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Return of Organization Exempt From Income Tax

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

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

DLN: 93493130013508 OMB No 1545-0047

Internal Revenue Service

Open to Public Department of the Treasur ▶ Information about Form 990 and its instructions is at www IRS gov/form990 Inspection For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017 C Name of organization BRICKLAYERS AND ALLIED CRAFTWORKERS D Employer identification number B Check if applicable ☐ Address change INTERNATIONAL HEALTH FUND 52-6397805 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) ☐ Amended return 620 F STREET NW ☐ Application pending (202) 783-3788 City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC $\,$ 20004 G Gross receipts \$ 39,473,657 F Name and address of principal officer H(a) Is this a group return for TIMOTHY J DRISCOLL ☐Yes ☑No subordinates? 620 F STREET NW H(b) Are all subordinates WASHINGTON, DC 20004 ☐Yes ☐No included? Tax-exempt status 501(c)(3) 4947(a)(1) or 501(c) (9) ◀ (insert no) If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW IPFWEB ORG L Year of formation 1988 M State of legal domicile DC K Form of organization ☐ Corporation ☑ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities PROVIDE HEALTH AND WELFARE BENEFITS Activities & Governance Check this box 🕨 🗌 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 3 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) . . 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 . 7a 7b 0 **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . **9** Program service revenue (Part VIII, line 2g) . . . 23,229,953 30,972,725 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 444,642 567,507 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 33,793 23,708,388 31,540,232 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . Benefits paid to or for members (Part IX, column (A), line 4) . . 22,059,833 36,567,583 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 0 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . 2,879,971 3,132,534 24,939,804 39,700,117 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) -8,159,885 19 Revenue less expenses Subtract line 18 from line 12 . -1,231,416 Assets or d Balances **Beginning of Current Year End of Year** 33,864,402 20 Total assets (Part X, line 16) . 26,374,708 1,741,285 21 Total liabilities (Part X, line 26) . 5.366.836 28,497,566 24,633,423 22 Net assets or fund balances Subtract line 21 from line 20 . Part III Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2018-05-10 Signature of officer Sign Here TIMOTHY J DRISCOLL TRUSTEE Type or print name and title Print/Type preparer's name JOANN WOODSON Preparer's signature JOANN WOODSON Date PTIN Check | If P01293745

May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions.

Firm's name

► CALIBRE CPA GROUP PLLC

Firm's address ► 7501 WISCONSIN AVENUE SUITE 1200

BETHESDA, MD 20814

Paid

Preparer

Use Only

Form **990** (2017) Cat No 11282Y

✓ Yes 🗆 No

self-employed

Firm's EIN ► 47-0900880

Phone no (202) 331-9880

Form	990 (2017)					Page 2
Par	t IIII Statement	t of Program Service Acc	omplishments			
	Check if Sch	edule O contains a response or	note to any line in this Part III .			. 🗆
1	Briefly describe the	organization's mission				
PRO\	/IDE HEALTH AND WE	ELFARE BENEFITS				
_	Did the consensation			was not hated on		
2	-	,	gram services during the year which v	were not listed on	□ Yes ☑	l No
		or 990-EZ?			L res C	NO
3	•	ese new services on Schedule	o gnificant changes in how it conducts, .	any program		
3	_		grifficant changes in flow it conducts,	arry program	□Yes	J Na
		ese changes on Schedule O			∟ res i	⊻ NO
4	•	-	salichments for each of the three large	ot nuceum comuces no money	ad by avaanses	
•	Section 501(c)(3) ai		plishments for each of its three large required to report the amount of gra ervice reported			5
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)	
	See Additional Data					
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)	
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)	
4d	Other program serv	rices (Describe in Schedule O)				
	(Expenses \$	ıncludıng	grants of \$	(Revenue \$)	
4e	Total program ser	rvice expenses ▶				

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Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete

Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . .

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

assessments, or similar amounts as defined in Revenue Procedure 98-19?

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 . . .

Did the organization maintain collections of works of art, historical treasures, or other similar assets?

Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian

or X as applicable

for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation

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 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

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

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

ın Part X, line 16? *If "Yes," complete Schedule D, Part IX* 😼

b Was the organization included in consolidated, independent audited financial statements for the tax year?

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

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Page 4

Part IV	Checklist of Required Schedules (continued)

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

	/			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	206		

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

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

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," 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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 💆

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

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Yes

Yes

Form 990 (2017)

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Nο Νo

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Theck if Schedule O contains a response or note to any line in this Part V. Yes 18. Bitter the number reported in Box 3 of From 1996 Enter-0- if not applicable 19. Did the organization comply with backsin withholding rules for reportable payments to vendors and reportable gaming 19. Did the organization comply with backsin withholding rules for reportable payments to revendors and reportable gaming 19. Did the organization comply with backsin withholding rules for reportable payments to revendors and reportable gaming 19. Did the organization in the property of the property of the reportable payments to revendors and reportable gaming 19. The property of the property of the property of the property of the reportable payments to revendors and reportable gaming 19. The property of	orm !	990 (2017)			Page 5
Either the number reported in Box 3 of Form 1096 Enter -0- If not applicable 1.	Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
14. Enter the number reported in Box 3 of Form 1096 Enter-0- find applicable 1a 3 1b 70 1c 1c 1c 1c 1c 1c 1c 1		Check if Schedule O contains a response or note to any line in this Part V			
be Enter the number of Forms W-2G anduded in line 1a Enter-OF- find applicable C Did the organization comply with basion withholding rules for reportable payments to vendors and reportable gaming L Ves Enter the number of employees reported on Form W-2, Tensmittal of Wage and Tax Statements, files for the calendar year ending with or within the year covered by this return B H at least one is reported on Form W-2, Tensmittal of Wage and Tax Statements, files for the calendar year ending with or within the year covered by this return B H at least one is reported on Form W-2, for the organization in a literature of enfert ending with or within the year covered by B H at least one is reported on line 2a, did the organization in a literature of enfert ending the services. B D of the organization and in the calendar year, did the organization have an interest in, or a signature or other authority over, a find and the organization and account; security of the financial account; for this pare? If Year for Norm 114, Report of Foreign Bank and Financial Accounts (FBAR) B If Year, ender the name of the foreign country. ▶CA See instructions for filing requirements for FindEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) B Was the organization aparty to a prohibited tax shelter transaction? B D did any taxable party notify the organization in Form S88+17 C If Year, to line 3a or 5x, did the organization in Form S88+17 B D did any taxable party notify the organization in Form S88+17 B D did the organization aparty to a prohibited tax shelter transaction? B D did we reportive the shelt ware not tax did actible as charitable contributions B D did we reportive the shelt ware not tax did actible as charitable contributions B D did we reportive the shelt ware not tax did actible as charitable contributions B D did we organization that may receive deductible contributions under section 170(c). B D did the organization receive a payment in excess of 57 fismed portly as a conflict but on the cont				Yes	No
to the organization comply with backup with olding rules for reportable payments to verelors and reportable gaming (pambling) minemates to price without the service of the properties of the pr					
(agambing) winnings to prize winners? 2 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 3 If it least one is reported on line 2a, did the origanization of all recurred federal employment tax returns? 3 Did the origanization have unrelated business grass income of \$1,000 or more curring the year? 3 Did the origanization have unrelated business grass income of \$1,000 or more curring the year? 4 A vary time during the calendar year, did the origanization have an interest in, or a signature or other authority over a financial account if yeurs as a bank account; securities account, or other financial account? 5 If "Yes," enter the name of the foreign country. ▶CA 5 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR) 5 Was the origanization a party to a prohibited tax shellows a prohibited tax shellows the state transaction? 5 Did any taxaele party notify the origanization file Form 8866-T? 5 Did any taxaele party notify the origanization file Form 8866-T? 5 Did Tir'yes," to line 5 a or 5b, did the origanization file Form 8866-T? 5 Did Tir'yes," did the origanization include with every solicitation an express statement that such contributions or gifts were not as deductioally or the origanization include with every solicitation in express statement that such contributions origins were not associated by a contribution and party for goods and services provided to the payor? 5 Did the origanization receives a symmetric excesses of 357 media party as a contribution and party for goods and services provided to the payor? 5 Did the origanization receives a symmetric excesses of 357 media party as a contribution and party for goods and services provided to the payor and payor than the services of the value of the goods or services provided? 5 Did the origanization received a contribution of contributions under section 498					
Tax Siztements, files for the calendar year ending with or within the year covered by 12a 55 bf at least one is reported on line 2a, did the organization in a li required federal employment tax returns? 30 Did the organization have unrelated business gross income of \$1,000 or more during the year? 31 A 14 any time during the calendar year, did the organization have an interest in, or a signiture or other authority over a financial account in a foreign country 19cm to a significant in account or other authority your a significant in account or other authority your as a share account; or as significant in account; or the authority your as a share account; or as significant in account; or the authority your as a share account; or as significant in account; or the authority your as a share account; or as significant in account; or the authority your as a share account; or as significant in account; or the authority your as a share account; or as significant in account; or the authority your as a share account; or as significant in account; or the authority your as a share account; or other authority your, as a share account; or other authority your, as a share account; or other authority your, as a share account; or as significant in account; or the authority your, as a share account; or as significant in account; or the account in account or other authority your, as a share account; or other authority, your, as a share account; or other authority, your, as a share that such contributions or gifts were not tax deductible. 45 b 17 eyrs, if an in a share account, or a share account, or other authority, your, as a contribution and partly for goods and services provided to the payor? 46 b 27 d your accounts on share any receive deductible contributions under section 470(c). 47 b 28 b 49 expansization receives a symmetry to the share acc		(gambling) winnings to prize winners?	1c	Yes	
Mark least one is reported on line 2a, did the organization file all required federal employment tax netures		Tax Statements, filed for the calendar year ending with or within the year covered by			
Note: If the sum of lines Is and 2 is ig research than 250, you may be required to e-file (see instructions) 3				Yes	
b if "Yes," has it field a Form 990-T for this year?!" "Wo" to hine 3b, provide an explanation in Schedule O . 4a. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account," exercise account, or control financial accounts? 4a. Yes . b If "Yes," enter the name of the foreign country ECA. See instructions for fining requirements for FinCER Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a. Was the organization a party to a prohibited tax she ter transaction at any time during the tax year? 5b. Did any taxable party northy the organization that it was or is a party to a prohibited tax she ter transaction? 5c. If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6b. Dose the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax decluted extended to the contributions. 7c. If "Yes," and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c. Organizations that may receive deductible contributions under section 170(c). a Did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7c. Did the organization neceive any funds, circetly or indirectly, to pay premiums on a personal benefit contract? 7d. If "Yes," did the organization notify the donor of the value of the goods or services provided to the payor? 7e. Did the organization of the payor? 7e. Did the organization selected the number of Forms \$282 filed during the year. 7d. If "Yes," indicate the number of Forms \$282 filed during the year. 8 Did the organization or neceived any funds, circetly or indirectly, to pay premiums on a personal benefit contract? 7f. Did the organization organizations and the properties of the properties of the properties of the properties of the properties o				103	
4a Az amy time during the calendar year, did the organization have an interest, in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yea," either the name of the foreign country. PCA See instructions for him grequirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b D D day taxable party notify the organization file Form 886-T? 5c If "Yes," to line 5a or 5b, did the organization file Form 886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization of the stax deductible as charitable contributions? 1 If "Yes," the the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible. 1 If "Yes," the the organization native with every solicitation an express statement that such contributions or gifts were not tax deductible. 1 If "Yes," the the organization native deductible contributions under section 170(c). 2 Did the organization necesses of \$15 made party as a contribution and partly for goods and services provided to the payor? 7 Did If "Yes," indicate the number of forms \$282 filed during the year. 2 Did the organization native the donor of the value of the goods or services provided? 7 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization receive a contribution of qualified intellectual property, did the organization file Form 1899 as the year of the year? 9 Did the spanitation received a contribution of cars, boats, airplanes, or o	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
financial account; in a foreign country (auch as a bank account, secuntes account, or other financial account;)? b If "Yes," enter the name of the foreign country PCA See instructions for filing requirements for FinCEN From 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b D did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b D R 5c If "Yes," to line Sa or 55, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization societ any contributions that were not tax deductible as charafulse contributions or gifts were not tax deductible? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d If we receive the security of the payor? 9d If "Yes," did the organization notify the donor of the value of the goods or services provided? 1 If "Yes," indicate the number of Forms 8282 filed during the year. 1 If yes, "indicate the number of Forms 8282 filed during the year. 2 If the organization sell, exchange, or otherwise dispose of tangbile personal property for which it was required to file Form 8289 as required? 9 If the organization received an ontribution of qualified intellectual property, did the organization file Form 8899 as required? 7 If yes, "Indicate the number of Forms 8282 filed during the year. 7 If yes, "Indicate the number of Forms 8282 filed during the year. 9 If the organization received a contribution of gain, boats, arryanes, or other vehicles, did the organization file Form 1899 as required? 9 If the organization make any taxable distributions under section 4966 and the property form 1890 and 1990 and 1990 and 1990 and 1990 and 1990 and 1990	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5			4a	Yes	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 1 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partily as a contribution and partly for goods and services provided to the payor? 5 Did the organization notify the donor of the value of the goods or services provided? 6 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 6 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7 Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 8 Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1996-C? 8 Sponsoring organizations maintaining donor advised funds. 10 Did the sponsoring organizations maintaining donor advised funds. 10 Did the sponsoring organizations included on Part VIII, line 12, for public use of club facilities 8 Did the sponsoring organizations. Enter a linitation fees and capatal contributions included on Part VIII, line 12, for public use of club facilities 10 Did the organization of the sponsoring organization of the exercise of the sponsoring organization of the sponsoring organization included on Part V					
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C If "Yes," to line Salor Sb, did the organization file Form 8896-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b If "Yes," did the organization include with very solicitation and express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 8 Did the organization sell, exchange, or otherwise dispose of singible personal property for which it was required to file form \$232? 9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 10 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required? 10 Section 501(c)(7) organizations maintaining donor advised funds. Did a donor advised funds and advised funds. Did a donor advised funds are successed to be proposed as any time during the year? 10 Did the sponsoring organizations maintaining donor advised funds. Did a donor advised funds are successed for the sponsoring organization make any taxable distributions under section 4966? 10 Section 501(c)(7) organizations. Enter a linitiation feet and adstributions included on Part VIII, line 12. 10 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11 Section 501(c)(12) organizations. Enter a linitiation feet and one state? Note. See the instructions for additional information the organization mixer port on Schedule 0 11 Fres, "enter the amount of tax-exempt interest received or accrued	b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
Sc Sc Sc Sc Sc Sc Sc Sc	c	If "Yes " to line 5a or 5b, did the organization file Form 8886-T?			
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b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
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a Initiation fees and capital contributions included on Part VIII, line 12					
a Gross income from members or shareholders					
a Gross income from members or shareholders	b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	L1	Section 501(c)(12) organizations. Enter			
against amounts due or received from them)	а	Gross income from members or shareholders			
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additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
which the organization is licensed to issue qualified health plans		additional information the organization must report on Schedule O	13a		
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a		which the organization is licensed to issue qualified health plans			
		100			
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b					No
Form 990 (2	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			

orm 9	990 (2017)			Page 6
Part	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	·	nse to li	
-	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		✓
Sec	ction A. Governing Body and Management	$\overline{}$	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 10		163	110
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 10			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8 a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	: Code		
		10	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
	Did the organization have a written whistleblower policy?	13	Yes	
	Did the organization have a written document retention and destruction policy?	14	Yes	
	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?			
	The organization's CEO, Executive Director, or top management official	15a		No
	Other officers or key employees of the organization	15b		No
L6a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		No
	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Sec	ction C. Disclosure			
L7	List the States with which a copy of this Form 990 is required to be filed▶			
	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website V Upon request 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			
20	State the name, address, and telephone number of the person who possesses the organization's books and records >JENNIFER PENOSO 620 F STREET NW WASHINGTON, DC 20004 (202) 783-3788			
				0 (2017)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

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

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

(A) Name and Title	(B) Average hours per week (list any hours		ne bo	ox, ι n of	t che unle: ficer	ss pers	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) JAMES BOLAND TRUSTEE	1 00	Х						0	0	0
(2) GREGORY HESS TRUSTEE	1 00	Х						0	0	0
(3) MATTHEW AQUILINE TRUSTEE	1 00	Х						0	0	0
(4) CARLOS AQUIN TRUSTEE	1 00	Х						0	0	0
(5) GERALD SCARANO TRUSTEE	1 00	х						0	0	0
(6) ROBERT HOOVER TRUSTEE	1 00	х						0	0	0
(7) TIMOTHY J DRISCOLL TRUSTEE	1 00	X						0	0	0
(8) TONY MARRA TRUSTEE	1 00	x						0	0	0
(9) TED CHAMP TRUSTEE	1 00	x						0	0	0
(10) PAUL NYESWANDER TRUSTEE	1 00	Х						0	0	0
(11) ROBIN DONOVICK EXECUTIVE DIRECTOR	15 00			x				0	0	0
										Form 990 (2017)

Form 990 (2017) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (C) (D) (A) (B) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other

week (list any hours	direct			ee)		organization (W-	organizations (W-	from the
for related organization below dotte line)	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b Sub-Total				•			
c Total from continuation sheets to Pa	art VII, Sectio	nΑ.		▶			
d Total (add lines 1b and 1c)				▶□	0	0	

1b Sub-Total				>		•	
c Total from continuation sheets to Pa	art VII, Sectio	nΑ.		▶			
d Total (add lines 1b and 1c)				>	0	0	0

1b Sub-Total					•			
c Total from continuation sheets to Pa	rt VII, Sectio	nΑ.			▶ [
d Total (add lines 1b and 1c)					▶	0	0	0
2 Total number of individuals (including			liste	d abo	ve) wh	o received more than	\$100,000	

c ·	Total from continuation sheets to Part VII, Section A	>			
d	Fotal (add lines 1b and 1c)	•	0	0	0
2	Total number of individuals (including but not limited to those listed abov of reportable compensation from the organization ▶ 0	e) wh	no received more than	\$100,000	

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0				
			Yes	No	
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the				

	of reportable compensation from the organization ▶ 0			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the			

3	line 1a? If "Yes," complete Schedule J for such individual		
	mile 14. If Test, Complete Schedule S for Such Individual	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		N
		4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule J for such person	-	NI-

	services rendered to the organization (IF "Yes," complete Schedule I for such person		5	No			
Se	ection B. Independent Contractors						
1	1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.						
	(A) Name and business address	(B) Description of services		(C) Compensation			
UNITE	ed healthcare	CLAIMS PROCESSING		1,480,948			
5901	LINCOLN DRIVE						

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

ACTUARIAL SERVICES

298,513

Form **990** (2017)

EDINA, MN 55436 CHEIRON INC

compensation from the organization ▶ 2

PO BOX 37117 BALTIMORE, MD 21297

Part '										
	Check if Schedul	le O contains a resp	onse or note to any	y line in this (A) Total rev		Rela exe fun	B) ted or empt ction enue	(C) Unrelat busine revenu	ted ess	(D) Revenue excluded from ax under sections 512-514
10	1a Federated campaig	ns 1a								012 01 1
nts ints	b Membership dues	1b								
ira 100	c Fundraising events	1c	1							
s, (An	d Related organization	<u> </u>								
計画	e Government grants (co		1							
S E			1							
e is	f All other contributions and similar amounts n									
he he	above									
	g Noncash contribution in lines 1a-1f \$	ons included								
Contributions, Gifts, Grants and Other Similar Amounts	h Total.Add lines 1a-1	 1f	•							
			Busines	s Code						
E.	2a EMPLOYER CONTRIB			900099	28,4	35,030	28,43	5,030		
<u>خ</u>	b employee contrib			900099	2,5	37,695	2,53	7,695		
3										
ž	c —									
Program Service Revenue	u									
ıran	f All other program se									
ီ <u></u>	9Total. Add lines 2a-2		30,	,972,725						
_			Interest and sthem	. 1		Τ		T		
	3 Investment income (i similar amounts).			•	550,932	2				550,932
	4 Income from investm	ent of tax-exempt I	oond proceeds i	▶						
	5 Royalties			▶						
		(ı) Real	(II) Personal							
	6a Gross rents									
	b Less rental expenses			-						
	·									
	c Rental income or (loss)									
	d Net rental income o	r (loss)		_						
	u Net Tental Income o	(i) Securities	(II) Other					+	\longrightarrow	
	7a Gross amount	(i) Securities	(II) Other	-						
	from sales of assets other	7,950,00	D							
	than inventory									
	b Less cost or									
	other basis and sales expenses	7,933,42								
	C Gain or (loss)	16,57	5							
	d Net gain or (loss)				16,575	5				16,575
	8a Gross income from f (not including \$	undraising events of								
Other Revenue	contributions reporte	ed on line 1c)								
Š	See Part IV, line 18	a	1							
ď	b Less direct expense									
her	c Net income or (loss)		vents •	_						
5	9a Gross income from g See Part IV, line 19									
		a	1							
	b Less direct expense	esb								
	c Net income or (loss)	from gaming activ	ties							
	10a Gross sales of invent returns and allowand									
	recurris and anoward		 a							
	b Less cost of goods s	sold I		\dashv						
	c Net income or (loss)		ntory ►							
}	Miscellaneous		Business Code						+	
ŀ	11a			7						
	b		†	+					-+	
	с		+	+		1			+	
	-									
	A A II A L		-			1				
	d All other revenue . e Total. Add lines 11a			1					\longrightarrow	
									\longrightarrow	
	12 Total revenue. See	Instructions .			31,540,232	2	30,972,72	5	0	567,507
								-		Form 990 (2017)

Part IX	Statement of Functional Expenses	

Part XV Statement of Functional Expenses section 501(c) 3 and 501(c) 40 peranazions must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7, 8b, 9b, and 40 by Part VIII 1 If arists and other assistance to domestic organizations and domestic powerments See Part IV, line 12 3 Grants and other assistance to domestic organizations, forcing governments, and forcing individuals See Part IV, line 12 3 Grants and other assistance to forcing organizations, forcing governments, and forcing individuals See Part IV, line 15 and 15 4 Senefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(c)(3)(8). 7 Other salizers and wages 8 Pension plan accruals and contributions (include section 401 (c) and 403(d) employer contributions). 10 Payroll taxes 11 Pass for services (non-employees) 3 Management. 12 Legal 80,598 6 Accounting 45,000 (d) Legal 80,598 6 Accounting 46,000 (d) Legal 80,598 6 Accounting 46,000 (d) Legal 80,598 10 Other (51 inter I) g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion 90, 1,268 13 Office expenses 1 11,268 14 Information tecnology 1 15 Payments of travel or entertainment expenses for any federal, state, or local public ficinis 1 1,268 16 Occupancy 1 1,268 17 Travel 9, 1,268 18 Payments of travel or entertainment expenses for any federal, state, or local public ficinis 1 1,268 19 Conferences, conventions, and meetings 1 1,268 10 Accounting 40,000 (d) First Payments to affinize 2 1,288 10 Conceptions and mortization 2 1,288 11 Payments to affinize 2 1,288 12 Payments of Schedule O) 13 Accounting 40,000 (d) First Payments of Schedule O) 14 Accounting 40,000 (d) First Payments of Schedule O) 15 Accounting	Page 10				
		olumns All other orga	anızatıons must com	plete column (A)	_
	Check if Schedule O contains a response or note to any	line in this Part IX			🗆
			Program service	Management and	(D) Fundraisingexpenses
1			·		
2					
3	governments, and foreign individuals See Part IV, line 15				
4	Benefits paid to or for members	36,567,583			
5					
6	defined under section 4958(f)(1)) and persons described in				
7	Other salaries and wages				
8					
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
ā	a Management				
ı	Legal	80,598			
	: Accounting	49,000			
	il Lobbying				
	Professional fundraising services See Part IV, line 17				
	- · · · · · · · · · · · · · · · · · · ·				
	g Other (If line 11g amount exceeds 10% of line 25, column	242,269			
12	Advertising and promotion				
	· · · · · · · · · · · · · · · · · · ·	316,022			
	· · · · · · · · · · · · · · · · · · ·				
		1.268			
	<u> </u>				
	Payments of travel or entertainment expenses for any	00,000			
19	· · · · · · · · · · · · · · · · · · ·				
	·				
		2 288			
		2,200			
	miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e				
	a CLAIMS PROCESSING FEES	1,486,347			
	b ADMINISTRATIVE EXP	898,786			
	С				
	d				
	e All other expenses				
	Total functional expenses. Add lines 1 through 24e	39,700,117			
	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)				

2

3

Liabilities

Fund Balances

Assets or 30

Net

25

26

27

28

29

31

32

33

34

(A)

Beginning of year

54,228

2.595.313

2,299,303

32.471

21.393.393

26,374,708

607.615

23,106

1.110.564

1,741,285

24.633.423

24,633,423

26.374.708

1

2 3

4

5

6

7

8

9

10c

11

12

13

14

15

16

17

18

19

20

21

22 23

24

25

26

27

28

29

30

31

32

33

34

Page **11**

17,969

6.547.479

2,755,607

195.292

24.348.055

33.864.402

255,696

49,208

5.061.932

5,366,836

28,497,566

28,497,566

33.864.402

Form **990** (2017)

Cash-non-interest-bearing .

Savings and temporary cash investments . . . Pledges and grants receivable, net . . . Accounts receivable, net .

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete

II of Schedule L Part II of Schedule L

Assets Notes and loans receivable, net . .

Inventories for sale or use . Prepaid expenses and deferred charges .

10a basis Complete Part VI of Schedule D

10a Land, buildings, and equipment cost or other Less accumulated depreciation 10b

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 . Investments—program-related See Part IV, line 11 .

11 12 13 14

Intangible assets

Other assets See Part IV, line 11 Total assets.Add lines 1 through 15 (must equal line 34) . . .

15 16 17 Accounts payable and accrued expenses 18 Grants payable . . . 19 Deferred revenue 20

Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D

21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . 23

24 Unsecured notes and loans payable to unrelated third parties .

Secured mortgages and notes payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D

Total liabilities. Add lines 17 through 25 . .

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

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances .

Organizations that follow SFAS 117 (ASC 958), check here ightharpoonup and complete lines 27 through 29, and lines 33 and 34.

Unrestricted net assets

Page **12**

Yes

Yes

Yes

2a

2b

2c

3a

3b

No

No

No

Form 990 (2017)

Form 990 (2017)

Schedule O

☐ Separate basis

consolidated basis, or both ✓ Separate basis

Audit Act and OMB Circular A-133?

3	Revenue less expenses Subtract line 2 from line 1	3	-0,139,003
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	24,633,423
5	Net unrealized gains (losses) on investments	5	387,157
6	Donated services and use of facilities	6	
7	Investment expenses	7	

5	Net unrealized gains (losses) on investments	5	387,15
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	11,636,87

_					
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1	1,636	,871
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	28	3,497	,566
Par	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		 		7

☐ Cash ☑ Accrual ☐ Other

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

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

If the organization changed its method of accounting from a prior year or checked "Other," explain in

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

1 Accounting method used to prepare the Form 990

separate basis, consolidated basis, or both

Additional Data

Software ID: Software Version:

Form 990 (2017)

Form 990, Part III, Line 4a:

Name:

EIN: 52-6397805

BRICKLAYERS AND ALLIED CRAFTWORKERS INTERNATIONAL HEALTH FUND

TO PROVIDE HEALTH AND WELFARE BENEFITS FOR MEMBERS COVERED UNDER COLLECTIVE BARGAINING AGREEMENT WITH THE BRICKLAYERS AND ALLIED CRAFTWORKERS INTERNATIONAL UNION AND CERTAIN EMPLOYERS

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

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. OMB No 1545-0047

DLN: 93493130013508

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Assets included in Form 990, Part X

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

(Form 990)

▶ Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **Employer identification number** BRICKLAYERS AND ALLIED CRAFTWORKERS INTERNATIONAL HEALTH FUND 52-6397805 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1

Cat No 52283D

Schedule D (Form 990) 2017

Par	t III	Organizations Ma	aintaining Col	lections o	f Art, F	listori	cal Tre	asures,	or Other	Similar Ass	sets (c	ontinued)	
3		ig the organization's acq is (check all that apply)	uisition, accessior	n, and other	records,	check a	any of th	ne following	that are a	significant us	e of its	collection	ı
а		Public exhibition				d		oan or exc	hange prog	rams			
b		Scholarly research				е		Other					
c		Preservation for future	e generations										
4		ride a description of the XIII	organızatıon's coll	ections and	explain	how the	y furthe	r the organ	nization's ex	empt purpos	e ın		
5		ng the year, did the orgets to be sold to raise fur								ılar	☐ Ye	s 🗆	No
Pa	rt IV	Escrow and Cust Complete if the or X, line 21.			" on For	m 990	, Part I	V, line 9,	or reporte	d an amour	nt on F	orm 990	, Part
1a		ne organization an agent uded on Form 990, Part I		an or other	ıntermed	ıary for	contribu	itions or ot	her assets	not	☐ Ye	s 🗆	No
ь	If "Y	es," explain the arrange	ement in Part XIII	and comple	ete the fo	llowing	table			An	nount		
c		inning balance							1c				_
d	_	itions during the year							1d				_
е		ributions during the year	r						1e				_
f		ing balance	•						1f				
2a		the organization include	an amount on Fo	rm 990. Par	t X. line	21. for	escrow c	or custodial	account lia	bility?	п.,		
		_			•					•	∐ Ye		No
b		es," explain the arrange										. ⊔	
Pa	rt V	Endowment Fund	ds. Complete if										
1_	Dogum	ning of year balance .		(a)Curren	it year	(b) Pr	rior year	(c)Two	years back	(d)Three year	s back	(e)Four ye	ars back
		ibutions											
		nvestment earnings, gair											
		s or scholarships											
	and p	expenditures for facilities expenditures expenditures expenditures expenditures for facilities expenditures exp	es										
		nistrative expenses .											
g	End o	f year balance											
2		ride the estimated perce		nt year end	l balance	(line 1g	g, colum	n (a)) held	as				
а	Boa	rd designated or quasi-e	endowment 🟲										
b	Perr	nanent endowment 🟲											
С	Tem	porarily restricted endov	wment 🟲										
		percentages on lines 2a											
3а	orga	there endowment funds inization by		sion of the o	organızat	on that	are held	d and adm	inistered fo	r the		Yes	No
		ınrelated organizations							•			n(i)	
L		related organizations .					 				<u> </u>	(ii)	<u> </u>
4		'es" on 3a(II), are the re cribe in Part XIII the inte	-									Bb	<u> </u>
	rt VI				ii s endov	Willelle	unus						
Fa	I V V I	Complete if the or			" on For	m 990	, Part I	V, line 11	a. See For	m 990, Pari	t X, lın	e 10.	
	Desc	ription of property	(a) Cost or oth (investme	er basıs			basıs (oth		ccumulated o			d) Book val	lue
1a	Land												
		ngs											
		hold improvements											
		ment											
	Other												
		l lines 1a through 1e (Co	l olumn (d) must er	gual Form 9	90. Part	X. colun	nn (B)	 ine 10(c)					
				,	,	,	(-///	(-//					J

Schedule D (Part VII	Form 990) 2017	nuant	100 200		ge 3
Part VII	Investments—Other Securities. Complete if the organise Form 990, Part X, line 12.	ınızat			
	(a) Description of security or category (including name of security)		(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1) Financial (2) Closely-l (3)Other	l derivatives	· -			
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					—
(H)					
Total. (Column	n (b) must equal Form 990, Part X, col (B) line 12)	•			
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 99	90. Pa	art IV. I	line 11c. See Form 990. Part X. line 13.	
			ok value	(c) Method of valuation	
(1)				Cost or end-of-year market value	—
(2)					
(3)					
(4)					—
(5)					—
(6)					—
(7)					—
(8)					
(9)					
Total. (Column	Other Assets. Complete if the organization answered 'Yes' or (a) Description	n Forr	n 990, Pa	art IV, line 11d See Form 990, Part X, line 15 (b) Book value	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	mn (b) must equal Form 990, Part X, col (B) line 15)				_
Part X	Other Liabilities. Complete if the organization answere See Form 990, Part X, line 25.	ea 'Ye			
1. (1) Federal ır	(a) Description of liability		(b) E	Book value	
	ATED ORGANIZATIONS			158,821	
ACCRUED HE	RA BENEFITS			4,903,111	
(4)					
(5)		_			
(6)		_			
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col (B) line 25) or uncertain tax positions In Part XIII, provide the text of the foo	▶	to the c	5,061,932	
	's liability for uncertain tax positions under FIN 48 (ASC 740) Ch			r	☑

Donated services and use of facilities

Add lines 2a through 2d

Add lines **4a** and **4b**

Amounts included on Form 990, Part VIII, line 12, but not on line 1

Investment expenses not included on Form 990, Part VIII, line 7b .

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

Investment expenses not included on Form 990, Part VIII, line 7b . . .

Add lines **4a** and **4b**

Supplemental Information

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

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments

Schedule D (Form 990) 2017

Part XI

2

b

c d

е

3

4

b

с 5

3 4

b

5

Part XIII

See Additional Data Table

Return Reference

387,157

11,636,871

2e

3

4c

5

4c

5

Page 4

12,024,028

31,540,232

31,540,232

39,700,117

39.700.117

Par	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per F Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	Returi	1.
1	Total expenses and losses per audited financial statements	1	39,700,117
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d	2e	0

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2a

2b

2c

2d

4a

4b

4a

4b

Explanation

Schedule D (Form 990) 2017

Page 5		Schedule D (Form 990) 2017
	ormation (continued)	Part XIII Supplemental Info
	Explanation	Return Reference

Schedule D (Form 990) 2017

Additional Data

Software Version:

EIN: 52-6397805

INANCIAL STATEMENTS AS OF DECEMBER 31, 2017, THE STATUTE OF LIMITATIONS FOR TAX YEARS 201 4 THROUGH 2016 REMAINS OPEN WITH THE U.S. FEDERAL JURISDICTION WHERE A RETURN IS FILED

Name: BRICKLAYERS AND ALLIED CRAFTWORKERS
INTERNATIONAL HEALTH FUND

Supplemental Information

Return Reference

Explanation

PART X, LINE 2

THE PLAN FOLLOWS AUTHORITATIVE GUIDANCE FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES INC LUDED IN ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC INCOME TAXES THESE PROVIDE CONSIST ENT GUIDANCE FOR THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND PRESCRIBE A THRESHOLD OF "MORE LIKELY THAN NOT" FOR RECOGNITION A ND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN THE PLAN PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR THE YEARS ENDED DECEMBER 31, 2017 A ND 2016, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE F

Software ID:

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	PROCEEDS FROM MERGER 11,636,871

efile GRAPH	IC print -	DO NOT PROCESS	As Filed Data -		DLN:	93493130013508
SCHEDUL (Form 990 or EZ)	reasury	Complete to pro Form 990	ovide information fo or 990-EZ or to prov Attach to Forn t Schedule O (Form	on to Form 990 or 9 r responses to specific quest ide any additional information n 990 or 990-EZ. 990 or 990-EZ) and its instruct	ions on on.	OMB No 1545-0047 2017 Open to Public Inspection
Internal Revenue Se Name of the org BRICKLAYERS AND INTERNATIONAL H 990 Schedul	ALLIED CRAF IEALTH FUND	TWORKERS	on		Employer identi 52-6397805	fication number
Return Reference				Explanation		
FORM 990, PART VI, SECTION B, LINE 11B	RATIONS COMMITT	PROFESSIONALS THE	DRAFT IS PRESENT TRUSTEES AT A REG	/E EFFORT OF THE PLAN'S FI ED TO AND REVIEWED BY TI GULARLY SCHEDULED MONT	HE PLAN'S ADMIN	ISTRATIVE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	SECTION 5 1 OF THE AGREEMENT AND DECLARATION OF TRUST STATES IN PERTINENT PART THAT THE TR USTEES SHALL CONDUCT THE BUSINESS OF THE TRUST IN ACCORDANCE WITH APPLICABLE LAW THE TRUST IS GOVERNED IN LARGE PART BY THE EMPLOYEE RETIREMENT INCOME SECURITY ACT 29 U S C 1106 A ND THE REGULATIONS OF THE INTERNAL REVENUE SERVICE AND THE DEPARTMENT OF LABOR WHICH ARE P ROMULGATED ACCORDING TO THAT LAW ERISA AND ITS REGULATIONS PROMULGATED THE ISSUES OF POTE NTIAL CONFLICT OF INTEREST THESE ISSUES ARE SPECIFICALLY ADDRESSED IN SECTION 406 OF ERIS A WHICH PROHIBITS TWO TYPES OF TRANSACTIONS BY THE TRUST (A) TRANSACTIONS BETWEEN THE TRUST AND A PARTY IN INTEREST, AND (B) TRANSACTIONS BETWEEN THE TRUST AND A FIDUCIARY SECTIO N 408 OF ERISA PROVIDES FOR THE EXEMPTIONS TO SECTION 406 THE TRANSACTIONS BETWEEN THE TRUST AND A PARTY IN INTEREST WHICH ARE PROHIBITED, INCLUDE (1) THE SALE, EXCHANGE OR LEASIN G OF PROPERTY BETWEEN A WELFARE PLAN AND A PARTY IN INTEREST, (3) THE FURNISHI NG OF GOODS, SERVICES OR FACILITIES BETWEEN A WELFARE PLAN AND A PARTY IN INTEREST, (4) THE TRANSFER TO, OR USE BY OR FOR THE BENEFIT OF, A PARTY IN INTEREST, OF ANY ASSETS OF A WELFARE PLAN, AND (5) THE ACQUISITION ON BEHALF OF A WELFARE PLAN OF ANY EMPLOYER SECURITY O REMPLOYER REAL PROPERTY UNLESS THE REQUIREMENTS OF SECTION 407(A) OF ERISA ARE MET THE TRANSACTIONS BETWEEN THE TRUST AND A FIDUCIARY WHICH ARE PROHIBITED INCLUDE (1) THE HANDLI NG OF THE ASSETS OF THE PLAN IN THE FIDUCIARY'S OWN INTEREST OF FOR THE FIDUCIARY'S OWN ACCOUNT, (2) IN THE FIDUCIARY'S OR IN ANY OTHER CAPACITY, ACTING IN ANY TRANSACTION INVOLVIN G THE PLAN ON BEHALF OF A PARTY (OR REPRESENT A PARTY) WHOSE INTERESTS ARE ADVERSE TO THE INTERESTS OF THE PLAN OR THE INTERESTS OF ITS PARTICIPANTS OR BENEFICIARIES, OR (3) THE RECIVING OF ANY CONSIDERATION FOR THE FIDUCIARY'S PERSONAL ACCOUNT FROM ANY PARTY DEALING WITH SUCH PLAN IN CONNECTION WITH A TRANSACTION INVOLVING THE ASSETS OF THE PLAN THE TRUST IS REQUIRED TO FILE AN AUDITED FINANCIAL STATEMENT YEARLY AS PART OF THE AUDI

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990, PART VI, SECTION 101 OF THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974, 29 U S C 1021, AND SECTION 502 OF THE PENSION PROTECTION ACT OF 2006 THE TRUST IS REQUIRED TO PROVIDE DE ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS TO ITS PARTICIPANTS AND PARTICIPATING EMPLOYERS SUCH DOCUMENTS ARE AVAILABLE UPON REQUEST TO THOSE INDIVIDUALS THOSE DOCUMENTS ARE NOT AVAILABLE TO THE GENERAL PUBLIC

990 Schedule O, Supplemental Information Return Explanation Reference

FORM 990, PART XI, LINE 9

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990, PART XII, LINE 2C

efile GRAPHIC print - DO	NOT PROCESS	As Filed Data -										DLN: 93493	130013	508
SCHEDULE R (Form 990)	> 0	Related O	_		s" on Form	990, Part		-		37.		20	1545-004 17	1 7
Department of the Treasury Internal Revenue Service	•	► Information about S	chedule I				s is at <u>www</u>	.irs.gov/f	form99	<u>o</u> .		Open to	o Public ection	C
Name of the organization BRICKLAYERS AND ALLIED CRAFTWO INTERNATIONAL HEALTH FUND	ORKERS									loyer identif 397805	icatior	number		
Part I Identification	of Disregarded E	intities Complete If t	he organ	ızatıon answ	ered "Yes	" on Form	990, Part	IV, line 3	3.					
Name, address, and	(a) EIN (if applicable) of disr	egarded entity		(b) Primary a			c) nicile (state n country)	(d) Total inc	ome	(e) End-of-year as	ssets	(f Direct co ent	ntrolling	
Part II Identification of related tax-exer	of Related Tax-Ex		s Comple	ete if the org	anızatıon	answered	"Yes" on F	orm 990,	Part I\	V, line 34 be	cause	ıt had one or	more	
See Additional Data Table			1		1 .		1 (1)	. 1		, ,		"		
Name, address, an	(a) d EIN of related organızat	ion	Prim	(b) ary activity	(c) Legal domicile (state or foreign country)		Exempt Cod	ode section Pub		(e) Public charity status (if section 501(c)(3))		(f) rect controlling entity	Section (13) cor enti	512(b) ntrolled ty?
													Yes	No
For Paperwork Reduction Ac	t Notice, see the In	structions for Form 99	90.		Ca	t No 5013	35Y				Sche	edule R (Form	990) 20	17

(a) Name, address, and EIN of related organization	f	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(H Disprop alloca	n) rtionate tions?	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr	al or Peging o	(k) ercent owners
					,			Yes	No		Yes	No	
												_	
												_	
Identification of Related Organ because it had one or more related						<u>I</u> zation ansv	l vered "Yes	" on Fo	orm 99	BO, Part IV,	line :	34	
(a) Name, address, and EIN of related organization	(b) Primary activity	do do (state	(c) Legal omicile or foreign		entity (C co	(e) e of entity orp, S corp, or trust)	(f) Share of total Income	Share	(g) of end- year assets	of- Percei owne	ntage		(ı) tıon 5) cont entit
nal Data Table		со	ountry)									Ye	es
													+
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		1										_	-
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Jene	Mic K (1 01111 330) 2017		га	ige J
Pa	Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
10	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1b		No
С	Gift, grant, or capital contribution from related organization(s)	1c		No
	Loans or loan guarantees to or for related organization(s)	1d		No
е	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1 g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1 i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
	Lance of faculting any many the control for any valety of a variable of	11.	<u> </u>	No

f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	11	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No

g Sale of assets to related organization(s)	9	110
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	11	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	10	No
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q	No

(b)

Transaction

type (a-s)

(c)

Amount involved

1r

15

Schedule R (Form 990) 2017

(d) Method of determining amount involved

No

No

(a) Name of related organization

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514)	Ar or	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ite	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		or ig ?	(k) Percentage ownership
İ		514)	Yes	No	ļ ,		Yes	No		Yes	No	
								_	Schedul	e R (Form	1 990)) 2017

Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017

Software ID: **Software Version:**

EIN: 52-6397805

Name: BRICKLAYERS AND ALLIED CRAFTWORKERS INTERNATIONAL HEALTH FUND

. (a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	Secti (b) cont
		,,,		(3))		Yes
						1 .03

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (b) (c) (e) (f) (g) (h) (i) Primary activity Name, address, and EIN of Legal Direct controlling Type of entity Share of total Share of end-of-Percentage Section 512 (C corp, S corp, related organization domicile entity ownership (b)(13)income year (state or foreign or trust) assets controlled country) entity? No Yes 5280 ROCK SOLID ENTERPRISES LLC A B P MASONRY INC A R C CONSTRUCTION CO INC ADAMS MASONRY INC AECOM ENERGY AND CONSTRUCTION INC AFFORDABLE MASONRY INC AGNEW TILE AND MARBLE ALBERT INSTALLATIONS INC ALLEN REFRACTORIES COMPANY AMERICAN FACADE RESTORATION LLC ANCHOR GLASS CONTAINER CORP APEX MASONRY INC APOLLO CONST AND ENG SERV INC ARCHITECTURAL CERAMIC SYSTEMS ARMOR MAX CONSTRUCTION INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (e) (c) (f) (h) (i) (g) Primary activity Name, address, and EIN of Direct controlling Legal Type of entity Share of total Share of end-of-Percentage Section 512 (C corp, S corp, related organization domicile entity ıncome ownership (b)(13)year (state or foreign or trust) assets controlled country) entity? Yes No ARNOLD MASONRY LLC ARSI CORPORATION ART MOSAIC AND TILE COMPANY ARTISAN TILE AND MARBLE CO INC # 2 ATLANTIC FIREBRICK AND SUPPLY CO INC. ATLAS BUILDING SERVICES INC AUTHENTIC CONCRETE AND DECORATIVE DESIGN LLC **AVALOTIS CORPORATION** B AND B INDUSTRIAL SVES INC BAILEY BUCHANAN MASONRY INC BAKER INDUSTRIAL SERVICES LLC BARNARD PENNECON LP BARTLEY AND PERIGO MSNRY CONTR

BARTON MALOW COMPANY

BAUM OTTO COMPANY INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust **(b)** Primary activity (c) (d) (e) (f) (i) (g) (h) Name, address, and EIN of Legal Direct controlling Type of entity Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, ownership (b)(13)domicile entity income year (state or foreign or trust) assets controlled country) entity? No Yes BELDON INTERIORS INC BERGER INC BLAKLEY CORPORATION **BOKON MASONRY INC** BOTTEMA TILE INC BRICKELL DICK AND SONS INC BROADY-CAMPBELL INC BRONGER MASONRY INC BROWN REFRACTORY SVCS-(MJK CO) BRUNS GUTZWILLER INC BUILDING SERVICES INC BULLEY AND ANDREWS MASONRY REST LLC BUNGE N M INC BYERS D C CO DETROIT

C AND S MASONRY RESTRATION LLC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (c) (d) (e) (f) (h) (i) (g) Primary activity Name, address, and EIN of Direct controlling Legal Type of entity Share of total Share of end-of-Percentage Section 512 (C corp, S corp, related organization domicile entity ıncome ownership (b)(13)year (state or foreign or trust) assets controlled country) entity? Yes No C B AND I PROJECT SERVICES GROUP LLC C N S Y - 12 LLC (CONSOLIDATED NUCLEAR SECURITY) CARETTI JOHN AND CO CENTRAL TILE AND TERR CO INC CHANCE BROTHERS MARBLE AND TILE INC CHOCTAW STONE WORK INC CLEVELAND MARBLE MOSAIC CO COLORADO CUSTOM SERVICES COLVIN MASONRY CO COMBUSTION SERVICE COMPANY COMPLETE MASONRY SERVICES INC CONNELLY PAVING COMPANY CONSOLIDATED MECHANICAL INC CONSTRUCTION AND TURNAROUND SVCS

CORBELL MASONRY

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust **(b)** Primary activity (c) (d) (e) (i) (f) (g) (h) Name, address, and EIN of Direct controlling Type of entity Legal Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, ownership (b)(13)domicile entity income year (state or foreign or trust) assets controlled country) entity? No Yes CORESLAB STRUCTURES INC CORESLAB STRUCTURES-INDIANAPOLIS INC COUNCIL AND JONES MASONRY CONS CRAFTSMEN INTERIORS INC CRYSTAL MARBLE COMPANY INC CUSACKS MASONRY RESTORATION INC CUSTOM MASONRY RESTORATION D K MASONRY AND CONCRETE LLC D P SYSTEMS LLC D S MASONRY INC DANCO CONSTRUCTION INC DAVENPORT MASONRY INC DAY AND ZIMMERMANN NPS INC DE MUYT MASONRY INC

DEGRELLA TILE INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (c) (d) (e) (f) (h) (i) (g) Primary activity Name, address, and EIN of Direct controlling Share of end-of-Legal Type of entity Share of total Percentage Section 512 domicile (C corp, S corp, (b)(13)related organization entity ıncome ownership year (state or foreign or trust) assets controlled country) entity? Yes No DENVER MARBLE CO DESCO SYSTEMS LC DIVISION 7 CONSTRUCTION INC DOUGHERTY TILE AND MARBLE CO DUNAWAY MASONRY INC **EDDINGS MASONRY INC** EMPIRE CONTRACTORS INC EMPIRE REFRACTORY SALES INC EMPIRE REFRACTORY SERVICES OF INDIANA INC F AND M TILE AND TERR CO INC FABCON PRECAST LLC FETTERS CONSTRUCTION INC FLUOR MAINTENANCE SERVICES INC FOESTE KENNY MASONRY INC

FOSBEL INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (c) (e) (f) (h) (i) (g) Type of entity Name, address, and EIN of Primary activity Direct controlling Legal Share of total Share of end-of-Percentage Section 512 related organization domicile (C corp, S corp, entity ownership (b)(13)income year (state or foreign controlled or trust) assets country) entity? Yes No GAGNON INCORPORATED GENERAL CAULKING AND COATINGS COMPANY INC OVIEDO FL G-FORCE CONCRETE PLACEMENTS LLC GIBRALTAR CHIMNEY INTERNATIONAL LLC GILLESPIE AND POWERS INC GLASS DESIGN INC GRAYCOR INDUSTRIAL CONSTS INC GROSVENOR MASONRY AND RESTORATION INC H AND H MASONRY CONTRACTORS IN HAGERMAN CONSTRUCTION CORP HAINES ROBERT CO HAINES ROBERT CO INC HAMON CUSTODIS INC HANLON TILE LLC

HANSEN MASONRY CONTRACTORS INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust **(b)** Primary activity (c) (d) (e) (i) (f) (g) (h) Name, address, and EIN of Direct controlling Type of entity Percentage Legal Share of total Share of end-of-Section 512 related organization (C corp, S corp, ownership (b)(13)domicile entity income year (state or foreign or trust) assets controlled country) entity? No Yes HEIMBROCK INC HEIMBROCK J LOUIS SR INC HERMESCH MASONRY LLC HI TEMP REFRACTORIES INC HI TEMP SYSTEMS INC HOFMANN CONSTRUCTION INC HOMESTEAD PAVING CO INC HOT CREWS INC HOT TECH INC HOWLE W P MASONRY CONTR INC HUFF AND SONS CONSTRUCTION INC ICE - B AND M MASONRY INC ICE - BORNOR RESTORATION INC ICE - CORNERSTONE MARBLE AND TILE INC

ICE - DRUCO DEVELOPMENT CO INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (c) (d) (e) (i) (f) (g) (h) Primary activity Name, address, and EIN of Direct controlling Legal Type of entity Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, domicile entity ownership (b)(13)income year (state or foreign or trust) assets controlled country) entity? Yes No ICE - G A MASONRY INC ICE - INTREPID ENTERPRISES INC ICE - JONESSUPERIOR - CAL POLY SLO - J V ICE - KOCH KNIGHT LLC ICE - MASONRY AND GLASS SYSTEMS INC ICE - MISSOURI TERRAZZO CO INC ICE - SCHAD BOILER SETTING COMPANY ICE - SCHNELL CONTRACTORS INC ICE - SUPERIOR TILE AND MARBLE INC ICE - WISCONSIN TERRAZZO TILE INDIANA REFRACTORIES INC INDUSTRIAL CONTRACTORS - SKANSKA INTERIOR FINISHES INC INTERNATIONAL CHIMNEY CORP J M W MASONRY SERVICES LLC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust **(b)** Primary activity (c) (d) (e) (i) (f) (g) (h) Name, address, and EIN of Direct controlling Type of entity Percentage Legal Share of total Share of end-of-Section 512 related organization (C corp, S corp, ownership (b)(13)domicile entity income year (state or foreign or trust) assets controlled country) entity? No Yes JACK VOGEL SIM BRICK AND STONE JONES JUDD REFRCTRY AND ACID SPE K - INDUSTRIAL OF INDIANA LLC KAMCO SERVICES LLC KANNING AND PHILLIPS MASONRY INC KEELEY MASON CONTRACTOR INC KIEWIT-KVEARNER CONTRACTORS KINGDOM MASONRY INC KINGERY AND SONS CONSTR INC KOCH KNIGHT LLC KORELLIS ROOFING INC KREMPP CONSTRUCTION COMPANY L B MASONRY LAKE FOREST MASONRY

LANDRY MASONRY COMPANY

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust **(b)** Primary activity (c) (d) (e) (i) (f) (g) (h) Name, address, and EIN of Direct controlling Type of entity Legal Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, (b)(13)domicile entity ownership income year (state or foreign or trust) assets controlled country) entity? No Yes LARSON DANIELSON CONST CO INC LASH REFRACTORY SERVICE INC LEIDAL AND HART MASON CONTRACTORS INC LILJA CORPORATION LOCKWOOD BROTHERS CONSTRUCTION LLC LOCKWOOD TILE LLC LONESTAR SIERRA LLC LUCIA CONSTRUCTORS INC (LCI) M AND M COSMETIC SEALANTS M P BRICK CLEANING MADISON HEIGHTS GLASS CO INC MAININI TILE CO INC MARK 1 RESTORATION COMPANY # 1

MASONRY CONSTRUCTION INC

MATHIS MASONRY INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (c) (d) (e) (f) (h) (i) (g) Name, address, and EIN of Primary activity Direct controlling Legal Type of entity Share of total Share of end-of-Percentage Section 512 (C corp, S corp, related organization domicile entity ıncome ownership (b)(13)year (state or foreign or trust) assets controlled country) entity? Yes No MAY REFRACTORY AND LININGS INC MCABEE CONSTRUCTION INC MCLAUGHLIN MASONRY LLC MEMMER TILE INC METRO MARBLE AND GRANITE LLC METRO TILE ASSOCIATES INC MEYER C R AND SONS COMPANY MIDLAND ENGINEERING CO INC MIDLAND MARBLE AND GRANITE LLC MIDWEST CAULKING INC MIDWEST RESTORATION INC MIDWEST TERRAZZO INC MIDWEST TILE AND GRANITE LLC DBA WESTPORT TILE AND GRANITE

MIDWEST TILE AND INTERIORS INC

MILLS-FAHNESTOCK INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (e) (f) (i) (c) (g) (h) Direct controlling Name, address, and EIN of Primary activity Type of entity Legal Share of total Share of end-of-Percentage Section 512 related organization domicile (C corp, S corp, ownership (b)(13)entity income year (state or foreign or trust) assets controlled country) entity? Yes No MIOTTO 2000 TILE AND MARBLE WORK MOSAICA HARDSURFACE LLC MURREN C A AND SONS COMPANY MID -ATLANTIC LLC NATIONAL ACID PROOFING INC NATIONAL MACHINERY AND CONVEYOR INC NAT'L REGIONAL TRAINING (I M I) NOLAN DON INC NON METALLIC INDUSTRIAL SOLUTIONS INC NORRIS AND SON INC NPA - SEALED-RITE INC

NEVERMAN FLOOR ARTISANS INC DBA FLOORING SURFACES COMM INC NEW GROUP INC (THE) NIELSON GUY M CO INC

O M I REFRACTORIES LLC DBA BISCO

ONEX CONSTRUCTION INC

REFRACTORIES

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust **(b)** Primary activity (c) (d) (e) (i) (f) (g) (h) Name, address, and EIN of Direct controlling Type of entity Legal Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, ownership (b)(13)domicile entity income year (state or foreign controlled or trust) assets country) entity? No Yes PARCO CONSTRUCTORS GROUP LLC PARDUE MASONRY OF CENTRAL FLORIDA INC PARSONS SAVANNAH CONSTRUCTION GROUP PHILLIPS BRICK CLEANING INC PLESSY MASONRY LLC PLIBRICO COMPANY LLC PRECISION MASONRY INC PREMIER CAULKING INC PRO MASONRY INC PROGRESSIVE CONSTRUCTION SERVICES INC PROPST MASONRY CO INC PULLMAN POWER LLC PURDY DON MASONRY LLC **PURDY LLC**

PURDY MASONRY INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (c) (d) (e) (f) (h) (i) (g) Name, address, and EIN of Primary activity Direct controlling Legal Type of entity Share of total Share of end-of-Percentage Section 512 related organization domicile (C corp, S corp, entity ownership (b)(13)income year (state or foreign or trust) assets controlled country) entity? Yes No PYRO INDUSTRIAL SERVICES INC QUALITY FLOORS INC QUINN CONSTRUCTION INC R AND F TILE AND MARBLE CO INC R AND H QUALITY REFRACT SVCS INC R C REFRACTORY CONSULTING AND SERVICES INC R T W REFRACTORY INC RAM BUILDING RESTORATION RAM CONSTRUCTION SERVICES RECON REFRACTORY AND INDUSTRIAL CLEANING SER LLC REFRACTORY ENGINEERS INC REFRACTORY SOLUTIONS INC REGAL SERVICES LLC RENO REFRACTORIES INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust **(b)** Primary activity (c) (d) (e) (i) (f) (g) (h) Name, address, and EIN of Direct controlling Legal Type of entity Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, ownership domicile entity (b)(13)income year (state or foreign or trust) assets controlled country) entity? Yes No REPP AND MUNDT INC RICHMOND COUNTY CONSTRUCTORS LLC RIVERSIDE REFRACTORIES INC ROCK SOLID MASONRY LLC ROSA MOSAIC AND TILE CO INC ROSEMA CORP S AND H MASONRY LLC S S S I INC - SONGER STEEL SERVICES INC SANGIOLO AND BAKER MASONRY LLC SANTAROSSA MOSAIC AND TILE INC SAVANNAH RIVER NUCLEAR SOLUTIONS LLC SAVANNAH RIVER REMEDIATION LLC SCHAEFER GROUP INC (THE) SCHARER DON MASONRY LLC

SCHARER JAMES MASONRY INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust **(b)** Primary activity (c) (d) (e) (i) (f) (g) (h) Name, address, and EIN of Direct controlling Type of entity Legal Share of total Share of end-of-Percentage Section 512 related organization domicile (C corp, S corp, ownership (b)(13)entity income year (state or foreign controlled or trust) assets country) entity? No Yes SCHIRO DEL - BIANCO ENT INC SCHLEIS FLOOR COVERING INC SEA ROSE CONSTRUCTION INC SKOUSE D G CO INC SLATILE ROOFING AND SHEET METAL INC SMALL CONSTRUCTION GROUP SNOW JR AND KING MASONRY SOUTHEASTERN MASONRY INC SOUTHEASTERN REFRACTORY INC SOUTHTOWN AND BRYCE LLC SOUTHWEST REFRACTORY OF TEXAS SPECIALTY FOUNDRY PRODUCTS INC SPERRY F S CO INC SPRINKLE MASONRY INC

STAAT INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust **(b)** Primary activity (c) (d) (e) (i) (f) (g) (h) Name, address, and EIN of Direct controlling Percentage Legal Type of entity Share of total Share of end-of-Section 512 related organization (C corp, S corp, ownership domicile entity (b)(13)income year (state or foreign or trust) assets controlled country) entity? Yes No STAAT JAMES G TUCKPOINTING INC STANDARD MASONRY LLC STEBBINS ENGINEERING STERLING BOILER AND MECHANICAL INC STEWARD-MELLON COMPANY STEWART SERVICES INC STONE AND LIME IMPORTS INC STONE INSTALLATION AND MAINTENANCE LLC STREET LEGAL INDUSTRIES INC STUTTE TILE CO INC SUPERIOR INSULATION COMPANY LLC SUPERIOR TILE AND MARBLE INC TEICHMANN HENRY F INC THEISEN MASONRY INC

THOMPSON CONSTRUCTION GROUP INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (c) (e) (f) (h) (i) (g) Name, address, and EIN of Primary activity Direct controlling Legal Type of entity Share of total Share of end-of-Percentage Section 512 (C corp, S corp, related organization domicile entity ıncome ownership (b)(13)year (state or foreign or trust) assets controlled country) entity? Yes No THORPE J T AND SONS INC THORPE J T COMPANY TOP GUN SEVICES LLC TREMAIN CERAMIC TILE AND FLOOR TRISCO SYSTEMS INC TRI-STAR MASONRY INC UNIQUE CAULKING OF INDIANA LLC UNITED CONSTRUCTION CO INC UNITED FLOORING INC UNIVERSAL BLASTCO - MICHIGAN TILE DIVISION VEECK MASONRY INC VULCAN INDUSTRIAL CONTRACTORS CO LLC WALT DISNEY WORLDPAYROLL OFF WEATHERMAN R B MASONRY INC

WEIGAND CONSTRUCTION CO INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (b) (c) (d) (e) (f) (g) (h) (i) Direct controlling Name, address, and EIN of Primary activity Legal Type of entity Share of total Share of end-of-Percentage Section 512 related organization domicile (C corp, S corp, ownership (b)(13)entity income year (state or foreign or trust) assets controlled country) entity? Yes No WESTERN REFRACTORY CONSTR INC WESTERN SPECIALTY CONTRACTORS WHITSETT LYNN CORPORATION

WILHELM F A CONSTR CO INC WILLIAMS REFRACTORY SERVICES INC WILLIAMS TILE AND MARBLE CO INC

YOCCABEL CONSTRUCTION CO INC

ZIOLKOWSKI CONSTRUCTION INC

YORK CONSTRUCTION INC

YOUNG FINAL FINISH LLC