SCANNED SEP 0 7 2021

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)

OMB No 1545-0047

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

Open to Public Inspection

<u> </u>	For the	2018 calendar year, or tax year beginning $NOV 1$, 2018 and	dending	<u>oc</u>	T 31,	<u> 2019</u>					
В	Check if applicable	C Name of organization GREATER KANSAS CITY LABORERS'		(O Employer	ıdentifi	cation number				
	Address change	VACATION PLAN									
	Name change	Doing business as				48-6	200960				
	initial return	Number and street (or P 0 box if mail is not delivered to street address)	Room/su								
	Final return/		BLDG	3							
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		<u> </u>	Gross receipt	s \$	6,176,926.				
	Amende	OVERDAND PARK, KS 00202			H(a) Is this a	group re					
	Applica- tion pending	i I	r iii		for subc	ordinates	? Yes X No				
		SAME AS C ABOVE	50	\neg	러(b) Are all sub	ordinates in	ncluded? Yes No				
		mpt status 501(c)(3) X 501(c) (9) ◀ (Insert no) 4947(a)(1)	<i>원</i> :	27	If "No,"	attach a	list (see instructions)				
		e: ► N/A					n number				
		organization Corporation X Trust Association Other	L Ye	ear of	formation 1	973 N	A State of legal domicile KS				
Pa	art I	Summary									
به	1 E	Briefly describe the organization's mission or most significant activities PAYM		_			ENEFITS TO				
Activities & Governance	<u>T</u>	MEMBERS. Check this box ▶ If the organization discontinued its operations or dispo		╄	REC	EIV					
ern	2	Check this box If the organization discontinued its operations or dispo	sed of mo	re th	an 25% olw	s net as	sets.)				
Š	3 N	Number of voting members of the governing body (Part VI, line 1a)			0==	3					
৺	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		819	SEP :	1 5 -2 (120 IOI °				
ies	5 1	otal number of individuals employed in calendar year 2018 (Part V, line 2a)		Ιl			S 0				
ž.	6 T	otal number of volunteers (estimate if necessary)			CDI	- A - 6-					
Act	7 a T	otal unrelated business revenue from Part VIII, column (C), line 12	1		OGDI	- 1 17a	<u>UT 0:</u>				
	рь	let unrelated business taxable income from Form 990-T, line 38				76					
	١ , ,	2 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	-		Prior Year	0.	Current Year 0.				
ě	8 0	Contributions and grants (Part VIII, line 1h)			5,979,		6,068,717.				
Revenue	9 F	Program service revenue (Part VIII, line 2g)									
ě	10 lr	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)				225.	107,033.				
	ייין כ	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			6,044,	530.	1,176. 6,176,926.				
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			0,044,	0.	0,170,920.				
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			5,933,		5,856,162.				
		Benefits paid to or for members (Part IX, column (A), line 4)	}		<i>J</i> , <i>J J J</i> ,	0.	0.				
ses	15 8	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	-		0.	0.				
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)	0.			0.					
ă	1 2 6	otal fundraising expenses (Part IX, column (D), line 25)			184,	135	180,584.				
_	٠ ١٠ ١	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	H		6,118,		6,036,746.				
	1	otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)			<73,9		140,180.				
		Revenue less expenses Subtract line 18 from line 12		Pog.							
sets or	20 T	intel accets (Port V. line 16)	-	Degii	ning of Curre 7,485,		End of Year 7,597,961.				
Asse	20 1	otal assets (Part X, line 16) otal liabilities (Part X, line 26)				759.	7,909.				
let /	1	let assets or fund balances Subtract line 21 from line 20	ŀ		7,449,		7,590,052.				
	art II	Signature Block			,,,,,,	0 / 2 •]	7,330,032.				
		ies of perjury, I declare that I have examined this return, including accompanying schedule	e and state	ment	e and to the h	ect of my	knowledge and helief it is				
		and complete. Declaration of preparer (other than officer) is based on all information of w				-	, knowledge and benci, it is				
1100	, correct,	and complige. Decida attorior preparer (Onter than Officer) is based on anymorphism of w	поп ргера	i Ci iia	3 arry Knowled	1/14	/2-1				
Sign Signature of officer Date											
Sig: Her	i	DONALD E. GREENWELL III, CHAIRPERSON									
пеі	۱	Type or print name and title									
		Print/Type preparer's name Preparer's signature		Dat	е	Check	PTIN				
Paid	ـ ا	SUZANNE B. KIMBROUGH	Kimbrog			if self-employ	# P01320005				
		Firm's name RUBINBROWN LLP		-	Firm's		43-0765316				
		Firm's address 1200 MAIN STREET, SUITE 1000									
		KANSAS CITY, MO 64105			Phone	e no.81	6-472-1122				
Mav	the iR	S discuss this return with the preparer shown above? (see instructions)				. /	X Yes No				
	01 12-31-		ons.	-		7/	Form 990 (2018)				

orm	n 990 (2018) VACATION PLAN	48-6200960 Page 2
	rt 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? If "Yes," describe these new services on Schedule O	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O	Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth revenue, if any, for each program service reported	
4a	(Code) (Expenses \$ including grants of \$) (Rev. PROVIDES FOR THE PAYMENT OF VACATION BENEFITS FOR APPROXIMEMBERS OF THE LABORERS PROFESSION	anues) KIMATELY 5,000
4b	(Code) (Expenses \$) (Rev	enue \$)
4c	(Code) (Expenses \$) (Reve	enue \$)
4d	Other program services (Describe in Schedule O)	
4e	(Expenses \$ mcluding grants of \$) (Revenue \$ Total program service expenses ▶	
<u> </u>		Form 990 (2018)

VACATION PLAN Form 990 (2018) VACATION PLA
Part IV Checklist of Required Schedules

48-6200960 Page 3

			162	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			.,
_	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_ 2		 ^
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		х
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		\vdash	<u> </u>
*	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ů	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." complete			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X		ŀ	
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			١
	assets reported in Part X, line 167 if "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			.,
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII	11c		X
đ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			v
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e f	Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		<u> </u>
٠	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
.20	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			[
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		İ	1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			٠,,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		х
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		 ^- -
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes,"	40		х
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
- '	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	y man in 165, complete concerns to also alone		000	(2010)

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Form	990 (2018) VACATION PLAN 48-620	0960	P	age 4
Par	t 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 27 If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete			v
04-	Schedule J	23		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? If "Yes," answer lines 24b through 24d and complete			
	·	24a		x
b	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26	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			x
20	of any of these persons? If "Yes," complete Schedule L, Part III Was the examplation a party to a business transaction with one of the following parties (see Schedule L. Part IV.	27		- ^
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)			<u>'</u>
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		$\overline{\mathbf{x}}$
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	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? If "Yes," complete Schedule L. Part IV	28c		_ X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			_v
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	х	
35=	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	- Soa		
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
<u> </u>	Note. All Form 990 filers are required to complete Schedule O	38	X	L
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
_	Enterthe work was add to Day 2 of Form 1000 Fator 0 of a backets	, —	Yes	No
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4		1
С	(gambling) winnings to prize winners?	1c		•
832004	12-31-18		990	(2018)
				,

Form	990 (2018) VACATION PLAN	<u>48-6200</u>	960	P	age 5
Pa	t'Vi Statements Regarding Other IRS Filings and Tax Compliance (continued)				
	V			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	' '	रेड्ड व्हर सर्देश	1.	200
	filed for the calendar year ending with or within the year covered by this return	_{2a} .0	1 St 3 C		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions		14	41.50	13- 141
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	-1	3a	-mattered Ad	X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule of	^	3b	_	
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
40	financial account in a foreign country (such as a bank account, securities account, or other financial a	•	4a		x
L		iccounty,		Jan 17	
D	If "Yes," enter the name of the foreign country	ecounts (CDAD)		100 V 300 1831 / 140	4 -3 13 2 7 4 4
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAN)			X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	-40	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction for the law of the control of the cont	ction	5b		<u> </u>
	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	e organization solicit			_v
	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 contribute	ons or gifts			
	were not tax deductible?		6b	1 = .18 /69/	6 (19)
7	Organizations that may receive deductible contributions under section 170(c).	1	1,5,4		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and sei	vices provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required			
	to file Form 8282?	1 (7c		-4-4
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	\$ 15°	ŒŽ	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7 <u>g</u>		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	出现		
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.		A 1/2		in bi
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter		温度		
а	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		rer	
11	Section 501(c)(12) organizations. Enter				
а	Gross income from members or shareholders	11a			446
b	Gross income from other sources (Do not net amounts due or paid to other sources against			54.2	
	amounts due or received from them)	11b	44 E		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		XIII	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		HAW!		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O			£(71.4	1834 .
h	Enter the amount of reserves the organization is required to maintain by the states in which the				14 2 4 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
~	organization is licensed to issue qualified health plans	13b			為德
С	Enter the amount of reserves on hand	13c	1 × 1		
	Did the organization receive any payments for indoor tanning services during the tax year?	100	14a	~~ es me a	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Scheduli	a O	14b		_ - _
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		1.40		
15		auori Ur	15		х
	excess parachute payment(s) during the year?		15	ڗۼ _ڟ ڵڂڿٙ	자 74년
40	If "Yes," see instructions and file Form 4720, Schedule N	incomo?		سقستنش	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income,	16	Time to	A
	If "Yes," complete Form 4720, Schedule O	·	Lores Cores	QQA	(2018)
			rorm	マラび	(2018)

GREATER KANSAS CITY LABORERS' VACATION PLAN 48-6200960 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 Y<u>es</u> 8 1a Enter the number of voting members of the governing body at the end of the tax year \tilde{n}_{ij} 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 b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 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? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х a The governing body? 8a Х **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X 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.) No 10a Did the organization have local chapters, branches, or affiliates? Х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 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 X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 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? (2) a The organization's CEO, Executive Director, or top management official X 15a b Other officers or key employees of the organization 15b 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 X taxable entity during the year? 16a 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 NONE List the states with which a copy of this Form 990 is required to be filed 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 X Upon request Own website Another's website Other (explain in Schedule O) 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 State the name, address, and telephone number of the person who possesses the organization's books and records INTERNATIONAL CORPORATION - (913)236-5490

832006 12-31-18

6405 METCALF CLOVERLEAF BLDG 3 STE, OVERLAND PARK,

Form 990 (2018) 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

X

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than one					Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)				an	compensation	compensation	amount of
	week (list any	┢				1 1		from the	from related organizations	other compensation
	hours for	drect				_		organization	(W-2/1099-MISC)	from the
	related	lee or	stee			susale		(W-2/1099-MISC)	(,, _, , , , , , , , , , , , , , , , , ,	organization
	organizations	Erros	nal tri		loyee	ad mo		İ		and related
	below	y or disciple or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) REGINALD L THOMAS	line)	=	Sr.	8	Š	운동	For		- · · · · · · · · · · · · · · · · · · ·	
UNION TRUSTEE, SECRETARY	0.30	X		х				0.	0.	,
(2) DON GREENWELL	0.30	<u> </u>	-	_		-		0.	0.	0.
EMPLOYER TRUSTEE, CHAIRPERSON	0.30	X		х		ĺ		ا م	0	_
(3) JAMIE DESMARAIS	0.30	^	\vdash	^	_			0.	0.	0.
UNION TRUSTEE	- 0.30	х						0.	0.	0.
(4) DAN R MEYER	0.30	^		_	\vdash	\vdash		0.		
EMPLOYER TRUSTEE	0.30	x						0.	0.	0.
(5) TIM PRICE	0.30	^			_	_		0.	0.	
UNION TRUSTEE		x						0.	0.	0.
(6) BRIDGETTE WILLIAMS	0.30	 	-					•	<u> </u>	•
EMPLOYER TRUSTEE	3.00	x						0.	0.	0.
(7) TIM L BELL	0.30									
UNION TRUSTEE		х						0.	0.	0.
(8) ROBERT PLISKY	0.30	-								
EMPLOYER TRUSTEE		Х						0.	0.	0.
(9) PATRICK O'DONNELL	0.30									
EMPLOYER TRUSTEE		X						0.	0.	0.
·						<u> </u>				
									-	
								, ,		
						L.,				
			\Box			_				
	-		-			<u> </u>				
		\vdash	\vdash			\vdash				
	-	\vdash	\vdash	\dashv						
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832007 12-31-18

Form 990 (2018)

Form 990 (2018) VACATIO	N PLAN	_							48-6	<u> 2009</u>	60_	Page 8
Part VII Section A. Officers, Directors, To	rustees, Key Em	ploy	ees,	and	d Hig	ghe	st C	ompensated Employee	s (continued)			
' (A) Name and title	(B) Average hours per week	Average (do r				1 than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	on d	Estin amor otl	F) nated unt of her
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated emotovee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fron organ and r	nsation n the ization elated zations
		_	_	_						\dashv		
					_							
						·		_				
									li			
		1										
		<u> </u>										
· · · · · · · · · · · · · · · · · · ·												
										\dashv		
		-	_	 	-	╁	-					
1b Sub-total								0.		0.		0.
c Total from continuation sheets to Part	VII, Section A							0.		0.		0.
d Total (add lines 1b and 1c) Total number of individuals (including but	it not limited to th	iose	liste	d at	oove	e) wh	no re		000 of reportable			
compensation from the organization	•										Y	0 es No
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for		uste	e, ke	y en	nplo	yee	or l	highest compensated er	nployee on	-		x_
4 For any individual listed on line 1a, is the	sum of reportable								he organization	-		X
and related organizations greater than \$ 5 Did any person listed on line 1a receive or the second second second second second second second second second second second second second second second second second second sec	or accrue comper	nsatı	on fi	rom	any	unre			lual for services	-	4	
rendered to the organization? If "Yes." of Section B. Independent Contractors	omplete Schedul	e J f	or su	ıch ı	oers	on					5	<u> </u>
Complete this table for your five highest the organization. Report compensation if										pensatio	on from	
(A) Name and busine	-							(B) Description of s		Cc	(C) mpensa	ation
TIC INTERNATIONAL CORPO					<u> </u>	^-	_				•	
METCALF SUITE 200, OVER	LAND PARK	. ,	<u> </u>		04	02	_	MANAGEMENT F	EED_		100	<u>,369.</u>
							-					
	<u>.</u> .						\dashv					
							\dashv		-			
2. Total number of miles	o Gmoly days to A	nt !		1 4 1	• In -	- I	•••	aboug) who recover	avo the			
2 Total number of independent contractor \$100,000 of compensation from the orga		ot IIn	ıntec	10.	tnos 1		iea	above) who received mo	re than			
										F	orm 99	0 (2018)

Page 9

VACATION PLAN

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections 512 - 514 (B) (C) Related or Unrelated .Total revenue exempt function business Grants mounts 1 a Federated campaigns b Membership dues 1b 1c c Fundraising events d Related organizations e Government grants (contributions) 1e 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 Business Code 2 a EMPLOYER CONTRIBUTIONS 900099 6,068,717.6,068,717. Program Service Revenue f All other program service revenue 6,068,717. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 107,033. 107,033. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 6 a Gross rents **b** Less rental expenses Rental income or (loss) d Net rental income or (loss) (ii) Other 7 a Gross amount from sales of (i) Securities assets other than inventory 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 Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 **b** Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 11 a OTHER INCOME 900099 1,176 d All other revenue 1,176. 图验机理处验 e Total. Add lines 11a-11d 107,033. ,176,926.6,069,893 Total revenue See instructions Form 990 (2018) 832009 12-31-18

Form 990 (2018) VACATION PLAN
Part IX Statement of Functional Expenses

48-6200960 Page 10

Sect	ion·501(c)(3) and 501(c)(4) organizations must comp			mplete column (A)	
	Check if Schedule O contains a respon	nse or note to any line in (A)	this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	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			我"当就开发了。"我们不	
2	Grants and other assistance to domestic			WART SURVEY	
	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	F 05C 1C0	•		
4	Benefits paid to or for members	5,856,162.		Kidiki, riikkurratekan	izeur recześta
5	Compensation of current officers, directors,				
_	trustees, and key employees		<u> </u>		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
٠,	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages Pension plan accruals and contributions (include				
8	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	· · · · · · · · · · · · · · · · · · ·			
10	Payroll taxes				
11	Fees for services (non-employees)				
''	Management	108,369.			
b	Legal	16,049.			
c	Accounting	14,400.			
d			· · · · · · · · · · · · · · · · · · ·		•
e	Professional fundraising services. See Part IV, line 17		AND THE PROPERTY OF THE PARTY O		
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 0)				
12	Advertising and promotion				
13	Office expenses	12,054.			
14	Information technology			5	
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			<u></u>	
22	Depreciation, depletion, and amortization	000			
23	Insurance	. 880.	and in the thick with the	PALISH TENENTATION FOR	[在ACCESS_数数数数数数数数数数数数
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 0.) EMPLOYER FIELD AUDIT FE	11,158.	C. Militar Cardinale of Salation at themsing.	ACTIVATE CONT. OF SECTION SERVICE	BROWN TOWNS TOWN METHATOR CROSS OF EARING
a b	BANK FEES	8,158.			
C	OTHER EXPENSES	567.			
d					
	All other expenses				
25	Total functional expenses Add lines 1 through 24e	6,036,746.			
<u>25</u> 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)				
					5 000 (55.5)

Form 990 (2018)

Part X Balance Sheet

VACATION PLAN

Par	t X	Balance Sheet				<u></u>
	,	Check if Schedule O contains a response or note	to any line in this Part X			
	ı	,		(A) Beginning of year		(B) End of year
	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 for	mer officers, directors,	NEW FREE PARTY.	影点	Care 2.55 year of the last
		trustees, key employees, and highest compensation	ed employees Complete		17.2 Care	
		Part II of Schedule L			5	
[6	Loans and other receivables from other disqualifi	ed persons (as defined under		unical and	
	•	section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section				
\$		employees' beneficiary organizations (see instr)	Complete Part II of Sch L		6	20,662
Assets	7	Notes and loans receivable, net		7		
٦	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		758.	9	10,121
	10 a	Land, buildings, and equipment cost or other				
ĺ		basis Complete Part VI of Schedule D	10a		2.23	
	b	Less accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities			11	
ŀ	12	Investments - other securities. See Part IV, line 1			12	
l	13	Investments - program-related See Part IV, line 1	1		13	
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11		7 405 621	15	7,597,961.
	16	Total assets. Add lines 1 through 15 (must equa	I line 34)	7,485,631. 35,759.	16	7,397,361
	17	Accounts payable and accrued expenses	35,739.	17	7,303	
-	18	Grants payable		18		
	19	Deferred revenue		•	19 20	
- 1	20 21	Tax-exempt bond liabilities Escrow or custodial account liability Complete F	art IV of Schodule D		21	
	22	Loans and other payables to current and former			49.43	Casalant a nabolitati
Liabilities	22	key employees, highest compensated employees				
<u></u>		Complete Part II of Schedule L	, and disquainted persons		22	
Lia	23	Secured mortgages and notes payable to unrelat	ed third parties		23	
	24	Unsecured notes and loans payable to unrelated	•		24	,
	25	Other liabilities (including federal income tax, pay	·			
ŀ		parties, and other liabilities not included on lines				
		Schedule D	,,		25	
	26	Total liabilities. Add lines 17 through 25		35,759.	26	7,909.
		Organizations that follow SFAS 117 (ASC 958)	check here		數次	MUTUMN STREET
S		complete lines 27 through 29, and lines 33 and	134.		77.74	
Se l	27	Unrestricted net assets			27	
alaı	28	Temporarily restricted net assets			28	
9	29	Permanently restricted net assets			29	
<u>ا</u> ج		Organizations that do not follow SFAS 117 (AS	C 958), check here 🕨 🗓		野马	ET SHORY STEEL
ا ۾		and complete lines 30 through 34.			Z.Me	
sts	30	Capital stock or trust principal, or current funds		0.	30	0 .
SS	31	Paid-in or capital surplus, or land, building, or equ	upment fund	0.	31	0
Q	32	Retained earnings, endowment, accumulated inc	ome, or other funds	7,449,872.	32	7,590,052.
t l					1 7 500 050	
Net Assets or Fund Balances	33	Total net assets or fund balances		7,449,872. 7,485,631.	33	7,590,052. 7,597,961.

Form	rm 990 (2018) VACATION PLAN 48-62						
	rt XI Reconciliation of Net Assets		_			_{ge} 12	
	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		<u>,176</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2	6	,036	5,74	<u>46.</u>	
3	Revenue less expenses Subtract line 2 from line 1	3		140),1	<u>80.</u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7	<u>,449</u>) , 8'	<u>72.</u>	
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	0,0	<u>52.</u>	
Pa	rt 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				Yes	No	
22	Were the organization's financial statements compiled or reviewed by an independent accountant?	Ŭ				X	
20	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	on a				. 1	
	Separate basis Consolidated basis Both consolidated and separate basis						
h	Were the organization's financial statements audited by an independent accountant?			2b	$\overline{\mathbf{x}}$		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	hasis					
	consolidated basis, or both	, basis,					
	X Separate basis Consolidated basis Both consolidated and separate basis						
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit					
Ŭ	review, or compilation of its financial statements and selection of an independent accountant?	dudit,		2c	х		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O					
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin		ıt İ				
Ja	Act and OMB Circular A-133?	g.o / lau		3a		Х	
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audi	.	- 55		 -	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		_	3b			
	and the same of th	-			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.

GREATER KANSAS CITY LABORERS'

OMB No 1545-0047 Open to Public Inspection

Name of the organization

VACATION PLAN

Employer identification number 48-6200960

Pai	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the								
	organization answered "Yes" on Form 990, Part IV, lin	ne 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 advis	sed 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 a	idvisors in writing that grant funds can be	used only								
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring								
	Impermissible private benefit?										
Pa	付用機 Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line 7								
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)									
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a his	torically important land area								
	Protection of natural habitat	Preservation of a cer	tified historic structure								
	Preservation of open space										
2	Complete lines 2a through 2d if the organization held a quali	fied 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								
а	Total number of conservation easements		2a								
b	Total acreage restricted by conservation easements		2b								
c	Number of conservation easements on a certified historic str	ucture included in (a)	2c								
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structi	ure								
	listed in the National Register										
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	e organization during the tax								
	year ▶										
4	Number of states where property subject to conservation eas	sement is located									
5	Does the organization have a written policy regarding the per										
	violations, and enforcement of the conservation easements if		Yes No								
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con-	servation easements during the year								
_											
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ition easements during the year								
•			6-1/41/D)(5)								
8	Does each conservation easement reported on line 2(d) above	re satisfy the requirements of section 170									
_	and section 170(h)(4)(B)(ii)?	on accompate in its revenue and evange									
9	In Part XIII, describe how the organization reports conservation include, if applicable, the text of the footnote to the organization.	•									
	conservation easements	tion's infancial statements that describes	the organization's accounting for								
Pai	till. Organizations Maintaining Collections of	Art. Historical Treasures, or Of	ther Similar Assets.								
	Complete if the organization answered "Yes" on Form										
	If the organization elected, as permitted under SFAS 116 (AS		nent and balance sheet works of art								
	historical treasures, or other similar assets held for public exh	*									
	the text of the footnote to its financial statements that descri		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
h	If the organization elected, as permitted under SFAS 116 (AS		and balance sheet works of art, historical								
_	treasures, or other similar assets held for public exhibition, ed										
	relating to these items		3								
	(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 tre	asures, or other similar assets for financia									
_	the following amounts required to be reported under SFAS 1										
а	Revenue included on Form 990, Part VIII, line 1	, , . ,	▶ \$								
	Assets included in Form 990, Part X		* \$								
	For Panerwork Reduction Act Notice, see the Instructions	- for Form 000	Schedule D (Form 990) 2018								

	dule D (Form 990) 2018 VACATIO							<u>48-62</u>		
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	asures, or Ot	ner S	imila	r Assets	(continu	red)
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the f	ollowing that are	a signi	ficant L	ise of its c	ollection i	tems
	(check all that apply)									
а	Public exhibition	c	. .	Loan or exc	hange programs					
b	Scholarly research	•	• 🔲	Other						
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	e organization's e	xempt	purpo	se in Part	XIII	
5	During the year, did the organization solicit of	r receive donations	of art, hi	storical treas	sures, or other sim	ılar as	sets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he organ	nization's co	llection?				Yes	No_
Par	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, custodi	an or other intermed	liary for	contributions	s or other assets r	ot inc	luded			
	on Form 990, Part X?								Yes	No No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or cu	istodial account li	ability?	7		Yes	X No
	If "Yes," explain the arrangement in Part XIII									
Par	t V Endowment Funds. Complete	if the organization ar	swered	"Yes" on Fo	T .	I			Т	
		(a) Current year	(b) F	Prior year	(c) Two years bac	k (d)	Three	years back	(e) Four	ears back
1a	Beginning of year balance		ļ			_				
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships					_				
е	Other expenditures for facilities									
	and programs		1			_				
f	Administrative expenses		ļ			_				
g	End of year balance	L	<u> </u>							
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1	g, column (a)) held as					
а	Board designated or quasi-endowment		%							
	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	,								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	t are held an	id administered fo	r the c	organiza	ation		
	by								$\overline{}$	<u>res No</u>
	(i) unrelated organizations								3a(i)	+-
	(ii) related organizations	A		ala adala DO					3a(ii)	+-
_	If "Yes" on line 3a(ii), are the related organiza	-							3b	
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment	unas		-				
	Complete if the organization answere) Bort IV	/ line 11= C	oo Form 000 Par	V line	- 10			
		· 1		i e	i i			ad	(d) Pools	value
	Description of property	(a) Cost or o basis (investr		1 ' '	or other (d (other)	•	umulate		(d) Book	value
	Land	DESIS (IIIVESII	ciry	Dasis	(0.0.101)	Jopie				
	Land								•	
	Buildings Leasehold improvements									
	Equipment									
	Other									
	. Add lines 1a through 1e (Column (d) must e	gual Form 990 Part	X colun	n (R) line 11	2c)			ightharpoonup		0.
	- ISSUMINITED MUSIC									

Schedule D (Form 990) 2018 VACATION PLA	AN	JKEKS	48-	-6200960 Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" of	on Form 990, Part IV. lin	e 11h See Form 990.	Part X line 12	
(a) Description of security or category (including name of security)	(b) Book value		valuation Cost or end-	of-vear market value
(1) Financial derivatives	(4)	(4)	74104.13.1. 4.55.1	
• •		- 		
(2) Closely-held equity interests	1	 		
(3) Other		_		
(A)	•			
(B)		_		
(C)		ļ		
(D)				
(E)	· · · · · · · · · · · · · · · · · · ·			
(F)				
(G)				
(H)				
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		MANE IN FREE MAN	GENTALINE STATE	APROLEMINA
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" of	on Form 990, Part IV. lin	e 11c. See Form 990.	Part X line 13	
(a) Description of investment	(b) Book value		valuation Cost or end-	of-vear market value
	(4) 444 1441	(4)	74.04	01)001.11011111111111111111111111111111
(1)				
(2)	<u> </u>	<u> </u>		
(3)		-	1	
(4)		 		
(5)		-		
	;			
(7)			 	
(8)	· · · · · · · · · · · · · · · · · · ·	<u> </u>		
(9)		الاعلى ساخت العالية المناسبة	-400 V-100 - 202-4u (Million Alliber -	THE RELEASE TO THE STREET, TO SEE STREET
Total. (Col. (b) must equal Form 990, Part X, col (B) line 13.)		ENTERNATION OF THE	PARTY ARMS	2563.74276°00中238
PartuX. Other Assets.				
Complete if the organization answered "Yes" of		e 11d See Form 990,	Part X, line 15	
(a) [Description			(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X. Other Liabilities.	15.)		<u> </u>	
States NA ASS	5 000 Dark IV Iva	44 444 Caa Fam	000 B V l 0E	
Complete if the organization answered "Yes" of	on Form 990, Part IV, line		n 990, Part X, line ∠o Tercoro tanggi zezterati	SENSON MULLIANCE SERVICES
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes		 		
(2)				
(3)				為法學學學學
(4)		,		
(5)				
(6)				
(7)				
(8)				
				表表表的自己的表现是更多的

832053 10-29-18

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Schedule D (Form 990) 2018

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Schedule D (Form 990) 2018

SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ)

► 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.

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

Open To Public

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

(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 (d) Loan to or h) Approved (i) Written (a) Name of (b) Relationship (c) Purpose (e) Original (f) Balance due (g) In by board or from the interested person with organization of loan principal amount default? agreement? committee? organization? To From Yes Yes Nο Yes Nο No BLUE NILE CONTREMPLOYEREMPLOYER Х 0. 16.946. Х Х Х 0. HUNT MIDWEST REEMPLOYEREMPLOYER Х 1,274 X X Х **EMPLOYER EMPLOYER** X 0. 483 X X X IDEKER, INC. JERRY BENNETT MEMPLOYEREMPLOYER X X X X 0. 555 X X X JUSPATTON CONSTEMPLOYEREMPLOYER Х 0. 145. Ō. 509. X X X KAW VALLEY COMPEMPLOYEREMPLOYER Х X X X L.G. BARCUS AND EMPLOYER EMPLOYER Х 0. 40. Ö. X X LEE GROVER CONSEMPLOYEREMPLOYER Х 38. X LES COLLINS PLAEMPLOYEREMPLOYER 320. X X X Х 0. 0. RICHLAND MECHANEMPLOYEREMPLOYER X 184. X X X 20,662. ▶ \$ Total

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization	answered "Yes" on Form 990, Pa	art 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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2018

SEE PART V FOR CONTINUATIONS

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Schedule L (Form 990 or 990-EZ) 2018 VACATION PLAN

Part IV Business Transactions Involving Interested Persons.

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction		aring of ation's lues?
					Yes	No
					-	
	-				-	
				 		
Parl	Supplemental Information. Provide additional information for response.	rises to questions on Schedule L (see i	nstructions)	•	•	
<u>SCH</u>	EDULE L, PART II, LOANS	TO AND FROM INTERES	TED PERSONS	S:		
(A)	NAME OF PERSON: BLUE N	ILE CONTRACTORS				
(B)	RELATIONSHIP WITH ORGAN	NIZATION: EMPLOYER C	ONTRIBITOR			
<u>(D)</u>	NEDATIONOMI WIM OKGA	MIZMITON: EMIDOTER C	ONTRIBUTOR			
<u>(C)</u>	PURPOSE OF LOAN: EMPLOY	YER CONTRIBUTION UNP	AID AT YEAR	REND		
(A)	NAME OF PERSON: HUNT M	IDWEST REAL ESTATE				
(B)	RELATIONSHIP WITH ORGAN	NIZATION: EMPLOYER C	ONTRIBUTOR			
			- - -		_	
<u>(C)</u>	PURPOSE OF LOAN: EMPLOY	YER CONTRIBUTION UNP	AID AT YEAR	C END		
	· · · · · ·		_ .			
(A)	NAME OF PERSON: IDEKER	, INC.				
(B)	RELATIONSHIP WITH ORGAN	NIZATION: EMPLOYER C	ONTRIBUTOR			
	DUDDOGE OF LONG. FUDIO	ZED GOMBETSHIMTON IND	3.TD 3.M 3/D3.F	, DMD		
<u>(C)</u>	PURPOSE OF LOAN: EMPLOY	YER CONTRIBUTION UNP	AID AT YEAR	(END		
(A)	NAME OF PERSON: JERRY I	BENNETT MASONRY CONT	R.	-	· · · · · · · · · · · · · · · · · · ·	
(B)	RELATIONSHIP WITH ORGAN	NIZATION: EMPLOYER C	ONTRIBUTOR			
(C)	PURPOSE OF LOAN: EMPLOY	ER CONTRIBUTION UNP	AID AT YEAR	REND		
<u>, , , , , , , , , , , , , , , , , , , </u>						
—— (A)	NAME OF PERSON: JUSPAT	TON CONSTRUCTION. IN	C.			
<i></i>						
<u>(B)</u>	RELATIONSHIP WITH ORGAN	NIZATION: EMPLOYER C	ONTRIBUTOR			
(C)	PURPOSE OF LOAN: EMPLOY	ER CONTRIBUTION UNP	AID AT YEAR	REND		
			S	chedule L (Form 990	or 990-E	Z) 2018

VACATION PLAN

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 832461 04-01-18 Schedule L (Form 990 or 990-EZ)

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 instru	ctions)	
(I) WRITTEN AGREEMENT? = NO		
· · · · · · · · · · · · · · · · · · ·		
· · · · · · · · · · · · · · · · · · ·		
	·	
		
		

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 Open to Public Inspection

Name of the organization

GREATER KANSAS CITY LABORERS'

Employer identification number

VACATION PLAN 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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2018)

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Schedule O (Form 990 or 990-EZ) (2018)	Page 2
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 CI	TY AREA
EIN: 44-0563901	
BRIDGETTE WILLIAMS	
<u> </u>	
· · · · · · · · · · · · · · · · · · ·	

SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

OMB No 1545-0047

► Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information. GREATER KANSAS CITY LABORERS'

Open to Public Inspection 2018

Employer identification number

2(b)(13) led 7 No Direct controlling 48-6200960 entity 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 End-of-year assets e Total income € Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 foreign country) Primary activity VACATION PLAN Name, address, and EIN (if applicable) of disregarded entity Part II Part

(a)	(q)	(3)	(p)	(e)	E	(6)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)(controlled	2(b)(13) lled
of related organization		foreign country)	section	status (if section	entity	entity?	U
				501(c)(3))		Yes	٩ ٧
LABORERS INTERNATIONAL UNION 264 -				-			
44-0296510, 1101 E 87TH ST, KANSAS CITY, MO						_	
64131	UNION RELATED MATTERS	MISSOURI	501(C)(5)	•			×
LABORERS UNION LOCAL 1290 - 48-0287794							
2600 MERRIAM LN							
KANSAS CITY, KS 66106	UNION RELATED MATTERS	KANSAS	501(C)(5)				×
LABORERS INTERNATIONAL UNION OF 663 HCL -							
44-0412225, 7820 PROSPECT AVE, KANSAS CITY,							
MO 64132	UNION RELATED MATTERS	MISSOURI	501(C)(5)				×
BUILDERS ASSOCIATION OF KANSAS CITY,							
MISSOURI - 44-0185850, 720 OAK STREET,				-			
KANSAS CITY, MO 64106	TRADE ASSOCIATION	MISSOURI	501(C)(6)				×
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	is for Form 990.				Schedule R (Form 990) 2018	Form 990) 2018

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GREATER KANSAS CITY LABORERS' VACATION PLAN

48-6200960

Schedule R (Form 990)

(g) Section 512(b)(13) controllisd organization? Yes No × (f) Direct controlling Public charity status (if section 501(c)(3)) Exempt Code section 501(C)(6) Legal domicile (state or foreign country) MISSOURI Primary activity TRADE ASSOCIATION Part II Continuation of Identification of Related Tax-Exempt Organizations GREATER KANSAS CITY ARBA - 44-0563901, 1100 WALNUT ST STE 2950, KANSAS CITY, MO 64106 HEAVY CONSTRUCTORS ASSOCIATION OF THE Name, address, and EIN of related organization

Schedule R (Form 990) 2018 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

Page 2

48-6200960

ε.	Obsproportionate Code V-UBI General or Percentage allocations? 20 of Schedule partner?	No K-1 (Form 1065)									
	Share of Disp end-of-year all	Yes									
1	Share of total income										
(e)	Predominant income (related, unrelated, excluded from tax under	sections 512-514)									
(p)	Direct controlling entity					_					
(c)	domicile (state or	country)									
(q)	Primary activity										
(a)	Name, address, and EIN of related organization			A.K. LEE CONSTRUCTION, LLC			ACENTRIC LLC		ARNOLD MASONRY LLC		

Part IV organizations treated as a corporation or trust during the tax year

טיפטר במינים ביים מינים	and and and					!			
(e)	(q)	ၑ	<u>©</u>	(e)	£	(a)	ε	Ξ	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	Section 512(b)(13) controlled entity?	73) 13)
		country)		or trusty		433613		Yes	No
	1								
A CLEAN SLATE	1								
								-	
	1								
AAA MASONRY INC.	1								
								-	
ACE PIPE CLEANING INC			·						
									!
ACME FIREPROOFING & INSULATION									
ALBERICI CONSTRUCTORS									
832162, 10-02-18		(Sche	Schedule R (Form 990) 2018	990) 2	2018

GREATER KANSAS CITY LABORERS' VACATION PLAN

Schedule R (Form 990)

General or Percentage managing ownership 3 Disproportionamount in box
managing
20 of Schedule
Y-S No
Y-S No
Y-S No Disproportion-ate allocations? Ξ Share of end-of-year assets (<u>6</u> Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> (d)
| Direct controlling | representity Part III Continuation of Identification of Related Organizations Taxable as a Partnership (c)
Legal
domicile
(state or
foreign Primary activity <u>@</u> BROCK INDUSTRIAL SERVICES LLC Name, address, and EIN of related organization CECO CONCRETE CONST LLC BREIT CONSTRUCTION LLC CASTLE CONTRACTING LLC CHARLIE'S CONCRETE LLC COBRA CONTRACTORS, LLC BLM PROPERTIES LLC LLC C&M MASONRY, A-Y-1 LLC

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GREATER KANSAS CITY LABORERS' VACATION PLAN

Schedule R (Form 990) VACATION PLAN

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

Laborate control can			•							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(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 ate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes No	(s) (k) Generator Percentage managing ownership partner?
COFFEL CONSTRUCTION LLC										
CORE CONSTRUCTORS, LLC										
DIRT MOVERS EXCAVATING LLC	14 14 14									
FA ENTERPRISES LLC										
FERRIS KIMBALL COMPANY LLC										
FREEDOM CONCRETE LLC										
GREELEY EXCAVATING LLC										
HARTLINE CONSTRUCTION LLC						,				
HOLTHOUSE CONST LLC										

GREATER KANSAS CITY LABORERS' VACATION PLAN

Schedule R (Form 990) VACATION PLAN

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

		ומונים ומעד		2						
(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?	(i) Code V-UBI amount in box 20 of Schedule	(J) General or managing partner?	(J) (k) General or Percentage managing ownership
		(Ajuno)		sections 512-514)			Yes	K-1 (Form 1065)	Λes No	
HOWCO UTILITIES LLC										
INFRASTRUCTURE SOLUTIONS LLC										
IRON HAND LLC										
IWORKS LLC										
JK CONCRETE CONST LLC										
LARKIN CONTRACTING LLC										
LAVRICH CONSTRUCTION LLC										
MAR-JIM CONTRACTING LLC										
MCT SERVICES, LLC										

GREATER KANSAS CITY LABORERS' VACATION PLAN

Schedule R (Form 990) VACATION PLAN

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

	,									. [
(a) Name address and FIN	(b) Primary activity	(c)		(e)		(g) Chare of	(L)	(I) Code V.I IRI	(1)	(k) Percentage
of related organization	י יייומין מכנויון	domicile (state or foreign country)	entity	(related, unrelated, excluded from tax under sections 512-514)	income	end-of-year assets	ate ellocations?	amount in box 20 of Schedule K-1 (Form 1065)	meneging partner?	managing ownership partner?
MISSELMAN & HALL CONTRACTORS										
ььс										
PCI ROADS LLC										
PULLMAN POWER LLC										
R.F. PISHER ELECTRIC CO LLC	_									
RIVER CITY CONSTRUCTION LLC						,				
ROSETTA CONSTRUCTION LLC									_	:
SHEDIGS IT LLC										
SUPPRIOR ROWEN ASPHALT OF LLC					-					
3							<u> </u>		$\frac{1}{1}$	
	-1									
SUPERIOR RAIL SYSTEM LLC										
1										

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GREATER KANSAS CITY LABORERS' VACATION PLAN

Schedule R (Form 990)

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

Part III Continuation of Identification of Related Organizations Taxable as a Partnership	n of Related Organiza'	tions Taxa	ble as a Partnershi	<u>a</u>						
(a)	(p)	(2)		(e)		(6)	(u)	(1)	(1)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate ate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	General or Percentage managing ownership partner? Yes No
									-	
TERRAFRIM CONSTRUCTION LLC										
THORNTON MASONRY LLC							-			
UNITED SERVICES, LLC									-	
UTILITY SOLUTIONS LLC										
	•								_	
		-								
:										
	•									
									_	
									_	
									_	

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GREATER KANSAS CITY LABORERS' VACATION PLAN

Schedule R (Form 990) VACATION PLAN

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

					:			
(a)	(q)	(၁)	(p)	(a)	(L)	(6)	(L)	(i) Section
Name, address, and EIN of related organization	Primary activity	Legal domicite (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(b)(13) controlled entity?
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								

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GREATER KANSAS CITY LABORERS' VACATION PLAN

Schedule R (Form 990)

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

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

	reaching taxable as a corporation of it ask	10 10 10						
(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 entry (C corp., S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 512(b)(13) controlled entity?
								ON COL
	•							
BROCKMILLER CONST INC								
BROOKSIDE CONTRACTING INC.								
BROONER & ASSOC CONST INC								
	,							
Date of prior primite								_
BUKNS BOXS CO INC.								1
	Ţ							
		_						
BYRNE & JONES CONSTRUCTION								
C & M RESTORATION INC.								

C.J. MAHAN CONSTRUCTION CO								_
CAPITAL ELECTRIC CONSTRUCTION								
								_
CARIWRIGHT TREE CARE								-
CBS FILING SOLUTIONS INC								
	•							
CDI INDUSTRIAL & MECHANICAL								1
			-					
								_
CEI MICHIGAN								

GREATER KANSAS CITY LABORERS' VACATION PLAN

Schedule R (Form 990)

Part IV Continuation of Identification of Related Organizations T	ations Taxable as a Corporation or Trust	tion 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 5.12(b)(13) controlled entity?
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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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 domicita (state or	(d) Direct controlling entity	(e) Type of entity (C corp. S corp.	(f) Share of total	(g) Share of end-of-vear	(h) Percentage ownership	(1) Section 512(b)(13) controlled
1		foreign country)		or trust)		assets	L .	Yes No
CORESLAB STRUCTURES INC.								
D & D MASONRY INC.								
D & S FENCING COMPANY INC								
D G SKOIISE COMPANY TNC								-
, was come								+
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	Ì							_

GREATER KANSAS CITY LABORERS' VACATION PLAN

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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	Section 512(b)(13) controlled entity?
DN TANKS								
DON SCHNIEDERS EXCAVATING								
DREDGE AMERICA INC								_
DRILLING SERVICE CO								
DUN-PAR ENGINEERED FORM CO								
TINC Y OF WANCAS CTMV TWO								
'TITO CUCATO IN I								
E A BOYER BLDG & DESIGN								
E I. CRAWFORD CONSTR INC								_
EDDINGS MASONRY INC								
on of the state of								
KUM PIPE SERVICES INC								
ELASTIZELL OF ST LOUIS INC								
ENERFAB POWER & INDUSTRIAL								

GREATER KANSAS CITY LABORERS' VACATION PLAN

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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(bx13) controlled entity? Yes No
ENERFAB, INC.							-	
EPIC CONCRETE CONSTRUCTION		_						
FABCON INC.								
FBM /WAGNER DISTRIBUTION								
FENIX CONSTRUCTION CO								
FOUR J ENVIRONMENTAL								
FREEMAN CONCRETE CONSTRUCTION								
FRONABARGER CONCRETERS INC								
FULSOM BROTHERS INC								
G A THOMPSON PAINTING CONTRS I			v					
G&G CONSTRUCTION CO. INC								
G&G MECHANICAL CONTRACTORS								

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(I) Section 512(b)(13) controlled entity? Yes No Percentage ownership Ξ (g) Share of end-of-year assets Share of total income Type of entity (C corp, S corp, or trust) (e) (d)
Direct controlling
entity Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust Legal domicile (state or foreign country) ១ Primary activity <u>e</u> Name, address, and EIN of related organization GENESIS ENVIROMENTAL SOLUTIONS HANRAHAN ASPHALT PAVING CO INC HEARTLAND HEAVY CONSTRUCTION GEORGE SHAW CONSTRUCTION CO. HAINES & ASSOC CONST CO INC GOODWIN BROS CONST CO INC GREAT PLAINS DRILLING HAYES DRILLING INC GRADECO CONST CO HEITKAMP MASONRY GBH BUILDERS INC HBC INC

GREATER KANSAS CITY LABORERS' VACATION PLAN

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Yes No (I) Section 512(b)(13) controlled entity? (h) Percentage ownership (g) Share of end-of-year assets (f) Share of total income Type of entity (C corp, S corp, or trust) <u>@</u> (d)
(Direct controlling entity Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust Legal domicile (state or foreign country) છ Primary activity ≘ Name, address, and EIN of related organization INTERNATIONAL BUILDERS & CONSU HUNTER CHASE & ASSOCIATES INC INSITUFORM TECHNOLOGIES USA INTERNATIONAL CHIMNEY CORP. HUNT MIDWEST REAL ESTATE INSCO ENVIRONMENTAL INC HENRY P TEICHMANN INC. HOLMES DRYWALL SUPPLY HELMKAMP CONSTRUCTION HOLTMAN MASONRY INC HERNER CONST INC IDEKER INC

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

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(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(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	Section 512(b)(13) controlled entity?
	3.5							
IRVINBILT CONSTRUCTORS								
J A LILLIG EXCAVATING INC								
J E DUNN CONSTRUCTION CO								
Convenience de la convenience								
o m Faher Construction Co								+
J W MCGLADE MASONRY CONTRS		-						_
				-				
J.D. BISHOP CONSTRUCTION								-
TAMES H DREW CORP								
:								
							•	
JERRY BENNETT MASONRY CONTR								
JJ MARTINY CONCRETE CO, INC								
JLA CONSTRUCTION INC								
JLK CONSTRUCTION								
JOHN ROHRER CONTRACTING CO.								
								-

GREATER KANSAS CITY LABORERS' VACATION PLAN

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[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	Section 512(b)(13) controlled entity?
JOURNAGAN CONSTRUCTION				:				
JULIUS KAAZ CONSTRUCTION CO								
JUSPATTON CONSTRUCTION, INC.								
K BIIII DING SPECIAL TIPS INC								
								-
K C SCAPFOLD								
								_
K.C. CORING & CUTTING CONSTR.								
							_	
KANSAS CITY MECHANICAL INC.								
KAW VALLEY COMPANIES INC								
KCI CONSTRUCTION CO								1
								_
VENDENEY CON TWO								
1000								
KELPE CONTRACTING INC								
KERANS CONSTRUCTION								
				į				

GREATER KANSAS CITY LABORERS' VACATION PLAN

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Part IV Continuation of Identification of Related Organizations T	zations Taxable as a Corporation or Trust	ation or Trus	•					
(e)	(q)	(၁)	$\overline{}$	(e)	(J)	(6)	£)	Ξ
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	Section 512(b)(13) controlled entity?
KIEWIT POWER CONSTRUCTORS CO								
KIRK ERECTORS								
VICETOR CONTENT OF		,						
								+
KOLB GRADING								
איז איזאש פע								
AN EACHVALING INC								
L G BARCUS & SONS INC								
TOTAL CONTRACTION OF THE PROPERTY OF THE PROPE				-				
L KEELEY CONSTRUCTION								+
		·						
L.G. BARCUS AND SONS, INC.								
LAN-TEL COMMUNICATIONS SERVICE								
								<u> </u>
								_
LAWHON CONSTR CO								
LEATH & SONS INC								
								_
I.BAVCON TI								

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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	Section 512(ts/13) controlled entity?
LEBPCT								
								. <u>-</u>
LEE GROVER CONST CO								
LEE MACHINERY MOVERS INC.								
J I								
LEHR CONSTRUCTION CO								
					•			
LES COLLINS PLASTERING CO INC								1
					-			
LEWIS BLOCK & SUPPLY CO								
LEXECO INC								
	•							
TICO CHEET TAIC								
,								+
LILJA CORPORATION								
								_
LM2 CONSTRUCTION & CONSULTING								
CHIMETER DATACHE								
LYTLE CONSTRUCTION INC.								

GREATER KANSAS CITY LABORERS' VACATION PLAN

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[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	Section 512(b)(13) controlled entity?
M.A. MORTENSON CO.								
MAX RIEKE & BROS	•				-			
MCANANY CONST INC								
MCCARTHY BUILDING COMPANIES								
MIDWEST CUTTING & CORING, INC.								
MIDWEST DRAIN & SEWER								
i								
					·			
MIDWEST FOUNDATIONS CO								+
	,							
MILES EXCAVATING INC								
	,						_	
MILLER'S PRO CUT, INC.								
MILLSTONE WEBER								
MISSOURI ROCK INC								4
								-
MMC CONTRACTORS- NATIONAL								-

GREATER KANSAS CITY LABORERS' VACATION PLAN

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

	במיים ומיים במיים במיים במיים ביים		•					
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or	(d) Direct controlling entity	(e) Type of entity (C corp. S corp.	(f) Share of total income	(g) Share of end-of-vear	(h) Percentage ownership	(1) Section 512(b)(13) controlled
		foreign country)		or trust)		assets		Yes No
								-
MURRAY COMPANY								
N.B. WEST CONTRACTING CO.								
NATIONAL ACID-PROOFING								+
NATIONAL STREETSCAPE INC								-
NEBEL CONSTRUCTION SERVICES								
- 1								
O'DONNELL & SONS CONST CO								
O DONNELL-WAY CONSTRUCTION								-
OLD VETERAN CONSTRUCTION								
P1 GROUP								_
PACE CONSTRUCTION CO.								
								_
PARRISH & SONS								
							_	_
PEC CONTRACTING ENGINEERIG								-

GREATER KANSAS CITY LABORERS' VACATION PLAN

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust Schedule R (Form 990)

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign county)	(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	Section 512(x)(13) controlled entity?
PERFORMANCE CONTR INC								
PHILLIPS HARDY INC								
Change and Asset								-
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								

GREATER KANSAS CITY LABORERS'

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Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust	izations Taxable as a Corpor	ation or Trus	••					
(a)	(q)	(2)	(p)	(a)	(J)	(6)	Ξ	Ξ
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	Section 512(b)(13) controlled entity?
REK DANKENBRING MASONRY								
R.L. DUNCAN CONSTRUCTION CO.	•							
RADMACHER BROTHERS EXCAV CO								
RAIDER MECHANICAL INC								
DATABOLI CONSEE THEODOGOTHE								
RAND CONSTRUCTION								
RAU CONSTRUCTION CO.	-				-			
								_
REALM CONST INC								
								_
REDFORD CONST INC	•							
RELYANT GLOBAL								
								<u> </u>
REW MATERIALS								
	,							
RICHLAND MECHANICAL CONTR INC								

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

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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	Section 512(bf/13) controlled entity?
RISING CONSTRUCTION SERVICES					•		-	
RITEWAY MAINTENANCE & SUPPLY					•			
ROBERT A TREUNER MASONRY CO								_
								ļ
RODRIGUEZ MECHANICAL CONTR								
								_
RON SANDERS MASONRY								_
								-
ROSEHILL GARDENS INC.					•			
ROYAL CONSTRUCTION	_							
RYLIE EQUIP & CONTR CO								
				•				
S & W WATERPROOFING, INC.								
SAFWAY SERVICES								
								_
SCAFFOLD INDUSTRIAL SERVICES								
SCHRIMPF LANDSCAPING INC								

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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	Section 5 Section 5 Section 5 Section 6 Section 6 Section 6 Section 7 Sectio
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								

GREATER KANSAS CITY LABORERS' VACATION PLAN

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Yes No Section 512(b)(13) controlled entity? (h) Percentage ownership (g)
Share of end-of-year assets (f) Share of total income Type of entity (C corp, S corp, or trust) (e) (d)
Direct controlling entity Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust Legal domicile (state or foreign country) Ö Primary activity <u>a</u> Name, address, and EIN of related organization UNIFIED GOVERNMENT OF WYCO/KCK WESTERN CONSTRUCTION OF KANSAS WESTPRO CONSTRUCTION SOLUTIONS U.S. ENGINEERING CONSTRUCTION WHITLEY CONSTRUCTION COMPANY VEE-JAY CEMENT CONTR CO INC UNIVERSAL CONSTRUCTION CO. WESTERN WATERPROOFING TOTAL INTERIORS INC TRIO MASONRY, INC. TRUESDELL CORP WIEDENMANN INC

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

		2000						
(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	Section 512(b)(13) controlled entity?
								ON COL
WILLIAMS REFRACTORY SERV INC								
WM MAHN PLUMBING INC								
WOLF CONSTRUCTION								
WOODLEY BUILDING MAINTENANCE								
		-						
								_
								-
							,	
								-
								_
					•			_
								_

GREATER KANSAS CITY LABORERS' VACATION PLAN

Schedule R (Form 990) 2018

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

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12
Part V
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48-6200960

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?	is with one or more rel	ated organizations listed	in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	-	0		1a		×
b Gift, grant, or capital contribution to related organization(s)				1		×
c Gift, grant, or capital contribution from related organization(s)				10	X	
d Loans or loan guarantees to or for related organization(s)				10		×
e Loans or loan guarantees by related organization(s)				1e		×
						; ;
f Dividends from related organization(s)				¥		×
g Sale of assets to related organization(s)				19		×
h Purchase of assets from related organization(s)				ŧ		×
i Exchange of assets with related organization(s)				ij		×
J Lease of facilities, equipment, or other assets to related organization(s)				1		×
V lease of facilities consumment or other senses from related assumption(a)				; ÷		×
	nization(e)			€ ∓		×
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			ξ.		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			£		×
 Sharing of paid employees with related organization(s) 				9		×
n Bemburcement paid to related organization(e) for expenses				1		×
Principal scriber paid to related organization(s) for expenses				2 5		: ×
				2		:
r Other transfer of cash or property to related organization(s)				; - =	!	×
Other transfer of cash or property from related organization(s)				45		×
2 If the answer to any of the above is Yes, see the instructions for information on w	vno must complete tni	s line, including covered i	tor 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	ivolved		
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
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[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

that was not a related organization. See instructions regarding exclusion for certain investment partnerships	structions regarding exclus	sion for certain inve	stment partnerships							
(a)	(q)	(2)	(d)	(e)	æ		(H)	(1)	(1)	(K)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	(related, unrelated, 50	6 partners sec. 501(c)(3)	Share of total	Share of end-of-year	Dispropor- tionale allocations?	Uspropor- Code V-UBI General or Percentage tonate amount in box 20 managing ownership	General o managing partner?	Percentage ownership
		country)	sections 512-514) Ye	Yes No	income	assets	Yes No	(Form 1065)	Yes No	
				-						
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		-							_	
					-					

Schedule R (Form 990) 2018

GREATER KANSAS CITY LABORERS' 48-6200960 Page 5 Schedule R (Form 990) 2018 VACA! Part VII Supplemental Information. VACATION PLAN Provide additional information for responses to questions on Schedule R. See instructions