

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

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

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 \$ 14,854,789

F Name and address of principal officer
Gary Muckenthaler
4101 SOUTHGATE
TOPEKA, KS 66609

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

1 Briefly describe the organization's mission or most significant activities
To provide participating union employees health and welfare benefits

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	15
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	5
6 Total number of volunteers (estimate if necessary)	6	15
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 34	7b	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)		0
9 Program service revenue (Part VIII, line 2g)	9,179,458	9,132,386
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,157,821	825,772
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,281	12,609
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,350,560	9,970,767

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)	10,295,934	10,078,026
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	252,967	268,574
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	518,740	565,100
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	11,067,641	10,911,700
19 Revenue less expenses Subtract line 18 from line 12	282,919	-940,933

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	37,370,137	36,065,277
21 Total liabilities (Part X, line 26)	2,954,291	3,620,608
22 Net assets or fund balances Subtract line 21 from line 20	34,415,846	32,444,669

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: 2019-11-07
Gary Muckenthaler plan manager
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: 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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 23 through 38 regarding compensation, tax-exempt bonds, 501(c)(3) organizations, and other IRS filings.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members included in line 1a... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 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? 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 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.

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 Did the organization have local chapters, branches, or affiliates? 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 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 b Other officers or key employees of the organization 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? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply [] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year 20 State the name, address, and telephone number of the person who possesses the organization's books and records Gary Muckenthaler 4101 Southgate Drive Topeka, KS 66605 (785) 267-0140

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) Michael Gibson Trustee	0 00	X						0	0	0
(15) Gary Muckenthaler plan manager	40 00			X				52,667	45,798	26,510

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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					
1b Sub-Total												
c Total from continuation sheets to Part VII, Section A												
d Total (add lines 1b and 1c)							52,667	45,798	26,510			

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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 ▶ **0**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a - 1f \$ _____					
	h Total. Add lines 1a-1f		0			
Program Service Revenue	2a Employees Contribution	Business Code	1,440,580	1,440,580		
	b Employers Contribution		7,691,806	7,691,806		
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	9 Total. Add lines 2a-2f		9,132,386			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		990,787		990,787	
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		0			
	6a Gross rents	(i) Real				
		(ii) Personal				
		7,200				
		b Less rental expenses				
	c Rental income or (loss)	7,200				
	d Net rental income or (loss)		7,200		7,200	
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		4,719,007				
		b Less cost or other basis and sales expenses	4,884,022			
	c Gain or (loss)	-165,015				
	d Net gain or (loss)		-165,015		-165,015	
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events		0			
9a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities		0			
10a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory		0			
Miscellaneous Revenue	Business Code					
11a Miscellaneous Income		5,409	5,409			
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d		5,409				
12 Total revenue. See Instructions		9,970,767	9,137,795	832,972		

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
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members.	10,078,026			
5 Compensation of current officers, directors, trustees, and key employees.	60,782			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7 Other salaries and wages.	116,689			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	24,285			
9 Other employee benefits.	53,119			
10 Payroll taxes.	13,699			
11 Fees for services (non-employees)				
a Management.	0			
b Legal.	9,196			
c Accounting.	36,818			
d Lobbying.	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	73,160			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	96,636			
12 Advertising and promotion.	0			
13 Office expenses.	15,424			
14 Information technology.	0			
15 Royalties.	0			
16 Occupancy.	33,045			
17 Travel.	13,041			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	10,418			
20 Interest.	0			
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	80,423			
23 Insurance.	16,390			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a STOP LOSS PREMIUM	226,105			
b DATA PROCESSING	53,023			
c Postage and Shipping	13,769			
d Printing and Publications	13,054			
e All other expenses	-125,402			
25 Total functional expenses. Add lines 1 through 24e.	10,911,700	0	0	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	100	1	100
	2 Savings and temporary cash investments	765,586	2	1,692,039
	3 Pledges and grants receivable, net		3	0
	4 Accounts receivable, net	951,289	4	819,344
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	0
	7 Notes and loans receivable, net		7	0
	8 Inventories for sale or use		8	0
	9 Prepaid expenses and deferred charges	47,864	9	28,649
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,174,341		
	b Less accumulated depreciation	10b 811,754	292,163	10c 362,587
	11 Investments—publicly traded securities	35,113,037	11	32,606,514
	12 Investments—other securities See Part IV, line 11		12	0
	13 Investments—program-related See Part IV, line 11		13	0
	14 Intangible assets		14	0
	15 Other assets See Part IV, line 11	200,098	15	556,044
16 Total assets. Add lines 1 through 15 (must equal line 34)	37,370,137	16	36,065,277	
Liabilities	17 Accounts payable and accrued expenses	233,049	17	729,608
	18 Grants payable		18	
	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 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	2,721,242	25	2,891,000
	26 Total liabilities. Add lines 17 through 25	2,954,291	26	3,620,608
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds	34,415,846	32	32,444,669
33 Total net assets or fund balances	34,415,846	33	32,444,669	
34 Total liabilities and net assets/fund balances	37,370,137	34	36,065,277	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,970,767
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,911,700
3	Revenue less expenses Subtract line 2 from line 1	3	-940,933
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	34,415,846
5	Net unrealized gains (losses) on investments	5	-1,030,244
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	32,444,669

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a	Yes	
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID: 18007218

Software Version: 2018v3.1

EIN: 48-0691769

Name: KANSAS BUILDING TRADES OPEN END HEALTH
AND WELFARE FUND

Form 990 (2018)

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
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
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes 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	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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

4 Number of states where property subject to conservation easement is located ► _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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 |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		28,283		28,283
b Buildings		470,224	378,818	91,406
c Leasehold improvements				
d Equipment		519,036	287,193	231,843
e Other		156,798	145,743	11,055
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				362,587

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

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

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

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
Claims Incurred/Not Received	1,530,000
estimated liability/ account eligibility	1,361,000
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶ 2,891,000

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	8,867,363
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-1,030,244
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	-1,030,244
3	Subtract line 2e from line 1	3	9,897,607
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	73,160
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	73,160
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	9,970,767

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

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

1	Total expenses and losses per audited financial statements	1	10,399,540
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	10,399,540
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	73,160
b	Other (Describe in Part XIII)	4b	439,000
c	Add lines 4a and 4b	4c	512,160
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	10,911,700

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: 18007218

Software Version: 2018v3.1

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, 2018, 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

Supplemental Information

Return Reference	Explanation
Part XII, Line 4b Other revenue amounts included on 990 but not included in F/S	CHANGE IN BENEFIT OBLIGATION \$439000

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

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

Return Reference	Explanation
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

Return Reference	Explanation
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)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
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.

See Additional Data Table

(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

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

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

2 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	109,051	ACTUAL AMOUNT
(2)KS CONSTRUCTION TRADES PENSION FUND	o	45,798	ACTUAL AMOUNT
(3)KS CONSTRUCTION TRADES PENSION FUND	q	469,693	ACTUAL AMOUNT
(4)KS CONSTRUCTION INDUSTRY SAVINGS FUND	l	3,000	ACTUAL AMOUNT
(5)KS CONSTRUCTION INDUSTRY SAVINGS FUND	q	16,492	ACTUAL AMOUNT

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

(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)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID: 18007218
Software Version: 2018v3.1
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
4501 EMANUEL CLEAVER II BLVD KANSAS CITY, MO 641302344 44-0185897	LABORERS UNION	MO	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
(1) 1ST NATION PAINTING P O BOX 67 MAYETTA, KS 66509		KS	N/A						No
(1) ANDREWS ASPHALT & CONSTRUCTION INC P O BOX 750015 TOPEKA, KS 66675		KS	N/A						No
(2) ASSOCIATED INSULATION 701 PECAN CIRCLE MANHATTAN, KS 66502		KS	N/A						No
(3) BAIN MILLWRIGHTS 307 OAK STREET VALLEY FALLS, KS 66088		KS	N/A						No
(4) RM BARIL GENERAL CONTRACTORS INC P O BOX 888 MANHATTAN, KS 66502		KS	N/A						No
(5) BERKEL & CO CONSTRUCTION INC P O BOX 335 BONNER SPRINGS, KS 66012		KS	N/A						No
(6) BETTIS ASPHALT & CONSTRUCTION INC P O BOX 1694 TOPEKA, KS 66601		KS	N/A						No
(7) BETTIS CONTRACTORS INC P O BOX 1515 TOPEKA, KS 66601		KS	N/A						No
(8) CAPITOL CONCRETE PRODUCTS CO P O BOX 8159 TOPEKA, KS 66608		KS	N/A						No
(9) CENTRAL MECHANICAL CONSTRUCTION P O BOX 1063 MANHATTAN, KS 66505		KS	N/A						No
(10) COONROD & ASSOCIATES P O BOX 12589 WICHITA, KS 67277		KS	N/A						No
(11) COUNTRY CARPET & FLOOR CO P O BOX 450 MAPLE HILL, KS 66507		KS	N/A						No
(12) CYLX ENGINEERING CORP P O BOX 1087 BARTLESVILLE, OK 74005		OK	N/A						No
(13) DH PACE CONSTRUCTION SVCS 1901 E 119TH ST OLATHE, KS 66061		KS	N/A						No
(14) 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
(16) J E DUNN CONSTRUCTION CO 1001 LOCUST ST KANSAS CITY, MO 64106		MO	N/A						No
(1) EMBROIDERY PLUS TURQUOISE & T-SHIRTS INC 1010 N KANSAS AVE TOPEKA, KS 66608		KS	N/A						No
(2) EVERGREENE ARCHITECTURAL ARTS 253 36TH ST STE 5-C BROOKLYN, NY 11232		NY	N/A						No
(3) BOB FLORENCE CONTRACTOR INC P O BOX 5258 TOPEKA, KS 66605		KS	N/A						No
(4) GLESSNER CONSTRUCTION 18627 N MUNKERS CREEK RD ALTA VISTA, KS 66834		KS	N/A						No
(5) B A GREEN CONSTRUCTION CO P O BOX 8 LAWRENCE, KS 66044		KS	N/A						No
(6) HALL FLOORCOVERING 3412 NW FREDITH RD TOPEKA, KS 66618		KS	N/A						No
(7) HAMON CUSTODIS INC P O BOX 1500 SOMMERVILLE, NJ 08876		NJ	N/A						No
(8) N R HAMM QUARRY INC BOX 17 PERRY, KS 66073		KS	N/A						No
(9) HARTMAN MASONRY 204 N 8TH ST COUNCIL GROVE, KS 66486		KS	N/A						No
(10) HERRMANS EXCAVATING INC 1459 SE JEFFERSON TOPEKA, KS 66607		KS	N/A						No
(11) INDUSTRIAL MAINTENANCE 4501 SW US HWY 24 TOPEKA, KS 66618		KS	N/A						No
(12) K C CONSTRUCTION INC P O BOX 264 BASEHOR, KS 66007		KS	N/A						No
(13) KANSAS AGC P O BOX 86 TOPEKA, KS 66611		KS	N/A						No
(14) KBS CONSTRUCTORS INC 1701 SW 41ST ST TOPEKA, KS 66609		KS	N/A						No

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								Yes	No
(31) KANSAS BUILDING TRADES P O BOX 5168 TOPEKA, KS 66605		KS	N/A						No
(1) KANSAS SAND & CONCRETE 531 NW TYLER TOPEKA, KS 66608		KS	N/A						No
(2) KANSAS AFL-CIO 2131 SW 36TH ST TOPEKA, KS 66611		KS	N/A						No
(3) KENDALL CONSTRUCTION 2551 NW BUTTON RD TOPEKA, KS 66618		KS	N/A						No
(4) KISSICK CONSTRUCTION CO 8131 INDIANA KANSAS CITY, MO 64132		MO	N/A						No
(5) LANKFORD CONSTRUCTION CO 1455 KARLENS WAY JOHNSBURG, IL 60051		IL	N/A						No
(6) LEXECO INC 5037 S 4TH ST LEAVENWORTH, KS 66048		KS	N/A						No
(7) MCCARTHY BUILDING CO 1341 N ROCK HILL RD ST LOUIS, MO 63124		MO	N/A						No
(8) M & D LEASING CO 120 N JULIETTE MANHATTAN, KS 66502		KS	N/A						No
(9) MCT SERVICES LLC 7401 W 129TH ST OVERLAND PARK, KS 66213		KS	N/A						No
(10) MIDWEST DRYWALL CO INC P O BOX 771170 WICHITA, KS 67277		KS	N/A						No
(11) MOHAN CONSTRUCTION INC 125 S KANSAS AVE TOPEKA, KS 66603		KS	N/A						No
(12) M A MORTENSON CO 700 MEADOW LN N MINNEAPOLIS, MN 55422		MN	N/A						No
(13) NORTHERN PIPELINE 19820 N 7TH AVE PHOENIX, AZ 85027		AZ	N/A						No
(14) OMEGA DOOR & HARDWARE 1223 GIBSON ST YOUNGSTOWN, OH 44502		OH	N/A						No

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								Yes	No
(46) PAINTERS LOCAL 96 9902 E 62ND ST RAYTOWN, MO 64133		MO	N/A						No
(1) PCI ROADS LLC 14123 42ND ST NE ST MICHAEL, MN 55376		MN	N/A						No
(2) PERFECTION II MASONRY INC 223 S 1000 RD ALTA VISTA, KS 66834		KS	N/A						No
(3) PIPING CONTRACTORS OF KS 115 SE JACKSON TOPEKA, KS 66603		KS	N/A						No
(4) PIPING & EQUIPMENT CO INC 1111 E 37TH ST N WICHITA, KS 67201		KS	N/A						No
(5) RILEY CONSTRUCTION CO INC 201 6TH ST WAMEGO, KS 66547		KS	N/A						No
(6) RYLIE EQUIPMENT CO P O BOX 1327 GRAND ISLAND, NE 68802		NE	N/A						No
(7) BRAND ENERGY SERVICES INC 17315 S ASHLEND AVE EAST HAZELCREST, IL 60429		IL	N/A						No
(8) SCHMIDTLEIN EXCAVATING INC 204 NE RICE RD TOPEKA, KS 66616		KS	N/A						No
(9) SCHWERTDFAGER MASONRY LLC 223 E COLLEGE LINCOLN, KS 67455		KS	N/A						No
(10) SENNE COMPANY INC 2001 NW US HIGHWAY 24 TOPEKA, KS 66618		KS	N/A						No
(11) SHOEMAKER CONSTRUCTION INC P O BOX 24 WAMEGO, KS 66547		KS	N/A						No
(12) HOWARD STULTZ CONSTRUCTION 983 E 1700 RD BALDWIN, KS 66006		KS	N/A						No
(13) ZACK TAYLOR CONTRACTING INC 711 SE ADAMS TOPEKA, KS 66607		KS	N/A						No
(14) SALINA HAULAGE 5 DAKOTA DRIVE LAKE SUCCESS, NY 11042		NY	N/A						No

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								Yes	No
(61) UBCJA NJCTR INC 6801 PLACID ST LAS VEGAS, NV 89119		NV	N/A						No
(1) WEBCTAS INC 11313 S 146TH ST OMAHA, NE 68138		NE	N/A						No
(2) JOYCE CONSTRUCTION CORP 1768 E 1300TH RD LAWRENCE, KS 66049		KS	N/A						No
(3) WILLIAMS REFRACTORY SERVICES 1211 SE BROADWAY DR LEES SUMMIT, MO 64081		MO	N/A						No
(4) WOLF CONSTRUCTION INC 5630 SW RANDOLPH TOPEKA, KS 66609		KS	N/A						No
(5) AMINO BROS CO INC 8110 KAW DR KANSAS CITY, KS 66111		KS	N/A						No
(6) BLINDERMAN CONSTRUCITON CO INC 224 N DESPLAINES ST STE 650 CHICAGO, IL 60661		IL	N/A						No
(7) COMBO INC 343 W 12TH ST BLUE SPRINGS, MO 64015		MO	N/A						No
(8) MVP PAINTING 13910 NORBY GRANDVIEW, MO 64082		MO	N/A						No
(9) ICON INDUSTRIAL SERVICES 5104 J ST SW CEDAR RAPIDS, IA 52404		IA	N/A						No
(10) UTILITY SOLUTIONS 14672 PARALLEL LN BASEHOR, KS 66007		KS	N/A						No
(11) AT ABATEMENT SERVICES 4915 STILWELL KANSAS CITY, MO 64120		MO	N/A						No
(12) ATLANTIC PLANT MAINT 3225 PASADENA BLVD PASADENA, TX 77503		TX	N/A						No
(13) COLLINS & HERMANN INC 2366 STATE LINE RD KANSAS CITY, KS 66103		KS	N/A						No
(14) CUSTOM SHEETMETAL AND ROOFING 828 SW BUCHANAN ST TOPEKA, KS 66608		KS	N/A						No

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								Yes	No
(76) E & K OF OMAHA 13864 L ST OMAHA, NE 68137		NE	N/A						No
(1) E & K OF KANSAS CITY INC 4600 MARTHA TRUMAN RD GRANDVIEW, MO 64030		MO	N/A						No
(2) FD THOMAS 217 BATMAN DR CENTRAL POINT, OR 97502		OR	N/A						No
(3) P-1 GROUP INC 2151 HASKELL AVE BLDG 1 LAWRENCE, KS 66046		KS	N/A						No
(4) APACHE INDUSTRIAL 1340 VERNON ST N KANSAS CITY, MO 64116		MO	N/A						No
(5) C&C GROUP 10012 DARNELL LENEXA, KS 66215		KS	N/A						No
(6) MANN MECHANICAL 100 PINE ST AVONDALE ESTATE, GA 30002		GA	N/A						No
(7) MARSCHER WRECKING LLC 1601 LARKIN WILLIAMS RD FENTON, MO 63026		MO	N/A						No
(8) APCOM POWER INC 3225 PASADENA BLVD PASADENA, TX 77503		TX	N/A						No
(9) BHI SPECILITY SERVICES 2005 NEWPOINT PARKWAY LAWRENCEVILLE, GA 30043		GA	N/A						No
(10) BRANDENBURG INDUSTRIAL SERVICE 501 WEST LAKE ST STE 104 ELMHURST, IL 60126		IL	N/A						No
(11) FIRE AND SAFETY 1411 S US HWY 81 BYPASS MCPHERSON, KS 67460		KS	N/A						No
(12) GENESYS 3210 E 85TH ST KANSAS CITY, MO 64132		MO	N/A						No
(13) GRREELEY EXCAVATING LLC 31966 NE WABUNSEE RD GREELEY, KS 66033		KS	N/A						No
(14) HAYES DRILLING INC 15525 S MAHAFFIE ST OLATHE, KS 66062		KS	N/A						No

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								Yes	No
(91) JADE CARPENTRY CONTRACTORS 145 BERNICE DR BENSENVILLE, IL 60106		IL	N/A						No
(1) JADWIN CONSTRUCTION P O BOX 416 HIAWATHA, KS 66434		KS	N/A						No
(2) KCI INC 1639 GUINOTTE AVENUE KANSAS CITY, MO 64120		MO	N/A						No
(3) KRUSE CORPORATION 8971 GREEN VALLEY DR MANHATTAN, KS 66502		KS	N/A						No
(4) JA LILLIG EXCAVATING INC 1615 E 173 ST BELTON, MO 64012		MO	N/A						No
(5) PEC CONTRACTING & ENG 3945 GLEN ST RENO, NV 89502		NV	N/A						No
(6) SCAFFOLD INDUSTRIAL SERVICES 1211 SE BROADWAY DR LEE SUMMIT, MO 64081		MO	N/A						No
(7) SOLID PLATFORMS INC 6610 MELTON RD PORTAGE, IN 46368		IN	N/A						No
(8) SULZER TURBO SERVICES 711 SE ADAMS TOPEKA, KS 66607		KS	N/A						No
(9) JULIUS KAAZ CONSTRUCTION 716 CHEROKEE ST LEAVENWORTH, KS 66048		KS	N/A						No
(10) UNITED EXCEL CORPORATION 903 E 104TH ST STE 140 KANSAS CITY, MO 64131		KS	N/A						No
(11) WOODS CONSTRUCTION 6396 PRODUCT DR STERLING HEIGHTS, MI 48312		MI	N/A						No