

Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

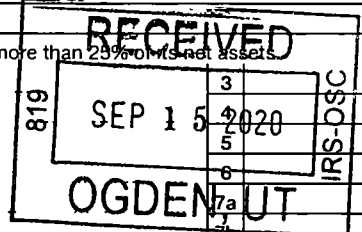
Do not enter social security numbers on this form as it may be made public. **910**
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2018 calendar year, or tax year beginning **NOV 1, 2018** and ending **OCT 31, 2019**

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization GREATER KANSAS CITY LABORERS' VACATION PLAN		D Employer identification number 48-6200960
	Doing business as		E Telephone number (913) 426-5490
	Number and street (or P O box if mail is not delivered to street address) 6405 METCALF	Room/suite BLDG 3	G Gross receipts \$ 6,176,926.
	City or town, state or province, country, and ZIP or foreign postal code OVERLAND PARK, KS 66202		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? Yes No If "No," attach a list (see instructions)
F Name and address of principal officer DONALD E. GREENWELL III SAME AS C ABOVE			H(c) Group exemption number ▶
I Tax-exempt status 501(c)(3) <input checked="" type="checkbox"/> 501(c)(9) ◀ (insert no) 4947(a)(1) <input checked="" type="checkbox"/> 527			
J Website: ▶ N/A			
K Form of organization Corporation <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation 1973
			M State of legal domicile KS

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities PAYMENT OF VACATION BENEFITS TO MEMBERS.	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	
	3 Number of voting members of the governing body (Part VI, line 1a)	8
	4 Number of independent voting members of the governing body (Part VI, line 1b)	8
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	0
	6 Total number of volunteers (estimate if necessary)	9
	7a Total unrelated business revenue from Part VIII, column (C), line 12	0.
b Net unrelated business taxable income from Form 990-T, line 38	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 0. Current Year 0.
	9 Program service revenue (Part VIII, line 2g)	5,979,443. 6,068,717.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	64,225. 107,033.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	530. 1,176.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,044,198. 6,176,926.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0. 0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	5,933,738. 5,856,162.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0. 0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	184,435. 180,584.
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	6,118,173. 6,036,746.	
19 Revenue less expenses Subtract line 18 from line 12	<73,975.> 140,180.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 7,485,631. End of Year 7,597,961.
	21 Total liabilities (Part X, line 26)	35,759. 7,909.
	22 Net assets or fund balances Subtract line 21 from line 20	7,449,872. 7,590,052.



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 <i>Donald E. Greenwell III</i>	Date <i>9/14/20</i>
	DONALD E. GREENWELL III, CHAIRPERSON Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name SUZANNE B. KIMBROUGH	Preparer's signature <i>Suzanne B Kimbrough</i>	Date	Check if self-employed <input type="checkbox"/>	PTIN P01320005
	Firm's name ▶ RUBINBROWN LLP	Firm's EIN ▶ 43-0765316		Phone no. 816-472-1122	
	Firm's address ▶ 1200 MAIN STREET, SUITE 1000 KANSAS CITY, MO 64105				

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

SCANNED SEP 07 2021

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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

PAYMENT OF VACATION BENEFITS TO MEMBERS.

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 \$ _____)

PROVIDES FOR THE PAYMENT OF VACATION BENEFITS FOR APPROXIMATELY 5,000 MEMBERS OF THE LABORERS PROFESSION

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 ▶

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Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-21 with 'X' marks in the Yes/No columns.

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Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

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

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

Section A. Governing Body and Management

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

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
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?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.		X
12b	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?		X
14	Did the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official		X
15b	Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **▶ NONE**
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
TIC INTERNATIONAL CORPORATION - (913)236-5490
6405 METCALF CLOVERLEAF BLDG 3 STE, OVERLAND PARK, KS 66202

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Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns						
	1 b	Membership dues						
	1 c	Fundraising events						
	1 d	Related organizations						
	1 e	Government grants (contributions)						
	1 f	All other contributions, gifts, grants, and similar amounts not included above						
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f						
Program Service Revenue	2 a	EMPLOYER CONTRIBUTIONS	900099 6,068,717.	6,068,717.				
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		6,068,717.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		107,033.		107,033.		
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real					
			(i) Personal					
			b	Less rental expenses				
			c	Rental income or (loss)				
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other					
			b	Less cost or other basis and sales expenses				
			c	Gain or (loss)				
	d	Net gain or (loss)						
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
			b	Less direct expenses				
c			Net income or (loss) from fundraising events					
9 a	Gross income from gaming activities See Part IV, line 19	a						
		b	Less direct expenses					
		c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	a						
		b	Less cost of goods sold					
		c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code					
11 a	OTHER INCOME	900099 1,176.	1,176.					
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d		1,176.					
12	Total revenue. See instructions		6,176,926.	6,069,893.	0.	107,033.		

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members	5,856,162.			
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management	108,369.			
b Legal	16,049.			
c Accounting	14,400.			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	8,949.			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O)				
12 Advertising and promotion				
13 Office expenses	12,054.			
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	880.			
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 EMPLOYER FIELD AUDIT FE	11,158.			
b BANK FEES	8,158.			
c OTHER EXPENSES	567.			
d _____				
e All other expenses _____				
25 Total functional expenses Add lines 1 through 24e	6,036,746.			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Check here if following SOP 98-2 (ASC 958-720)

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	311,535.	1	992,390.
	2 Savings and temporary cash investments	6,572,661.	2	5,876,950.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	600,677.	4	697,838.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	20,662.
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	758.	9	10,121.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a		
	b Less accumulated depreciation	10b		10c
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)		7,485,631.	16	7,597,961.
Liabilities	17 Accounts payable and accrued expenses	35,759.	17	7,909.
	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		25	
	26 Total liabilities. Add lines 17 through 25		35,759.	26
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0.	30	0.
	31 Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
	32 Retained earnings, endowment, accumulated income, or other funds	7,449,872.	32	7,590,052.
33 Total net assets or fund balances	7,449,872.	33	7,590,052.	
34 Total liabilities and net assets/fund balances	7,485,631.	34	7,597,961.	

Form 990 (2018)

**GREATER KANSAS CITY LABORERS'
VACATION PLAN**

Form 990 (2018)

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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	6,176,926.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,036,746.
3	Revenue less expenses Subtract line 2 from line 1	3	140,180.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,449,872.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,590,052.

Part XII Financial Statements and Reporting

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

	Yes	No
1 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		
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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
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	2b	X
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	2c	X
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?	3a	X
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	3b	

Form 990 (2018)

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No 1545-0047

2018
Open to Public Inspection

Name of the organization **GREATER KANSAS CITY LABORERS' VACATION PLAN** Employer identification number **48-6200960**

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____	
4 Number of states where property subject to conservation easement is located ▶ _____	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
(i) Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
a Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018

**GREATER KANSAS CITY LABORERS'
VACATION PLAN**

Schedule D (Form 990) 2018

48-6200960 Page 2

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ _____ %
- b Permanent endowment ▶ _____ %
- c Temporarily restricted endowment ▶ _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

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

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

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

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

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

Schedule D (Form 990) 2018

**GREATER KANSAS CITY LABORERS'
VACATION PLAN**

Schedule D (Form 990) 2018

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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. (Col. (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. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

Schedule D (Form 990) 2018

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No 1545-0047

2018

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization **GREATER KANSAS CITY LABORERS' VACATION PLAN** Employer identification number **48-6200960**

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
BLUE NILE CONTR	EMPLOYER	EMPLOYER		X	0.	16,946.		X		X		X
HUNT MIDWEST RE	EMPLOYER	EMPLOYER		X	0.	1,274.		X		X		X
IDEKER, INC.	EMPLOYER	EMPLOYER		X	0.	483.		X		X		X
JERRY BENNETT M	EMPLOYER	EMPLOYER		X	0.	555.		X		X		X
JUSPATTON CONST	EMPLOYER	EMPLOYER		X	0.	145.		X		X		X
KAW VALLEY COMP	EMPLOYER	EMPLOYER		X	0.	509.		X		X		X
L.G. BARCUS AND	EMPLOYER	EMPLOYER		X	0.	40.		X		X		X
LEE GROVER CONS	EMPLOYER	EMPLOYER		X	0.	38.		X		X		X
LES COLLINS PLA	EMPLOYER	EMPLOYER		X	0.	320.		X		X		X
RICHLAND MECHAN	EMPLOYER	EMPLOYER		X	0.	184.		X		X		X
Total						▶ \$ 20,662.						

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

SEE PART V FOR CONTINUATIONS

GREATER KANSAS CITY LABORERS'

Schedule L (Form 990 or 990-EZ)

VACATION PLAN

48-6200960 Page 2

Part V Supplemental Information

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

(A) NAME OF PERSON: KAW VALLEY COMPANIES, INC.

(B) RELATIONSHIP WITH ORGANIZATION: EMPLOYER CONTRIBUTOR

(C) PURPOSE OF LOAN: EMPLOYER CONTRIBUTION UNPAID AT YEAR END

(A) NAME OF PERSON: L.G. BARCUS AND SONS, INC.

(B) RELATIONSHIP WITH ORGANIZATION: EMPLOYER CONTRIBUTOR

(C) PURPOSE OF LOAN: EMPLOYER CONTRIBUTION UNPAID AT YEAR END

(A) NAME OF PERSON: LEE GROVER CONST CO.

(B) RELATIONSHIP WITH ORGANIZATION: EMPLOYER CONTRIBUTOR

(C) PURPOSE OF LOAN: EMPLOYER CONTRIBUTION UNPAID AT YEAR END

(A) NAME OF PERSON: LES COLLINS PLASTERING CO, INC.

(B) RELATIONSHIP WITH ORGANIZATION: EMPLOYER CONTRIBUTOR

(C) PURPOSE OF LOAN: EMPLOYER CONTRIBUTION UNPAID AT YEAR END

(A) NAME OF PERSON: RICHLAND MECHANICAL CONTR., INC.

(B) RELATIONSHIP WITH ORGANIZATION: EMPLOYER CONTRIBUTOR

(C) PURPOSE OF LOAN: EMPLOYER CONTRIBUTION UNPAID AT YEAR END

(A) NAME OF PERSON: WM MAHN PLUMBING, INC.

(B) RELATIONSHIP WITH ORGANIZATION: EMPLOYER CONTRIBUTOR

(C) PURPOSE OF LOAN: EMPLOYER CONTRIBUTION UNPAID AT YEAR END

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 0. (F) BALANCE DUE \$ 168.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = NO

GREATER KANSAS CITY LABORERS'

Schedule L (Form 990 or 990-EZ)

VACATION PLAN

48-6200960 Page 2

Part V Supplemental Information

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

(I) WRITTEN AGREEMENT? = NO

Lined area for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018

Open to Public
Inspection

Name of the organization

GREATER KANSAS CITY LABORERS'
VACATION PLAN

Employer identification number
48-6200960

FORM 990, PART VI, SECTION A, LINE 3:

THE BOARD USES THE SERVICES OF TIC INTERNATIONAL, A THIRD PARTY
ADMINISTRATOR, TO PAY BENEFITS AND HANDLE THE DAY-TO-DAY OPERATIONS OF THE
PLAN.

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

A COPY OF FORM 990 WAS PROVIDED TO THE CHAIRMAN AND SECRETARY FOR APPROVAL
AND THEN A FINAL COPY IS PROVIDED TO THE BOARD BEFORE FILING.

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

GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE NOT AVAILABLE TO THE
PUBLIC.

FORM 990, PART VII COMPENSATION OF TRUSTEES

SALARIES AND BENEFITS PAID TO THE FOLLOWING TRUSTEES BY RELATED
ORGANIZATIONS ARE BEING REPORTED ON FORMS 990 AS LISTED BELOW, AND ARE
THEREFORE NOT BEING DUPLICATED ON THIS FORM 990:

LABORERS INTERNATIONAL UNION 264

EIN: 44-0296510

REGINALD L. THOMAS

LABORERS UNION LOCAL 1290

EIN: 48-0287794

JAMIE DESMARAIS

Name of the organization GREATER KANSAS CITY LABORERS' VACATION PLAN	Employer identification number 48-6200960
--	--

LABORERS INTERNATIONAL UNION OF 663 HCL

EIN: 44-0412225

TIM PRICE

BUILDERS ASSOCIATION OF KANSAS CITY, MISSOURI

EIN: 44-0185850

DON GREENWELL

HEAVY CONSTRUCTORS ASSOCIATION OF THE GREATER KANSAS CITY AREA

EIN: 44-0563901

BRIDGETTE WILLIAMS

GREATER KANSAS CITY LABORERS' VACATION PLAN

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	
A. K. LEE CONSTRUCTION, LLC												
ACENTRIC LLC												
ARNOLD MASONRY LLC												
AUDRIE SEELEY & CO. LLC												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
A CLEAN SLATE									
AAA MASONRY INC.									
ACE PIPE CLEANING INC									
ACME FIREPROOFING & INSULATION									
ALBERICI CONSTRUCTORS									

GREATER KANSAS CITY LABORERS' VACATION PLAN

Schedule R (Form 990)

48-6200960

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
A-Y-1 LLC												
BLM PROPERTIES LLC												
BREIT CONSTRUCTION LLC												
BROCK INDUSTRIAL SERVICES LLC												
C&M MASONRY, LLC												
CASTLE CONTRACTING LLC												
CECO CONCRETE CONST LLC												
CHARLIE'S CONCRETE LLC												
COBRA CONTRACTORS, LLC												

GREATER KANSAS CITY LABORERS' VACATION PLAN

Schedule R (Form 990)

48-6200960

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
MUSSELMAN & HALL CONTRACTORS LLC												
PCI ROADS LLC												
PULLMAN POWER LLC												
R. F. FISHER ELECTRIC CO LLC												
RIVER CITY CONSTRUCTION LLC												
ROSETTA CONSTRUCTION LLC												
SHEDIGS IT LLC												
SUPERIOR BOWEN ASPHALT CO LLC												
SUPERIOR RAIL SYSTEM LLC												

**GREATER KANSAS CITY LABORERS'
VACATION PLAN**

Schedule R (Form 990)

48-6200960

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
ALEXANDER MECHANICAL CONTR.									
ALLIED CONSTRUCTION									
AMERICAN BRIDGE COMPANY									
AMINO BROTHERS CO									
APAC CENTRAL									
APACHE INDUSTRIAL UNITED									
API, INC.									
ASBESTOS REMOVAL SERVICES INC									
AT ABATEMENT									
AT URBAN DEVELOPMENT									
AXIOM CONSTRUCTION GROUP									
B3 CONTRACTORS									

GREATER KANSAS CITY LABORERS'
VACATION PLAN

Schedule R (Form 990)

48-6200960

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
BABCOCK & WILCOX CONSTRUCTION									
BEEMER CONSTRUCTION CO									
BERKEL & CO CONTRACTORS INC									
BEYER CRUSHED ROCK CO									
BK CONSTRUCTION SERVICES									
BLOOMSDALE EXCAVATING CO INC									
BLUE NILE CONTRACTORS									
BOAN MASONRY CO									
BRAND ENERGY SERVICES									
BRANDENBURG INDUSTRIAL SERVICE									
BRANDSAFWAY SERVICES									
BRIGGS TRADITIONAL TURF FARM									

GREATER KANSAS CITY LABORERS' VACATION PLAN

Schedule R (Form 990)

48-6200960

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
BROCKMILLER CONST INC									
BROOKSIDE CONTRACTING INC.									
BROONER & ASSOC CONST INC									
BURNS BOYS CO INC.									
BYRNE & JONES CONSTRUCTION									
C & M RESTORATION INC.									
C.J. MAHAN CONSTRUCTION CO									
CAPITAL ELECTRIC CONSTRUCTION									
CARTWRIGHT TREE CARE									
CBS PILING SOLUTIONS INC									
CDI INDUSTRIAL & MECHANICAL									
CEI MICHIGAN									

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(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
CENTRAL PLUMBING HTG AND A/C									
CENTRAL STATES CONTRACTING									
CHAMBERLIN CONTRACTING									
CHRISTY INDUSTRIAL SERVICES									
CITY CEMENT CO.									
CJ INDUSTRIES									
CLARKSON CONSTRUCTION CO									
CML INC									
COLLINS & HERMANN INC									
COMANCHE CONST INC									
COMMERCIAL CONTRACTING CORP.									
CONCORP, INC									

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								Yes	No
CORESLAB STRUCTURES INC.									
D & D MASONRY INC.									
D & S FENCING COMPANY INC									
D.G. SKOUSE COMPANY, INC.									
D.H. PACE CONSTRUCTION SERV.									
D. ROSS CONSTRUCTION									
DALTON KILLINGER CONST CO									
DAMON PURSELL CONST CO									
DAVID E. ROSS CONSTRUCTION									
DAY & ZIMMERMAN NPS									
DESCO COATINGS, INC.									
DIGGS CONSTRUCTION CO									

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								Yes	No
ENERFAB, INC.									
EPIC CONCRETE CONSTRUCTION									
FABCON INC.									
FBM /WAGNER DISTRIBUTION									
FENIX CONSTRUCTION CO									
FOUR J ENVIRONMENTAL									
FREEMAN CONCRETE CONSTRUCTION									
FRONABARGER CONCRETTERS INC									
FULSOM BROTHERS INC									
G A THOMPSON PAINTING CONTRS I									
G&G CONSTRUCTION CO, INC									
G&G MECHANICAL CONTRACTORS									

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								Yes	No
GBH BUILDERS INC									
GENESIS ENVIRONMENTAL SOLUTIONS									
GEORGE SHAW CONSTRUCTION CO.									
GOODWIN BROS CONST CO INC									
GRADECO CONST CO									
GREAT PLAINS DRILLING									
HAINES & ASSOC CONST CO INC									
HANRAHAN ASPHALT PAVING CO INC									
HAYES DRILLING INC									
HBC INC									
HEARTLAND HEAVY CONSTRUCTION									
HEITKAMP MASONRY									

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								Yes	No
HELMKAMP CONSTRUCTION									
HENRY F TEICHMANN INC.									
HERNER CONST INC									
HOLMES DRYWALL SUPPLY									
HOLTMAN MASONRY INC									
HUNT MIDWEST REAL ESTATE									
HUNTER CHASE & ASSOCIATES INC									
IDEKER INC									
INSCO ENVIRONMENTAL INC									
INSTUFORM TECHNOLOGIES USA									
INTERNATIONAL BUILDERS & CONSU									
INTERNATIONAL CHIMNEY CORP.									

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								Yes	No
IRVINBILT CONSTRUCTORS									
J A LILLIG EXCAVATING INC									
J E DUNN CONSTRUCTION CO									
J M FAHEY CONSTRUCTION CO									
J W MCGLADE MASONRY CONTRS									
J.D. BISHOP CONSTRUCTION									
JAMES H DREW CORP									
JERRY BENNETT MASONRY CONTR									
JJ MARTINY CONCRETE CO, INC									
JLA CONSTRUCTION INC									
JLK CONSTRUCTION									
JOHN ROHRER CONTRACTING CO.									

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								Yes	No
JOURNAGAN CONSTRUCTION									
JULIUS KAAZ CONSTRUCTION CO									
JUSPATTON CONSTRUCTION, INC.									
K BUILDING SPECIALTIES, INC.									
K C SCAFFOLD									
K.C. CORING & CUTTING CONSTR.									
KANSAS CITY MECHANICAL, INC.									
KAW VALLEY COMPANIES INC									
KCI CONSTRUCTION CO									
KEARNEY & SON, INC.									
KELPE CONTRACTING INC									
KERANS CONSTRUCTION									

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								Yes	No
KIEWIT POWER CONSTRUCTORS CO									
KIRK ERECTORS									
KISSICK CONST CO									
KOLB GRADING									
KR EXCAVATING INC									
L G BARCUS & SONS INC									
L KEELEY CONSTRUCTION									
L.G. BARCUS AND SONS, INC.									
LAN-TEL COMMUNICATIONS SERVICE									
LAWTON CONSTR CO									
LEATH & SONS INC									
LEAVCON II									

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								Yes	No
LEBECT									
LEE GROVER CONST CO									
LEE MACHINERY MOVERS, INC.									
LEHR CONSTRUCTION CO									
LES COLLINS PLASTERING CO INC									
LEWIS BLOCK & SUPPLY CO									
LEXECO INC									
LICO STEEL, INC.									
LILJA CORPORATION									
LM2 CONSTRUCTION & CONSULTING									
LUEDKE EXCAVATING									
LYTLE CONSTRUCTION INC.									

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								Yes	No
M. A. MORTENSON CO.									
MAX RIEHE & BROS									
MCANANY CONST INC									
MCCARTHY BUILDING COMPANIES									
MIDWEST CUTTING & CORING, INC.									
MIDWEST DRAIN & SEWER									
MIDWEST FOUNDATIONS CO									
MILES EXCAVATING INC									
MILLER'S PRO CUT, INC.									
MILLSTONE WEBER									
MISSOURI ROCK INC									
MMC CONTRACTORS- NATIONAL									

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								Yes	No
MURRAY COMPANY									
N. B. WEST CONTRACTING CO.									
NATIONAL ACID-PROOFING									
NATIONAL STREETSCAPE INC									
NEBEL CONSTRUCTION SERVICES									
O'DONNELL & SONS CONST CO									
O'DONNELL-WAY CONSTRUCTION									
OLD VETERAN CONSTRUCTION									
P1 GROUP									
PACE CONSTRUCTION CO.									
PARRISH & SONS									
PEC CONTRACTING ENGINEERIG									

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								Yes	No
PERFORMANCE CONTR INC									
PHILLIPS HARDY INC									
PINK HILL ACRES									
PLATINUM SCAFFOLDING SERVICES									
PRAIRIE BAND CONSTRUCTION									
PRECISION CUTTING AND CORING									
PRESTRESSED CASTING CO									
PROPST MASONRY CO INC									
PTM ENGINEERED FOUNDATION									
PYRAMID CONTRACTORS									
PYRAMID EXCAV & CONST INC									
QUALITY RESTORATION & SEALANTS									

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								Yes	No
R&K DANKENBRING MASONRY									
R. L. DUNCAN CONSTRUCTION CO.									
RADMACHER BROTHERS EXCAV CO									
RAIDER MECHANICAL INC									
RAINBOW CONSTR UNDERGROUND									
RAND CONSTRUCTION									
RAU CONSTRUCTION CO.									
REALM CONST INC									
REDFORD CONST INC									
RELYANT GLOBAL									
REW MATERIALS									
RICHLAND MECHANICAL CONTR INC									

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								Yes	No
SCM CONSTRUCTION									
SDS BUILDERS INC									
SEAL-O-MATIC PAVING CO INC									
SEVENSON ENVIRONMENTAL SERV.									
SITE RITE CONST CO INC									
SKYLINE CONSTRUCTION CO									
SPIRTAS WRECKING CO.									
STERLING BOILER & MECHANICAL									
STRUCTSURE PROJECTS, INC									
SUMMIT CONSTRUCTION INC.									
SUPER EXCAVATORS INC									
TENOCH CONSTRUCTION INC									

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								Yes	No
TOTAL INTERIORS INC									
TRIO MASONRY, INC.									
TRUSDELL CORP									
U. S. ENGINEERING CONSTRUCTION									
UNIFIED GOVERNMENT OF WYCO/KCK									
UNIVERSAL CONSTRUCTION CO.									
VEE-JAY CEMENT CONTR CO INC									
WESTERN CONSTRUCTION OF KANSAS									
WESTERN WATERPROOFING									
WESTPRO CONSTRUCTION SOLUTIONS									
WHITLEY CONSTRUCTION COMPANY									
WIENMANN INC									

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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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- f Dividends from related organization(s)
- g Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- l Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o Sharing of paid employees with related organization(s)
- p Reimbursement paid to related organization(s) for expenses
- q Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

	Yes	No
1a	X	
1b	X	
1c	X	
1d		X
1e		X
1f		X
1g		X
1h		X
1i		X
1j		X
1k		X
1l		X
1m		X
1n		X
1o		X
1p		X
1q		X
1r		X
1s		X

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)				
(2)				
(3)				
(4)				
(5)				
(6)				

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Part VII Supplemental Information.

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

Lined area for supplemental information.