROCWALL COMPANY (12) ROESE PIPELINE COMPANY

(13) ROWCON

(14) ROY NESS CONTR & SALES INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust **(b)** Primary activity (c) (d) (e) (i) (f) (g) (h) Name, address, and EIN of Direct controlling Legal Type of entity Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, domicile entity ownership (b)(13) income year (state or foreign or trust) controlled assets country) entity? No Yes (346) ROYAL ROOFING CO INC (1) RUDOLPH-LIBBE INC (2) RYAN INC CENTRAL (3) S & S EXCAVATING INC (4) SAFWAY SERVICES INC (5) SALENBIEN TRUCKING & EXC INC (6) SALVATORE EXCAVATING CO (7) SAN MARINO CEMENT WALL INC (8) SANCHES CONSTRUCTION CO (9) SCHAD BOILER SETTING CO (10) SCHAEDLER ENTERPRISES INC (11) SCHNABEL FOUNDATION CO (12) SCHREIBER CORP (13) SEAWAY MECHANICAL CONTR

(14) SHAMBAUGH & SON INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust **(b)** Primary activity (c) (d) (e) (i) (f) (g) (h) Name, address, and EIN of Direct controlling Legal Type of entity Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, domicile entity ownership (b)(13) income year (state or foreign or trust) controlled assets country) entity? No Yes (361) SHERMAN ENTERPRISES INC (1) SITE DEVELOPMENT INC (2) SIWEK CONSTRUCTION CO (3) SKILLED ENERGY FORCES INC (4) SMITH CONSTRUCTION INC (5) SNELSON COMPANIES INC (6) SNOWDENINC (7) SOIL INSTALLERS INC DBA (8) SOLE CONSTRUCTION INC (9) SOMMERSET PAVING CO LLC (10) SORENSEN GROSS CONSTRUCTION CO (11) SSSI SONGER STEEL SERVICES (12) STANTE EXCAVATING CO INC (13) STEVENS ENGINEERS & CONSTRUCTN (14) STONECO

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust **(b)** Primary activity (c) (d) (e) (i) (f) (g) (h) Name, address, and EIN of Direct controlling Legal Type of entity Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, domicile entity ownership (b)(13) income year (state or foreign or trust) controlled assets country) entity? Yes No (376) SUBSURFACE CONSTRUCTORS INC (1) SUNBELT RENTALS (2) SUPERIOR ELECT OF LANSING CO (3) SWAN ELECTRIC COMPANY INC (4) T F BECK COMPANY (5) T L CONTRACTING INC (6) TCI INC OF MICHIGAN (7) THE AUSTIN CO (8) THE BOLDT COMPANY (9) THERMO FISHER SCIENTIFIC (10) TITANUS CEMENT WALL (11) TITUS WELDING COMPANY (12) TOLEDO CAISSON CORPORATION (13) TRI-CITY AGGREGATES INC

(14) TRI-CITY GROUNDBREAKERS INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust **(b)** Primary activity (c) (d) (e) (i) (f) (g) (h) Name, address, and EIN of Lègal Direct controlling Type of entity Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, domicile entity ownership (b)(13) income year (state or foreign or trust) assets controlled country) entity? No Yes (391) TRUCKWAY SERVC INC OF MI (1) TURNER CONSTRUCTION CO (2) TURNER-BROOKS INC (3) UBG INC (4) UNION TANK ERECTION INC (5) UNITED PIPING INC (6) UNITED RENTALS (10) VAN DYKE BROS (11) W H CANON INC (12) W J O'NEIL COMPANY

(7) UNIVERSAL PIPING INC (8) US ECOLOGY (9) V I L CONSTRUCTION INC

(13) W K CONSTRUCTION COMPANY INC

(14) WALSH & KELLY INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (i) (c) (d) (e) (f) (g) (h) Primary activity Direct controlling Share of total Name, address, and EIN of Lègal Type of entity Percentage Section 512 Share of end-ofrelated organization domicile entity (C corp, S corp, ownership (b)(13)income year (state or foreign or trust) assets controlled country) entity? Yes No (406) WALSH CONST CO OF ILL (1) WAYNE DISPOSAL INC (2) WELDED CONST CO (3) WESTSIDE MECH CONTR CORP (4) WHITE CONSTRUCTION INC (5) WHM CONSTRUCTION INC (6) WILLIAM E WALTER INC (7) WILSON 5 SERVICE CO (8) WINSTEAD EXCAVATING INC (9) WOLVERINE STEEL ERECTORS INC (10) WPM INC (11) Z CONTRACTORS INC

(12) ZENITH TECH INC