

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

# Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public  
 ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
2017  
**Open to Public Inspection**

**A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017**

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

**C** Name of organization  
 KANSAS BUILDING TRADES OPEN END HEALTH AND WELFARE FUND

Doing business as \_\_\_\_\_

Number and street (or P O box if mail is not delivered to street address) Room/suite  
 4101 SOUTHGATE \_\_\_\_\_

City or town, state or province, country, and ZIP or foreign postal code  
 TOPEKA, KS 66609

**D** Employer identification number  
 48-0691769

**E** Telephone number  
 (785) 267-0140

**G** Gross receipts \$ 20,210,594

**F** Name and address of principal officer  
 Gary Muckenthaler  
 4101 Southgate Drive  
 Topeka, KS 66605

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

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

**J** Website: ▶ N/A

**K** Form of organization  Corporation  Trust  Association  Other ▶ \_\_\_\_\_

**L** Year of formation 1964 **M** State of legal domicile KS

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities To provide participating union employees health and welfare benefits		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	16
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	16
<b>5</b>	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<b>5</b>	20
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	16
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>8</b>	0
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>9</b>	8,792,095
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>10</b>	1,472,905
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>11</b>	7,870
<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>12</b>	10,272,870
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>13</b>	0
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>14</b>	9,401,466
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>15</b>	247,713
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>16a</b>	0
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>17</b>	301,643
<b>18</b>	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>18</b>	9,950,822
<b>19</b>	Revenue less expenses Subtract line 18 from line 12	<b>19</b>	322,048
<b>20</b>	Total assets (Part X, line 16)	<b>20</b>	35,902,972
<b>21</b>	Total liabilities (Part X, line 26)	<b>21</b>	2,846,189
<b>22</b>	Net assets or fund balances Subtract line 21 from line 20	<b>22</b>	33,056,783

**Part II Signature Block**

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

**Sign Here**

Signature of officer: \_\_\_\_\_ Date: 2018-11-07

Gary Muckenthaler plan manager  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: Stacy Smith  
 Preparer's signature: Stacy Smith  
 Date: \_\_\_\_\_  
 Check  if self-employed PTIN: P01428865  
 Firm's name ▶ MIZE HOUSER & COMPANY PA Firm's EIN ▶ 48-0882363  
 Firm's address ▶ 534 S KANSAS AVE 400 TOPEKA, KS 666033454 Phone no (785) 233-0536

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

To provide participating union employees health and welfare benefits

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

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

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

If "Yes," describe these changes on Schedule O

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

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

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

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

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

**4e** Total program service expenses ▶

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> . . . . .		No
<b>2</b>	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .		No
<b>3</b>	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . . . . .		No
<b>4</b>	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> . . . . .		
<b>5</b>	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> . . . . .		No
<b>6</b>	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> 🗑️ . . . . .		No
<b>7</b>	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 🗑️ . . . . .		No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 🗑️ . . . . .		No
<b>9</b>	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> 🗑️ . . . . .		No
<b>10</b>	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 🗑️ . . . . .		No
<b>11</b>	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b>	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> 🗑️ . . . . .	Yes	
<b>b</b>	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 🗑️ . . . . .		No
<b>c</b>	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 🗑️ . . . . .		No
<b>d</b>	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> 🗑️ . . . . .		No
<b>e</b>	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 🗑️ . . . . .	Yes	
<b>f</b>	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> 🗑️ . . . . .	Yes	
<b>12a</b>	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 🗑️ . . . . .	Yes	
<b>b</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 🗑️ . . . . .		No
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		No
<b>b</b>	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> . . . . .		No
<b>15</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> . . . . .		No
<b>16</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> . . . . .		No
<b>17</b>	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) . . . . .		No
<b>18</b>	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . .		No
<b>19</b>	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .		No

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>		No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>		No
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>		No
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>		No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		No
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		No
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		No
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II . . . . .</i>		No
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>		No
<b>28</b> 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) <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>c</b> 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>		No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>		No
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>		No
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>		No
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>	Yes	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>		No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and sponsoring organizations.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (16), 1b (16), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17, 18, 19, 20.

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RICK RILEY Trustee	0 00	X						0	0	0
(2) JEFF MYERS Trustee	0 00	X						0	0	0
(3) Jamie Desmarais Trustee	0 00	X						0	0	0
(4) Kevin Bayless Trustee	0 00	X						0	0	0
(5) Matt Hall Trustee	0 00	X						0	0	0
(6) JOHN LONKER Trustee	0 00	X						0	0	0
(7) Joel Kriss Trustee	0 00	X						0	0	0
(8) Mitch Rowley Trustee	0 00	X						0	0	0
(9) TODD DOREE Trustee	0 00	X						0	0	0
(10) Mike McGivern Trustee	0 00	X						0	0	0
(11) Neil Fisher Trustee	0 00	X						0	0	0
(12) Richard Kendall Trustee	0 00	X						0	0	0
(13) Steve Mohan Trustee	0 00	X						0	0	0
(14) Lonnie Paquette Trustee	0 00	X						0	0	0
(15) Michael Gibson Trustee	0 00	X						0	0	0
(16) Gary Muckenthaler plan manager	40 00			X				45,927	43,051	25,518





**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>					
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____						
	<b>h Total.</b> Add lines 1a-1f . . . . .			0			
<b>Program Service Revenue</b>			Business Code				
	<b>2a</b> Employees Contribution . . . . .			1,483,345	1,483,345		
	<b>b</b> Employers Contribution . . . . .			7,696,113	7,696,113		
	<b>c</b> _____ . . . . .						
	<b>d</b> _____ . . . . .						
	<b>e</b> _____ . . . . .						
	<b>f</b> All other program service revenue . . . . .						
<b>g Total.</b> Add lines 2a-2f . . . . .			9,179,458				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			903,704		903,704	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .			0			
	<b>5</b> Royalties . . . . .			0			
	<b>6a</b> Gross rents . . . . .	(i) Real	(ii) Personal				
			7,200				
		<b>b</b> Less rental expenses . . . . .					
		<b>c</b> Rental income or (loss) . . . . .	7,200				
	<b>d</b> Net rental income or (loss) . . . . .			7,200		7,200	
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other				
			10,114,151				
		<b>b</b> Less cost or other basis and sales expenses . . . . .			8,860,034		
		<b>c</b> Gain or (loss) . . . . .	1,254,117				
	<b>d</b> Net gain or (loss) . . . . .			1,254,117		1,254,117	
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>					
		<b>b</b> Less direct expenses . . . . .	<b>b</b>				
<b>c</b> Net income or (loss) from fundraising events . . . . .				0			
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>						
	<b>b</b> Less direct expenses . . . . .	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities . . . . .			0			
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
	<b>b</b> Less cost of goods sold . . . . .	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory . . . . .			0			
Miscellaneous Revenue		Business Code					
<b>11a</b> Miscellaneous Income . . . . .			6,081	6,081			
<b>b</b> _____ . . . . .							
<b>c</b> _____ . . . . .							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .			6,081				
<b>12 Total revenue.</b> See Instructions . . . . .			11,350,560	9,185,539	2,165,021		

**Part IX Statement of Functional Expenses**

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	0			
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
<b>4</b> Benefits paid to or for members	10,295,934			
<b>5</b> Compensation of current officers, directors, trustees, and key employees	53,787			
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
<b>7</b> Other salaries and wages	111,280			
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	23,942			
<b>9</b> Other employee benefits	51,382			
<b>10</b> Payroll taxes	12,576			
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management	0			
<b>b</b> Legal	18,184			
<b>c</b> Accounting	34,593			
<b>d</b> Lobbying	0			
<b>e</b> Professional fundraising services. See Part IV, line 17.	0			
<b>f</b> Investment management fees	72,333			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	79,855			
<b>12</b> Advertising and promotion	0			
<b>13</b> Office expenses	15,139			
<b>14</b> Information technology	0			
<b>15</b> Royalties	0			
<b>16</b> Occupancy	28,553			
<b>17</b> Travel	4,422			
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
<b>19</b> Conferences, conventions, and meetings	6,844			
<b>20</b> Interest	0			
<b>21</b> Payments to affiliates	0			
<b>22</b> Depreciation, depletion, and amortization	13,969			
<b>23</b> Insurance	18,782			
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> STOP LOSS PREMIUM	239,509			
<b>b</b> DATA PROCESSING	57,577			
<b>c</b> Printing and Publications	26,868			
<b>d</b> Postage and Shipping	13,676			
<b>e</b> All other expenses	-111,564			
<b>25</b> Total functional expenses. Add lines 1 through 24e.	11,067,641	0	0	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	100	<b>1</b>	100
	<b>2</b> Savings and temporary cash investments . . . . .	455,896	<b>2</b>	765,586
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	0
	<b>4</b> Accounts receivable, net . . . . .	1,483,456	<b>4</b>	951,289
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .		<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges . . . . .	7,063	<b>9</b>	47,864
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> 1,023,494		
	<b>b</b> Less accumulated depreciation	<b>10b</b> 731,331	131,417	<b>10c</b> 292,163
	<b>11</b> Investments—publicly traded securities . . . . .	33,625,040	<b>11</b>	35,113,037
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .		<b>12</b>	0
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	0
	<b>14</b> Intangible assets . . . . .		<b>14</b>	0
	<b>15</b> Other assets See Part IV, line 11 . . . . .	200,000	<b>15</b>	200,098
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	35,902,972	<b>16</b>	37,370,137	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	292,189	<b>17</b>	233,049
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> 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 . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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	2,554,000	<b>25</b>	2,721,242
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	2,846,189	<b>26</b>	2,954,291
<b>Net Assets or Fund Balances</b>	<b>27 Organizations that follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b> Unrestricted net assets		<b>27</b>	
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>30 Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 30 through 34.</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds	33,056,783	<b>32</b>	34,415,846
	<b>33 Total net assets or fund balances . . . . .</b>	33,056,783	<b>33</b>	34,415,846
	<b>34 Total liabilities and net assets/fund balances . . . . .</b>	35,902,972	<b>34</b>	37,370,137

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	11,350,560
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	11,067,641
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	282,919
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	33,056,783
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	1,076,144
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	34,415,846

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2a</b>	Yes	
<b>b</b> Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2b</b>	Yes	
<b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	<b>2c</b>	Yes	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	<b>3a</b>		No
<b>b</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	<b>3b</b>		

## Additional Data

**Software ID:** 17005038

**Software Version:** 2017v2.2

**EIN:** 48-0691769

**Name:** KANSAS BUILDING TRADES OPEN END HEALTH  
AND WELFARE FUND

Form 990 (2017)

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### Form 990, Part III, Line 4a:

PROVIDE HEALTH AND WELFARE BENEFITS TO UNION EMPLOYEES PER COLLECTIVE BARGAINING AGREEMENTS BENEFITS ARE PROVIDED FOR APPROXIMATELY 1,200 MEMBERS

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

**Supplemental Financial Statements**  
**► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.**  
**Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047  
**2017**  
**Open to Public Inspection**

**Name of the organization**  
KANSAS BUILDING TRADES OPEN END HEALTH AND WELFARE FUND

**Employer identification number**  
48-0691769

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

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year		
<b>5</b> Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>6</b> Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

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

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year	
<b>a</b> Total number of conservation easements	<b>2a</b>	
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>	
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>	
<b>d</b> Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	<b>2d</b>	

**3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

**4** Number of states where property subject to conservation easement is located ► \_\_\_\_\_

**5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

**6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \_\_\_\_\_

**7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ \_\_\_\_\_

**8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

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

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

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

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

**(i)** Revenue included on Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

**(ii)** Assets included in Form 990, Part X ► \$ \_\_\_\_\_

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

**a** Revenue included on Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X ► \$ \_\_\_\_\_

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

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

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		28,283		28,283
<b>b</b> Buildings . . . . .		470,224	373,283	96,941
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		388,029	233,261	154,768
<b>e</b> Other . . . . .		136,958	124,787	12,171
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . ▶				292,163

**Part VII Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

**Part VIII Investments—Program Related.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 )	

**Part X Other Liabilities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
Claims Incurred/Not Received	901,000
DUE TO OTHER FUND	269,242
estimated liability/ account eligibility	1,551,000
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	2,721,242

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII



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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	12,354,371
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	1,076,144
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	1,076,144
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	11,278,227
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	72,333
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	72,333
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	11,350,560

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	11,097,308
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	11,097,308
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	72,333
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	-102,000
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	-29,667
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	11,067,641

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

## Additional Data

**Software ID:** 17005038

**Software Version:** 2017v2.2

**EIN:** 48-0691769

**Name:** KANSAS BUILDING TRADES OPEN END HEALTH  
AND WELFARE FUND

## Supplemental Information

Return Reference	Explanation
Part X FIN48 Footnote	THE PLAN ADMINISTRATOR HAS ANALYZED THE TAX POSITIONS TAKEN BY THE PLAN AND HAS CONCLUDED THAT, AS OF DECEMBER 31, 2017, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR ASSET OR DISCLOSURE IN THE FINANCIAL STATEMENTS

**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

KANSAS BUILDING TRADES OPEN END HEALTH AND WELFARE FUND

Employer identification number

48-0691769

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Line 11b Form 990 Review Process	FORM 990 IS REVIEWED BY THE FUND ADMINISTRATOR, GARY MUCKENTHALER, CPA IT IS THEN SUBMITTED TO A TRUSTEE FOR SIGNATURE

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 15a Compensation Review & Approval Process - CEO, Top Management	THE FUND ADMINISTRATOR'S SALARY IS DETERMINED BY THE BUDGET COMMITTEE

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	NOTICE IS IN THE SUMMARY PLAN DESCRIPTION THAT DOCUMENTS ARE AVAILABLE AT THE FUND ADMINISTRATOR'S OFFICE AND OTHER SPECIFIED LOCATIONS CERTAIN DOCUMENTS ARE ALSO AVAILABLE WITH THE US DEPARTMENT OF LABOR AT THE PUBLIC DISCLOSURE ROOM OF THE EMPLOYEE BENEFITS SECURITY ADMINISTRATION ANNUAL NOTICE IS SENT TO THE MEMBERS INFORMING THEM OF THE AVAILABILITY OF DOCUMENTS

# SCHEDULE R (Form 990)

Department of the Treasury  
Internal Revenue Service

## Related Organizations and Unrelated Partnerships

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

# 2017

**Open to Public Inspection**

Name of the organization  
KANSAS BUILDING TRADES OPEN END HEALTH AND WELFARE FUND

Employer identification number  
48-0691769

### Part I Identification of Disregarded Entities

 Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

### Part II Identification of Related Tax-Exempt Organizations

 Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

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

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
See Additional Data Table									



**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
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	No
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	No
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	No
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	No
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	No
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	Yes
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	Yes
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	Yes
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)KS CONSTRUCTION TRADES PENSION FUND	l	97,272	ACTUAL AMOUNT
(2)KS CONSTRUCTION TRADES PENSION FUND	o	41,453	ACTUAL AMOUNT
(3)KS CONSTRUCTION TRADES PENSION FUND	q	432,947	ACTUAL AMOUNT
(4)KS CONSTRUCTION INDUSTRY SAVINGS FUND	l	3,000	ACTUAL AMOUNT
(5)KS CONSTRUCTION INDUSTRY SAVINGS FUND	q	16,405	ACTUAL AMOUNT



**Part VII** **Supplemental Information**

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

**Additional Data**

**Software ID:** 17005038  
**Software Version:** 2017v2.2  
**EIN:** 48-0691769  
**Name:** KANSAS BUILDING TRADES OPEN END HEALTH AND WELFARE FUND

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
4101 SOUTHGATE DRIVE TOPEKA, KS 66605 48-6171387	PENSION FUND	KS	501(A)		NA		No
4101 SOUTHGATE DRIVE TOPEKA, KS 66605 48-0917858	SAVINGS FUND	KS	501(C)(9)		NA		No
632 W 39TH STREET KANSAS CITY, MO 64111 43-1855922	LABORERS UNION	MO	501(C)5		NA		No
1225 W CAREY LANE WICHITA, KS 67217 48-0456650	LABORERS UNION	KS	501(C)5		NA		No
710 MORO ST MANHATTAN, KS 66502 48-0352872	LABORERS UNION	KS	501(C)5		NA		No
212 SW NORRIS ST TOPEKA, KS 66608 48-0225453	LABORERS UNION	KS	501(C)5		NA		No
2600 MERRIAM LANE KANSAS CITY, KS 66106 48-0287794	LABORERS UNION	KS	501(C)5		NA		No
1330 E 1ST ST N STE 112 WICHITA, KS 67214 48-0411737	LABORERS UNION	KS	501(C)5		NA		No
3301 SW VAN BUREN STE B TOPEKA, KS 66611 48-0276465	LABORERS UNION	KS	501(C)5		NA		No
3600 NE SARDOU AVE STE 2 TOPEKA, KS 66616 48-0410120	LABORERS UNION	KS	501(C)5		NA		No
6405 METCALF OVERLAND PARK, KS 66202 36-3439662	LABORERS UNION	KS	501(C)5		NA		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
1ST NATION PAINTING PO BOX 67 MAYETTA, KS 66509		KS	N/A						No
ANDREWS ASPHALT & CONSTRUCTION INC PO BOX 750015 TOPEKA, KS 66675		KS	N/A						No
ASSOCIATED INSULATION 701 PECAN CIRCLE MANHATTAN, KS 66502		KS	N/A						No
BAIN MILLWRIGHTS 307 OAK ST VALLEY FALLS, KS 66088		KS	N/A						No
RM BARIL GENERAL CONTRACTORS INC PO BOX 888 MANHATTAN, KS 66502		KS	N/A						No
BERKEL & CO CONSTRUCTION INC PO BOX 335 BONNER SPRINGS, KS 66012		KS	N/A						No
BETTIS ASPHALT & CONSTRUCTION INC PO BOX 1694 TOPEKA, KS 66601		KS	N/A						No
BETTIS CONTRACTORS INC PO BOX 1515 TOPEKA, KS 66601		KS	N/A						No
CAPITOL CONCRETE PRODUCTS CO PO BOX 8159 TOPEKA, KS 66608		KS	N/A						No
CENTRAL MECHANICAL CONSTRUCTION PO BOX 1063 MANHATTAN, KS 66505		KS	N/A						No
COONROD & ASSOCIATES PO BOX 12589 WICHITA, KS 67277		KS	N/A						No
COUNTRY CARPET & FLOOR CO PO BOX 450 MAPLE HILL, KS 66507		KS	N/A						No
CYLX ENGINEERING CORP PO BOX 1087 BARTLESVILLE, OK 74005		OK	N/A						No
DH PACE CONSTRUCTION SVCS 1901 E 119TH ST OLATHE, KS 66061		KS	N/A						No
DAY & ZIMMERMANN NPS 1500 SPRING GARDEN ST PHILADELPHIA, PA 19130		PA	N/A						No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
J E DUNN CONSTRUCTION CO 1001 LOCUST ST KANSAS CITY, MO 64106		MO	N/A						No
EMBROIDERY PLUS TURQUOISE & T-SHIRTS INC 1010 N KANSAS AVE TOPEKA, KS 66608		KS	N/A						No
EVERGREENE ARCHITECTURAL ARTS 253 36TH ST SUITE 5-C BROOKLYN, NY 11232		NY	N/A						No
BOB FLORENCE CONTRACTOR INC PO BOX 5258 TOPEKA, KS 66605		KS	N/A						No
GLESSNER CONSTRUCTION 18627 N MUNKERS CREEK RD ALTA VISTA, KS 66834		KS	N/A						No
B A GREEN CONSTRUCTION CO PO BOX 8 LAWRENCE, KS 66044		KS	N/A						No
HALL FLOORCOVERING 3412 NW FREDITH RD TOPEKA, KS 66618		KS	N/A						No
HAMON CUSTODIS INC PO BOX 1500 SOMMERVILLE, NJ 08876		NJ	N/A						No
N R HAMM QUARRY INC BOX 17 PERRY, KS 66073		KS	N/A						No
HARTMAN MASONRY 204 N 8TH ST COUNCIL GROVE, KS 66486		KS	N/A						No
HERRMANS EXCAVATING INC 1459 SE JEFFERSON TOPEKA, KS 66607		KS	N/A						No
INDUSTRIAL MAINTENANCE 4501 NW US HWY 24 TOPEKA, KS 66618		KS	N/A						No
K C CONSTRUCTION INC PO BOX 264 BASEHOR, KS 66007		KS	N/A						No
KANSAS AGC 200 SW 33RD ST TOPEKA, KS 66611		KS	N/A						No
KBS CONSTRUCTORS INC 1701 SW 41ST ST TOPEKA, KS 66609		KS	N/A						No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
KANSAS BUILDING TRADES PO BOX 5168 TOPEKA, KS 66605		KS	N/A						No
KANSAS SAND & CONCRETE 531 NW TYLER TOPEKA, KS 66608		KS	N/A						No
KANSAS AFL-CIO 2131 SW 36TH ST TOPEKA, KS 66611		KS	N/A						No
KENDALL CONSTRUCTION 2551 NW BUTTON RD TOPEKA, KS 66618		KS	N/A						No
KISSICK CONSTRUCTION CO 8131 INDIANA KANSAS CITY, MO 64132		MO	N/A						No
LANKFORD CONSTRUCTION CO 1455 KARLENS WAY JOHNSBURG, IL 60051		IL	N/A						No
LEXECO INC 5037 S 4TH ST LEAVENWORTH, KS 66048		KS	N/A						No
MCCARTHY BUILDING CO 1341 N ROCK HILL RD ST LOUIS, MO 63124		MO	N/A						No
M & D LEASING CO 120 N JULIETTE MANHATTAN, KS 66502		KS	N/A						No
MCT SERVICES LLC 7401 W 129TH ST OVERLAND PARK, KS 66213		KS	N/A						No
MIDWEST DRYWALL CO INC PO BOX 771170 WICHITA, KS 67277		KS	N/A						No
MOHAN CONSTRUCTION INC 125 S KANSAS AVE TOPEKA, KS 66603		KS	N/A						No
M A MORTENSON CO 700 MEADOW LN N MINNEAPOLIS, MN 55422		MN	N/A						No
NORTHERN PIPELINE 2355 W UTOPIA RD PHOENIX, AZ 85027		AZ	N/A						No
OMEGA DOOR & HARDWARE 1223 GIBSON ST YOUNGSTOWN, OH 44502		OH	N/A						No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
PAINTERS LOCAL 96 9902 E 62ND ST RAYTOWN, MO 64133		MO	N/A						No
PCI ROADS LLC 14123 42ND ST NE ST MICHAEL, MN 55376		MN	N/A						No
PERFECTION II MASONRY INC 223 S 1000 RD ALTA VISTA, KS 66834		KS	N/A						No
PIPING CONTRACTORS OF KS 115 SE JACKSON TOPEKA, KS 66603		KS	N/A						No
PIPING & EQUIPMENT CO INC PO BOX 1065 WICHITA, KS 67201		KS	N/A						No
RILEY CONSTRUCTION CO INC 201 6TH ST WAMEGO, KS 66547		KS	N/A						No
RYLIE EQUIPMENT CO PO BOX 1327 GRAND ISLAND, NE 68802		NE	N/A						No
BRAND ENERGY SERVICES INC 17315 S ASHLEND AVE EAST HAZELCREST, IL 60429		IL	N/A						No
SCHMIDTLEIN EXCAVATING INC 204 NE RICE RD TOPEKA, KS 66616		KS	N/A						No
SCHWERDTFAGER MASONRY LLC 223 E COLLEGE LINCOLN, KS 67455		KS	N/A						No
SCOTT MASONRY INC 6601 NW 35TH ST TOPEKA, KS 66618		KS	N/A						No
SENNE COMPANY INC 2001 NW US HIGHWAY 24 TOPEKA, KS 66618		KS	N/A						No
SHOEMAKER CONSTRUCTION INC PO BOX 24 WAMEGO, KS 66547		KS	N/A						No
HOWARD STULTZ CONSTRUCTION 983 E 1700 RD BALDWIN, KS 66006		KS	N/A						No
ZACK TAYLOR CONTRACTING INC 711 SE ADAMS TOPEKA, KS 66607		KS	N/A						No



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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
SALINA HAULAGE 5 DAKOTA DRIVE LAKE SUCCESS, NY 11042		NY	N/A						No
UBCJA NJCTR INC 6801 PLACID ST LAS VEGAS, NV 89119		NV	N/A						No
WEBCTAS INC 11313 S 146TH ST OMAHA, NE 68138		NE	N/A						No
JOYCE CONSTRUCTION CORP 1768 E 1300TH RD LAWRENCE, KS 66049		KS	N/A						No
WILLIAMS REFRACTORY SERVICES 1211 SE BROADWAY DR LEES SUMMIT, MO 64081		MO	N/A						No
WOLF CONSTRUCTION INC 5630 SW RANDOLPH TOPEKA, KS 66609		KS	N/A						No
AMINO BROS CO INC 8110 KAW DR KANSAS CITY, KS 66111		KS	N/A						No
BLINDERMAN CONSTRUCTION CO INC 224 N DESPLAINES ST STE 650 CHICAGO, IL 60661		IL	N/A						No
COMBO INC 343 NW 12TH ST BLUE SPRINGS, MO 64015		MO	N/A						No
MVP PAINTING 13910 NORBY GRANDVIEW, MO 64082		MO	N/A						No
EPPERLEY CONSTRUCTION SERVICES 8211 E REGAL PL STE 100 TULSA, OK 74133		OK	N/A						No
FOLEY CO 7501 E FRONT ST KANSAS CITY, MO 64120		MO	N/A						No
ICON INDUSTRIAL SERVICES 5104 J ST SW CEDAR RAPIDS, IA 52404		IA	N/A						No
UTILITY SOLUTIONS 14672 PARALLEL LN BASEHOR, KS 66007		KS	N/A						No
AT ABATEMENT SERVICES 4915 STILWELL KANSAS CITY, MO 64120		MO	N/A						No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
ATLANTIC PLANT MAINT 3225 PASADENA BLVD PASADENA, TX 77503		TX	N/A						No
COLLINS & HERMANN INC 2366 STATE LINE RD KANSAS CITY, KS 66103		KS	N/A						No
CUTOM SHEETMETAL AND ROOFING 828 NW BUCHANAN ST TOPEKA, KS 66608		KS	N/A						No
E & K OF OMAHA 13864 L ST OMAHA, NE 68137		NE	N/A						No
E & K OF KANSAS CITY INC 4600 MARTHA TRUMAN RD GRANDVIEW, MO 64030		MO	N/A						No
ED THOMAS 217 BATMAN DR CENTRAL POINT, OR 97502		OR	N/A						No
P-1 GROUP INC 2151 HASKELL AVE BLDG 1 LAWRENCE, KS 66046		KS	N/A						No
PULLMAN POWER PO BOX 33420 KANSAS CITY, MO 64120		MO	N/A						No
ADVANTAGE INDUSTRIAL SYSTEMS 10955 160TH ST DAVENPORT, IA 52804		IA	N/A						No
APACHE INDUSTRIAL 1340 VERNON ST N KANSAS CITY, MO 64116		MO	N/A						No
ATLAS INDUSTRIAL CONTRACTORS 5275 SINCLAIR RD COLUMBUS, OH 43229		OH	N/A						No
C&C GROUP 10012 DARNELL LENEXA, KS 66215		KS	N/A						No
MANN MECHANICAL 100 PINE ST AVONDALE ESTATE, GA 30002		GA	N/A						No
MARSCHEL WRECKING LLC 1601 LARKIN WILLIAMS RD FENTON, MO 63026		MO	N/A						No
MODERNFOLD INC 215 N NEW RD GREENFIELD, IN 46140		IN	N/A						No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
JOHN A PAPALAS & CO 1187 EMPIRE AVE LINCOLN PARK, MI 48146		MI	N/A						No
WESTPORT POOLS 156 WELDON PARKWAY ST LOUIS, MO 63043		MO	N/A						No