

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

# Return of Organization Exempt From Income Tax

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

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

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

**A For the 2017 calendar year, or tax year beginning 04-01-2017, and ending 03-31-2018**

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

**C** Name of organization  
 LOCALS 302 & 612 INTL UNION OF OP ENG  
 CONST IND HEALTH AND SECURITY PLAN

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

Number and street (or P O box if mail is not delivered to street address) Room/suite  
 PO BOX 34203 \_\_\_\_\_

City or town, state or province, country, and ZIP or foreign postal code  
 SEATTLE, WA 981241203

**D** Employer identification number  
 91-6028570

**E** Telephone number  
 (206) 441-7574

**G** Gross receipts \$ 356,885,557

**F** Name and address of principal officer  
 DAREN KONOPASKI  
 PO BOX 34203  
 SEATTLE, WA 981241203

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

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

**J** Website: ▶ WWW ENGINEERSTRUST COM

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

**L** Year of formation 1953 **M** State of legal domicile WA

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities  
 PROVIDE HEALTH AND WELFARE BENEFITS TO ELIGIBLE PARTICIPANTS

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	11
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	0
<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)	80
<b>6</b> Total number of volunteers (estimate if necessary)	0
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	0	0
<b>9</b> Program service revenue (Part VIII, line 2g)	130,721,711	138,834,655
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,038,720	8,630,781
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	108,260	122,767
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	136,868,691	147,588,203
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	127,793,318	135,260,434
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,239,359	7,312,436
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	135,032,677	142,572,870
<b>19</b> Revenue less expenses Subtract line 18 from line 12	1,836,014	5,015,333

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	243,008,190	256,669,426
<b>21</b> Total liabilities (Part X, line 26)	95,483,394	100,431,085
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	147,524,796	156,238,341

**Part II Signature Block**

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

**Sign Here**

\*\*\*\*\*  
 Signature of officer \_\_\_\_\_ Date 2019-01-16  
 DAREN KONOPASKI CHAIRMAN  
 Type or print name and title \_\_\_\_\_

**Paid Preparer Use Only**

Print/Type preparer's name  
 TODD M STOKES

Preparer's signature  
 TODD M STOKES

Date \_\_\_\_\_

Check  if self-employed PTIN P01451940

Firm's name ▶ LINDQUIST LLP Firm's EIN ▶ 52-2385296

Firm's address ▶ 5000 EXECUTIVE PARKWAY SUITE 400 Phone no (925) 277-9100  
 SAN RAMON, CA 94583

**Part III Statement of Program Service Accomplishments**

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

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

PROVIDE HEALTH AND WELFARE BENEFITS TO ELIGIBLE PARTICIPANTS, THEIR DEPENDENTS, AND RETIREES

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

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

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

If "Yes," describe these changes on Schedule O

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

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

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

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

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

**4e** Total program service expenses ▶

**Part IV Checklist of Required Schedules**

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

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (11), 1b (0), 2 (No), 3 (Yes), 4 (No), 5 (No), 6 (No), 7a (No), 7b (No), 8a (Yes), 8b (Yes), 9 (No).

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

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

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 (List states), 18 (Public inspection: Own website, Another's website, Upon request, Other), 19 (Describe governing documents), 20 (State name, address, telephone number).

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRETT FERULLO TRUSTEE	1 00	X						0	0	0
(2) MIKE TUCCI TRUSTEE	1 00	X						0	0	0
(3) DOUG PETERSON TRUSTEE	1 00	X						0	0	0
(4) MIKE MILLER TRUSTEE	1 00	X						0	0	0
(5) ANDREW LEDBETTER TRUSTEE/SECRETARY	1 00	X						0	0	0
(6) DAREN KONOPASKI TRUSTEE/CHAIRMAN	1 00	X						0	0	0
(7) TODD MICKELSON TRUSTEE	1 00	X						0	0	0
(8) SEAN JEFFRIES TRUSTEE	1 00	X						0	0	0
(9) CURT KOEGEN TRUSTEE	1 00	X						0	0	0
(10) MIKE LEE TRUSTEE	1 00	X						0	0	0
(11) JASON ALWARD TRUSTEE	1 00	X						0	0	0
(12) SEE SCHEDULE O FOR COMPENSATION PAID BY RELATED ORGANIZATION	0 00	X						0	1	0





**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>					
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____						
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶						
<b>Program Service Revenue</b>			Business Code				
	<b>2a</b> EMPLOYER CONTRIBUTIONS		900099	110,431,518	110,431,518		
	<b>b</b> PARTICIPANT CONTRIBUTIONS		900099	14,635,000	14,635,000		
	<b>c</b> FORMULARY & OTHER REBATES		900099	12,659,241	12,659,241		
	<b>d</b> EXPERIENCE RATING REFUND		900099	591,192	591,192		
	<b>e</b> EGWP SUBSIDY		900099	517,704	517,704		
	<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f . . . . . ▶			138,834,655				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶			6,799,203		6,799,203	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . . ▶						
	<b>5</b> Royalties . . . . . ▶						
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
		<b>b</b> Less rental expenses					
		<b>c</b> Rental income or (loss)					
		<b>d</b> Net rental income or (loss) . . . . . ▶					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		<b>b</b> Less cost or other basis and sales expenses					
		<b>c</b> Gain or (loss)					
		<b>d</b> Net gain or (loss) . . . . . ▶			1,831,578		1,831,578
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>					
		<b>b</b> Less direct expenses . . . . .	<b>b</b>				
		<b>c</b> Net income or (loss) from fundraising events . . . . . ▶					
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>					
<b>b</b> Less direct expenses . . . . .		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities . . . . . ▶							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
	<b>b</b> Less cost of goods sold . . . . .	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory . . . . . ▶						
Miscellaneous Revenue		Business Code					
<b>11a</b> LEGAL FEES COLLECTED		900099	83,857	83,857			
<b>b</b> SEC LITIGATION INC		900099	37,520		37,520		
<b>c</b> SECURITIES LENDING INCOME		900099	1,390		1,390		
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . . ▶			122,767				
<b>12 Total revenue.</b> See Instructions . . . . . ▶			147,588,203	138,918,512	0	8,669,691	

**Part IX Statement of Functional Expenses**

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

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members	135,260,434			
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages				
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes				
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management	813,126			
<b>b</b> Legal	260,852			
<b>c</b> Accounting	107,249			
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees	474,973			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,751,610			
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	620,806			
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy				
<b>17</b> Travel	6,875			
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	20,305			
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization				
<b>23</b> Insurance	22,403			
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> ALASKA VACCINE ASSESSME	190,680			
<b>b</b> PCORI FEE	43,557			
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	142,572,870			
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	8,054,966	<b>1</b>	14,335,939
	<b>2</b> Savings and temporary cash investments . . . . .	6,463,306	<b>2</b>	4,836,632
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	11,105,364	<b>4</b>	15,913,749
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	6,400	<b>9</b>	6,400
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D		<b>10c</b>	
	<b>b</b> Less accumulated depreciation			
	<b>11</b> Investments—publicly traded securities . . . . .	189,395,632	<b>11</b>	197,174,233
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	23,270,476	<b>12</b>	24,402,473
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	4,712,046	<b>15</b>	0
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	243,008,190	<b>16</b>	256,669,426	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	2,786,858	<b>17</b>	1,325,519
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	92,696,536	<b>25</b>	99,105,566
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	95,483,394	<b>26</b>	100,431,085
<b>Net Assets or Fund Balances</b>	<b>27 Organizations that follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b> Unrestricted net assets		<b>27</b>	
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>30 Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 30 through 34.</b> Capital stock or trust principal, or current funds . . . . .	0	<b>30</b>	0
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .	0	<b>31</b>	0
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds	147,524,796	<b>32</b>	156,238,341
	<b>33 Total net assets or fund balances . . . . .</b>	147,524,796	<b>33</b>	156,238,341
	<b>34 Total liabilities and net assets/fund balances . . . . .</b>	243,008,190	<b>34</b>	256,669,426

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	147,588,203
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	142,572,870
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	5,015,333
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	147,524,796
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	3,698,212
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	156,238,341

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2a</b>		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2b</b>	Yes	
<b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	<b>2c</b>	Yes	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	<b>3a</b>		No
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<b>3b</b>		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 91-6028570

**Name:** LOCALS 302 & 612 INTL UNION OF OP ENG  
CONST IND HEALTH AND SECURITY PLAN

Form 990 (2017)

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

PROVIDED HEALTH AND WELFARE BENEFITS TO ELIGIBLE PARTICIPANTS, THEIR DEPENDENTS, AND RETIREES

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

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

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

**Name of the organization**  
LOCALS 302 & 612 INTL UNION OF OP ENG  
CONST IND HEALTH AND SECURITY PLAN

**Employer identification number**  
91-6028570

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

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

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

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

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

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .				
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				0

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) LIMITED PARTNERSHIP	24,402,473	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12.)	24,402,473	

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

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

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

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

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
ACCUMULATED ELIGIBILITY CREDITS	71,572,000
CLAIMS PAYABLE AND IBNR	27,533,566
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.)	99,105,566

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



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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	150,811,442
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	3,698,212
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	3,698,212
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	147,113,230
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	474,973
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	474,973
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	147,588,203

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	130,370,970
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	130,370,970
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	474,973
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	11,726,927
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	12,201,900
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	142,572,870

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 91-6028570

**Name:** LOCALS 302 & 612 INTL UNION OF OP ENG  
CONST IND HEALTH AND SECURITY PLAN

## Supplemental Information

Return Reference	Explanation
PART X, LINE 2	ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE THE TAX POSITIONS TAKEN BY THE PLAN AND RECOGNIZE A TAX LIABILITY IF THE PLAN HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE PLAN AND HAS CONCLUDED THAT, AS OF MARCH 31, 2018, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL STATEMENTS THE PLAN IS SUBJECT TO ROUTINE AUDITS BY THE TAXING JURISDICTIONS, HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS THE PLAN BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR THE YEARS PRIOR TO 2015

## Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	CHANGE IN BENEFIT OBLIGATIONS

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

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

▶ Attach to Form 990 or 990-EZ.

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

**2017****Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

LOCALS 302 & 612 INTL UNION OF OP ENG  
CONST IND HEALTH AND SECURITY PLAN

Employer identification number

91-6028570

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3	THE PLAN HAS CONTRACTED WITH WELFARE & PENSION ADMINISTRATION SERVICE, INC TO PROVIDE DAY TO DAY ADMINISTRATIVE SERVICES TO THE PLAN

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 WILL BE REVIEWED BY THE TRUST CHAIRMAN FOR ACCURACY AND COMPLETENESS PRIOR TO FILING WITH THE IRS

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, VII, SECTION A, LINE 1A	TRUSTEES ARE NOT COMPENSATED BY THE TRUST COMPENSATION PAID TO TRUSTEES EMPLOYED BY THE OTHER RELATED ORGANIZATIONS IS REPORTED ON THE FORM 990 FILED WITH THE INTERNAL REVENUE SERVICE BY THE RELATED TAX-EXEMPT ORGANIZATION IF YOU WOULD LIKE ADDITIONAL INFORMATION, PLEASE CONTACT THE THIRD-PARTY ADMINISTRATOR, WELFARE & PENSION ADMINISTRATION SERVICE, INC



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XII, LINE 2C	THE ORGANIZATION HAS A BOARD OF TRUSTEES THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT THIS PROCESS HAS NOT CHANGED

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, LINE 2A	THE PLAN PROVIDES TAXABLE DISABILITY BENEFIT PAYMENTS TO ELIGIBLE PARTICIPANTS AND REPORTS THOSE BENEFITS ON FORM W-2 THESE BENEFITS ARE INCLUDED ON FORM 990, PART IX, LINE 4

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
LOCALS 302 & 612 INTL UNION OF OP ENG  
CONST IND HEALTH AND SECURITY PLAN

**Employer identification number**

91-6028570

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
<b>(1)</b> WESTERN WA OPERATING ENGINEERS - EMPLOYERS TRAINING TRUST 16921 VANTAGE HIGHWAY  ELLENSBURG, WA 98926 91-6134083	TO PROVIDE TRAINING BENEFITS	WA	501(C)3	9	N/A		No
<b>(2)</b> LOCALS 302 & 612 OF THE IUOE RETIREMENT PLAN PO BOX 34203  SEATTLE, WA 981241203 91-6028571	TO PROVIDE PENSION BENEFITS	WA	501(A)	N/A	N/A		No
<b>(3)</b> INTL UNION OF OPERATING ENGINEERS LOCAL 302 18701 120TH AVENUE NE  BOTHELL, WA 980119514 91-0257483	LABOR UNION	WA	501(C)5	N/A	N/A		No
<b>(4)</b> INTL UNION OF OPERATING ENGINEERS LOCAL 612 1555 SOUTH FAWCETT AVENUE  TACOMA, WA 98401 91-0268531	LABOR UNION	WA	501(C)5	N/A	N/A		No

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

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

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved



**Part VII Supplemental Information**

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

Return Reference	Explanation
SCHEDULE R, RELATED ORGANIZATIONS	<p>THE FILING ORGANIZATION IS A TAFT-HARTLEY MULTIEMPLOYER TRUST THAT PROVIDES HEALTH AND WELFARE BENEFITS TO ELIGIBLE EMPLOYEES AND THEIR DEPENDENTS AS OF MARCH 31, 2018, THERE ARE APPROXIMATELY 502 EMPLOYERS THAT CONTRIBUTE TO THE TRUST THE ADMINISTRATIVE OFFICE MAINTAINS A DATABASE OF THESE CONTRIBUTING EMPLOYERS, INCLUDING NAMES, ADDRESSES AND OTHER CONTACT INFORMATION THE FEDERAL TAX CLASSIFICATION (DISREGARDED ENTITY, TAX EXEMPT ORGANIZATION, PARTNERSHIP, TAXABLE CORPORATION OR TRUST) FOR EACH CONTRIBUTING EMPLOYER IS NOT ON FILE WITH THE ADMINISTRATIVE OFFICE AND IT COULD NOT BE REASONABLY OBTAINED AS A RESULT THE NAMES OF THE CONTRIBUTING EMPLOYERS ARE LISTED ON PART VII BELOW AND NOT ON PARTS II THROUGH IV BY FEDERAL TAX CLASSIFICATION 1 ALLIANCE GEOMATICS 800 5TH AVE PARTNERS A &amp; L CONSTRUCTION A MILLICAN CRANE SERV AA ASPHALTING, INC AAA CONTRACTORS INC AAA VALLEY GRAVEL ABBEY ROAD GROUP ABLE ENGINEERING SVCS ABM ENGINEERING SERV ABM FACILITY SERVICES ABSHER CONSTRUCTION CO ACCURATE ENTERPRISES ACME CONCRETE PAVING ACTIVE CONST INC ADMIRALTY CONSTRUCTION ADP CONSTRUCTION SERV ADVANCED AMERICAN ADVANCED GEOSOLUTIONS ADVANTAGE DIRT AEI WILLIAMS GROUP CO AGOSTINO CONSTRUCTION AHBL, INC AHTNA CONST &amp; PRIMARY AHTNA DESIGN BUILD AIR PLACED CONCRETE AK FRONTIER AK FRONTIER SERVICES AK INTERSTATE CONSTR AK OPER ENG TRNG FUND ALASKA INDUSTRIAL LLC ALASKA JUNEAU CONST ALASKA MILLING &amp; ALASKA PIPELINER INC ALBRECHT BIRKENBUEL ALEUT O&amp;M SERVICES LLC ALIA, R L COMPANY ALIMAK INC ALSCO ALUTIIQ LLC ALYESKA LAND SERVICES AMERICAN BRIDGE CO AMERICAN CONCRETE AMERICAN CONST CO INC AMERICAN IRONWORKS &amp; ANCHORAGE SAND &amp; GRAVL ANCOR INC ANDERSEN STRUCTURES APEX TOWER CRANE APOLLO INC ARCHER CONST INC ARCTEC ALASKA ARETE CONST CORP ASCENDENT, LLC ASRC CIVIL CONST LLC ASRC EARTHWORKS, LLC ASRC ENERGY SERVICES ASTS, INC ATKINSON CONST CO AURORA ENERGY L L C AWR AXIS CRANE AXIS SURVEY &amp; MAPPING BAE SYSTEMS BAKER CONCRETE BAM, LLC BARNHART CRANE &amp; RIGG BARRY CIVIL CONSTRUCT BERING PACIFIC BEST CONST CONTROL BIANCHI CONSTRUCTION BICKNELL INC BIG MTN ENTERPRISES BIGGE CRANE &amp; RIGGING BLACKLICK CONTRACTORS BLAKE SAND &amp; GRAVEL BLOCH STEEL IND BLUE IRON FOUNDATION &amp; BOBCAT OF JUNEAU LLC BOSS CONSTRUCTION INC BRAVO ENVIRONMENTAL NW BRECHAN CONSTRUCTION BRICE INCORPORATED BRISTOL CONSTRUCTION BRISTOL GENERAL CONT BRISTOL INDUSTRIES LLC BROTHERS PIPELINE BROWN'S HILL QUARRY BRUCH &amp; BRUCH CONST BRUNDAGE BONE CONCRETE BUNO CONSTRUCTION LLC C I C INC C I LOVELL, INC CABRILLO HOIST CADMAN INC CADMAN INC FKA CEMEX CAPSTONE STRUCTURES CARVER CONSTRUCTION CASCADE DRILLING INC CASCADE SAWING CASCADE TOWER &amp; CASTLE WALLS LLC CAT'S EYE EXCAVATING CBI SERVICES CBRE CBRE - AT&amp;T SITES CECCANTI INCORPORATED CENTRAL ENVIRONMENTAL CENTRAL PRE-MIX CONC CHANNEL CONSTRUCTION CHENEGA FACILITIES CITY TRANSFER INC CLARK CRANE CO COAST CRANE COMPANY COLASKA INC COLUMBIA CRANE LLC COLUMBIA RIVER CONTR COLVICO INC CONCO COMPANIES, THE CONCO, INC CONCRETE PLACEMENT OF CONDON-JOHNSON &amp; ASSOC CONSTRUCTION AHEAD DBA CONTINENTAL DIRT CONWAY CONSTRUCTION COOGAN CONSTR CO CORAL CONSTRUCTION CO COUNTY OF KING-PAYROLL CROMWELL COMMERCIAL CROWLEY MARINE SERV CRUZ CONSTRUCTION INC CUSHFIELD MAINTENANCE D &amp; D CONSTRUCTION INC D &amp; G BACKHOE INC D L TIMBER RESOURCES DANARD ELECTRIC INC DAWSON CONSTRUCTION DBE ELECTRIC, INC DEBCO CONSTRUCTION DEENY CONST CO INC DELHUR INDUSTRIES INC DENALI MATERIALS DEWITT CONST INC DIBIT MEASURING TECH DICKSON, WM CO DMI DRILLING DN TANKS INC DOOLITTLE CONST CO DOYON ASSOCIATED, LLC DOYON UTILITIES, LLC DPK INC DUNCAN CRANE SERVICE DUTRA GROUP DYK, INC EARTHMOVER EXCAVATING ED'S BULLDOZING EHW CONSTRUCTORS, JV ENCO ALASKA, INC ENGINEERED HEAVY SVCS ERECTION CO INC EXCLUSIVE PAVING FAIRBANKS CITY OF FAIRBANKS PIPELINE FAIRBANKS PUMPING FENIX EARTHWORKS, LLC FIORITO BROS INC FLATIRON CONSTRUCTORS FLATIRON WEST, INC FLOWLINE ALASKA FORD CRANE INC FOSS MARITIME COMPANY FOWLER GENERAL FRANK COLUCCIO CONST FRANKLIN PAC CONST FRAWNER CORPORATION FRONTIER-KEMPER CONST FS&amp;G REDI-MIX INC G&amp;L UTILITY GARCO CONSTRUCTION INC GARNER CONST W B E GARY MERLINO CONST CO GENERAL CONSTRUCTION GHEMM CO INC GLACIER NORTHWEST INC GLACIER STATE CONTR GLOBAL DIVING &amp; GLY CONSTRUCTION CO GMC CONTRACTING INC GOLDEN VALLEY ELECTRIC GONSALVES &amp; SANTUCCI GONZALES BORING AND GOODFELLOW BROS INC GRADY EXCAVATING, INC GRAFF CONTRACTING LLC GRAHAM CONTRACTING LTD GRANITE CONST CO GREAT NORTHWEST INC GREENFIELD SERVICES GREGORY DRILLING INC GROUND UP RD CONST H C CONTRACTORS, INC H C REDI MIX HAMILTON CONST INC HANGING H COMPANIES HARBOR EXCAVATION LLC HARRI PLUMBING AND HARRIS SAND &amp; GRAVEL HASKELL CORPORATION HAYWARD BAKER INC HD MARINE, LLC HECTOR'S WELDING INC HENRIKSEN CONSTRUCTOR HIGHLINE MEDICAL CTR HIGHMARK CONCRETE HINES IDX TOWER HOFFMAN STRUCTURES INC HOLOCENE DRILLING HOLT SERVICES INC HOS BROTHERS CONST INC HOT MIX PAVERS, INC HOWARD S WRIGHT HT-SEATTLE OWNER, LLC HUNTCO ENTERPRISES ICON MATERIALS ILIAD INC IMAGE CONTRACTING INC IMHOFF CONTR &amp; CRANE INFRASTRUCTURE INC INLAND FOUNDATION INC INTEL PARTNERSHIP, INC INTERIOR EXCAVATING &amp; INTERIOR REGIONAL INTERNATIONAL STEEL INTERSTATE IMPROVEMENT INTERWEST CONST INC IUOE NATIONAL TRNG FD IUOE PIPELINE HEALTH IVERSEN &amp; SONS INC J E WORK INCORPORATED J H KELLY LLC J R HAYES &amp; SONS JAMES W FOWLER CO JAMMIE'S ENVIRONMENTAL JCM NORTHLINK LLC JOHANSEN CONSTRUCTION JOHN WAYNE CONST CO JOHNSON BACKHOE &amp; JORDAN EXCAVATING JSB CONTRACTORS LLC K C EQUIPMENT LLC K&amp;N ELECTRIC MOTORS KANGLEY SAND &amp; GRAVEL KAUFFMAN GRADING CO KENNERSON EXCAVATION KIEWIT INFRA WEST CO KIEWIT PACIFIC CO KIEWIT/GENERAL/MANSON KIEWIT-HOFFMAN, JV KING CONSTRUCTION CO KING HYDROSEEDING, INC KLB CONSTRUCTION, INC KONNERUP CONSTR INC KULCHIN-FOUNDATION LAKERIDGE PAVING CO LAKESIDE INDUSTRIES LANKTREE LAND SURV LASER UNDERGROUND &amp; LAVELLE VAC &amp; DRAINAGE LEASE CRUTCHER LEWIS LEAVITT CRANES USA INC LEHIGH HANSON LEINGANG, KEN LIBERTY ELECTRIC, LLC LINESCAPE OF WA, LLC LMH CONSTRUCTION LOCAL 286 TRAINING CTR M A MORTENSON CO MACNAK CONSTRUCTION MALCOLM DRILLING MAMMOET USA NORTH INC MANSON CONST &amp; ENG CO MARINE VACUUM SERVICE MARONI CONSTRUCTION MARSHBANK CONSTRUCTION MASS EXCAVATION INC MATANUSKA ELEC ASSOC MATCONUSA, LP</p>

Return Reference	Explanation
SCHEDULE R, RELATED ORGANIZATIONS (CONT'D)	<p>MAX J KUNEY CO MAYFIELD HOISTING SVC MCCANN CONSTRUCTION NW MCDOWELL NORTHWEST INC MCM LLC MEKO CONSTRUCTION MICHELS CORPORATION MICHELS PIPELINE CONST MIDMOUNTAIN CONTR INC MIDSTATE EQUIPMENT INC MILES RESOURCES LLC MILLER CONST CO LTD MING SURVEYORS INC MODERN SEWER CONST CO MORETRENCH AMERICAN MULIER CONSTRUCTION MUNICIPALITY OF ANCH MURPHY, D B NANUQ INC NAPOLEON GROUP LLC NATHAN CLEAVER SEPTIC NATIONAL CONCRETE NATIONAL STEEL NATT MCDUGALL CO NCM CONTRACTING GRP LP NEESER CONSTRUCTION NEPTUNE MARINE NESS &amp; CAMPBELL CRANE NEW VENTURE EXCAVATING NOME JOINT UTILITY NORCON-CH2M HILL NORDIC CONSTRUCTION NORDLAND CONSTRUCTION NORTH PACIFIC STEEL NORTH STAR ICE NORTH STAR PAVING &amp; NORTH STAR TERMINAL NORTHBANK CIVIL &amp; MAR NORTHERN CONSTRUCTION NORTHERN LAND NORTHERN OILFIELD NORTHWEST ASPHALT INC NORTHWEST BORING CO NORTHWEST CASCADE INC NORTHWEST CONST INC NORTHWEST DEMOLITION NORTHWEST METAL FAB NORTHWEST TOWER CRANE O'BUNCO ENGINEERING OGARD LEASING INC OHNO CONSTRUCTION CO OLIN EXCAVATION, LLC OLSON BROS EXCAV INC OLSON BROS PRO VAC LLC OLYMPIC PAVING INC OLYMPIC PENINSULA CONS OMA CONSTRUCTION INC OMEGA RIGGERS &amp; OMEGA RIGGING &amp; ORION MARINE CONT LLC P R SYSTEMS INC PAC NW INFRASTRUCTURE PACIFIC CIVIL &amp; INFRAS PACIFIC COAST PAVING PACIFIC FOUNDATION INC PACIFIC INT'L GROUT CO PACIFIC NW BAKING CO PACIFIC PILE &amp; MARINE PACWEST GRINDING PAVING PRODUCTS INC PCI DEMOCON LLC PCL CONST SERVICES PEARSON DRILLING INC PEASE &amp; SONS, INC PELLCO CONSTRUCTION PENHALL COMPANY PENNY LEE TRUCKING INC PERFORMANCE ABATEMENT PERIMETER SECURITY PERRIZO ENTERPRISES PETERSEN BROS INC PIERCE CO RECYCLING PILE CONTRACTORS INC PIVETTA BROS CONST INC PORT OF SEATTLE POTELOCO POTTLE &amp; SONS CONST POWERTEK ELECTRIC INC PRECISION CRANES INC PREMIER EARTHWORK PREMIER POWER ELECTRIC PRICE GREGORY INT'L PROSPECT CONSTRUCTION PROSSER-DAGG CONST CO PRUHS CONST CO LLC R G CONSTRUCTION INC RAILWORKS TRACK SYS RAINIER CRANE SERVICE RAINIER EXCAVATING INC RALPHS CONCRETE PUMP RAY ELECTRIC RAZZ CONSTRUCTION RECIP ADJUSTMENT REGIONAL DISPOSAL CO RENEGADE EQUIPMENT REV DRILLING, INC RHINE DEMOLITION LLC RIDGEBACK EXCAVATING RISING RIVER, INC ROADWAY CONST INC ROCK-N-ROAD INC ROGER HICKEL CONTRACT ROGNLIN'S INC RRJ COMPANY, LLC RS EXCAVATING S R BALES CONSTRUCTION SAEZ CONSULTING ENG SAFECO SC PLAZA 2,LLC SALINAS CONSTRUCTION SALINI IMPREGILO SALMON BAY SAND SANDSTROM &amp; SONS INC SB STRUCTURES LLC SCARSELLA BROTHERS INC SCHNITZER STEEL SCHWISOW CONST INC SCI INFRASTRUCTURE LLC SEA STAR STEVEDORE SEABURG CONSTRUCTION SEAFREEZE AQUISIONS SEATTLE IRON &amp; METALS SEATTLE TOWER CRANE SEATTLE TUNNEL PARTNRS SEEGERT INC SELLEN CONST CO INC SHAFFER CRANE SHIMMICK CONST CO INC SHIMMICK-PARSONS, JV SHORELINE CONST CO SIERRA PACIFIC CONST SILVER MT CONSTRUCTION SITE DEVELOPMENT INC SKAAR CONSTRUCTION SKANSKA NORTHWEST J/V SKANSKA USA BLDG INC SKANSKA USA CIVIL NW SKANSKA/TRAYLOR JV SKANSKA/TRAYLOR/SHEA SNELL CRANE SERVICE SNELSON COMPANIES INC SOUND EARTHWORKS, INC SOUTHCENTRAL CONSTR SOUTHEAST AGGREGATE SPECIALZED LANDSCAPING SPRINGBROOK NURSERY &amp; SPRINGHILL L L C ST JOSEPH'S HOSPITAL STACY &amp; WITBECK INC STACY &amp; WITBECK/ATKINS STATON COMPANIES STEPHENS PASSAGE STERLING BROWN STERLING BROWN STIRRETT JOHNSEN INC STONEWAY CONCRETE INC STORIE BARRIERS CORP STRICKLAND &amp; SONS EXC SUPERIOR EARTHWORKS SUPERVALU INC SURE SHOT TRUCKING LLC SWALLING CONST CO INC SWALLING GENERAL CONTR TACOMA PLUMBING TACOMA SCHOOL DIST #10 TCC, LLC TECNA INDUSTRIES, INC TETRA TECH THE HDD COMPANY INC THE WESTIN HOTEL TITAN EARTHWORK, LLC TODD PACIFIC TOG MIDSTATE JV, LLC TONY LIND PAVING, INC TOTAL SITE SERVICES TOTEM ELECTRIC TRANSCON COMPANY, LLC TRANSPORTATION SYSTEMS TRENCHLESS CONST SVCS TRICO COMPANIES LLC TRUE NORTH LAND SURVEY TUCCI &amp; SONS INC TUNISTA CONSTRUCTION TURNAGAIN MARINE CONST TURNER CONST CO TUTKA LLC U S BAKING COMPANY UNIT COMPANY VALLEY GENERAL CONSTR VENTILATION POWER VERSATILE DRILLING W E COATES SURVEYING WALSH CONST CO II, LLC WARD-HENSHAW CONST INC WASHINGTON ATHLETIC WASHINGTON STATE WASSILLA, CITY OF WATSON ASPHALT PAVING WESTERN CRANE, INC WESTERN MARINE CONST WESTERN REFINERY SVCS WHH NISQUALLY FED SVCS WHITE MOUNTAIN WM DICKSON COMPANY WOLF CREEK FED SVCS WORLD EQUIPMENT INC</p>