

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

# Return of Organization Exempt From Income Tax

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
**2018**  
Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning 04-01-2018, and ending 03-31-2019**

- 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 \$ 202,594,350

**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, THEIR DEPENDENTS AND RETIREES

**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)	10
<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 2018 (Part V, line 2a)	76
<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)	138,834,655	144,265,048
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,630,781	6,896,718
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	122,767	59,328
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	147,588,203	151,221,094
<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)	135,260,434	132,711,548
<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)	7,312,436	7,308,941
<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	142,572,870	140,020,489
<b>19</b> Revenue less expenses Subtract line 18 from line 12	5,015,333	11,200,605
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	256,669,426	273,666,160
<b>21</b> Total liabilities (Part X, line 26)	100,431,085	100,721,547
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	156,238,341	172,944,613

**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: 2020-01-13

DAREN KONOPASKI CHAIRMAN  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name Preparer's signature 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

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

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

		Yes	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> . . . . .	<b>23</b>	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> . . . . .	<b>24a</b>	No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	
<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>24c</b>	
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	
<b>25a</b>	<b>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>25a</b>	
<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>25b</b>	
<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> . . . . .	<b>26</b>	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> . . . . .	<b>27</b>	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> . . . . .	<b>28a</b>	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> . . . . .	<b>28b</b>	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> . . . . .	<b>28c</b>	No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>	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> . . . . .	<b>30</b>	No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>	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> . . . . .	<b>32</b>	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> . . . . .	<b>33</b>	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> . . . . .	<b>34</b>	Yes
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>	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>35b</b>	
<b>36</b>	<b>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>36</b>	
<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> . . . . .	<b>37</b>	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 . . . . .	<b>38</b>	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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . . . .	<b>1a</b>	2,569
<b>b</b>	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . . . .	<b>1b</b>	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	Yes

<b>2a</b> 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 . . . . .		<b>2a</b>	76		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<b>2b</b>	Yes		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .		<b>3a</b>		No	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O . . . . .</i>		<b>3b</b>			
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		<b>4a</b>		No	
<b>b</b> If "Yes," enter the name of the foreign country <b>▶</b> _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		<b>5a</b>		No	
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>5b</b>		No	
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .		<b>5c</b>			
<b>6a</b> 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? . . . . .		<b>6a</b>		No	
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		<b>6b</b>			
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>					
<b>a</b> 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? . . . . .		<b>7a</b>			
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		<b>7b</b>			
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		<b>7c</b>			
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		<b>7d</b>			
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>7e</b>			
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		<b>7f</b>			
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		<b>7g</b>			
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .		<b>7h</b>			
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		<b>8</b>			
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		<b>9a</b>			
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		<b>9b</b>			
<b>10 Section 501(c)(7) organizations.</b> Enter					
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .		<b>10a</b>			
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		<b>10b</b>			
<b>11 Section 501(c)(12) organizations.</b> Enter					
<b>a</b> Gross income from members or shareholders . . . . .		<b>11a</b>			
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .		<b>11b</b>			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		<b>12a</b>			
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year		<b>12b</b>			
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O		<b>13a</b>			
<b>b</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 . . . . .		<b>13b</b>			
<b>c</b> Enter the amount of reserves on hand . . . . .		<b>13c</b>			
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		<b>14a</b>		No	
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O . . . . .</i>		<b>14b</b>			
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .		<b>15</b>		No	
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .		<b>16</b>		No	

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (10); 1b Enter the number of voting members included in line 1a, above, who are independent (0); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (Yes); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (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? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (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 Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (No); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (No); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (No); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (No); b Other officers or key employees of the organization (No); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: Own website, Another's website, Upon request, Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: WELFARE & PENSION ADMINISTRATION SE 7525 SE 24TH STREET SUITE 200 MERCER ISLAND, WA 98040 (206) 441-7574

**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 - PAST TRUSTEE	1 00	X						0	0	0
(2) MIKE TUCCI TRUSTEE	1 00	X						0	0	0
(3) DOUG PETERSON - PAST 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) COREY CHRISTENSEN TRUSTEE	1 00	X						0	0	0
(13) SEE SCHEDULE O FOR COMPENSATION PAID BY RELATED ORGANIZATIONS	0 00	X						0	1	0

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

<b>1b Sub-Total</b> . . . . .	▶			
<b>1c Total from continuation sheets to Part VII, Section A</b> . . . . .	▶			
<b>1d Total (add lines 1b and 1c)</b> . . . . .	▶	0	1	0

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
WELFARE & PENSION ADMINISTRATION SERVICE PO BOX 34203 SEATTLE, WA 98124	ADMINISTRATION	2,788,524
PREMERA 7001 220TH ST SW BUILDING 1 MOUNTLAKE TERRACE, WA 98043	BENEFIT ADMINISTRATION	1,887,731
FIRST CHOICE HEALTH 600 UNIVERSITY STREET SUITE 1400 SEATTLE, WA 98101	PPO NETWORK PROVIDER	566,462
UNITED HEALTHCARE 7525 SE 24TH STREET MERCER ISLAND, WA 98040	BENEFIT ADMINISTRATION	319,348
INVESCO 2001 ROSS AVENUE SUITE 3400 DALLAS, TX 75201	INVESTMENT MANAGEMENT	276,297

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 10



**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	117,611,908	117,611,908		
<b>b</b> PARTICIPANT CONTRIBUTIONS		900099	15,059,990	15,059,990			
<b>c</b> FORMULARY & OTHER REBATES		900099	11,084,548	11,084,548			
<b>d</b> EGWP SUBSIDY		900099	508,602	508,602			
<b>e</b> _____							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f . . . . . ▶			144,265,048				

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		7,626,605			7,626,605	
	<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	50,643,369					
	<b>c</b> Gain or (loss)	51,373,256					
	<b>d</b> Net gain or (loss) . . . . . ▶	-729,887		-729,887			-729,887
	<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	47,671	47,671			
<b>b</b> SEC LITIGATION INC		900099	11,657			11,657	
<b>c</b> _____							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . . ▶			59,328				
<b>12 Total revenue.</b> See Instructions . . . . . ▶			151,221,094	144,312,719	0	6,908,375	

**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

	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<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	132,711,548			
<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 . . . . .	812,986			
<b>b</b> Legal . . . . .	177,612			
<b>c</b> Accounting . . . . .	128,514			
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees . . . . .	491,778			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,931,016			
<b>12</b> Advertising and promotion . . . . .				
<b>13</b> Office expenses . . . . .	443,880			
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .				
<b>17</b> Travel . . . . .	6,599			
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	25,938			
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .				
<b>23</b> Insurance . . . . .	26,705			
<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	223,301			
<b>b</b> PCORI FEE	40,612			
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	140,020,489			
<b>26 Joint costs.</b> 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 . . . . .	14,335,939	<b>1</b>	15,981,798
	<b>2</b> Savings and temporary cash investments . . . . .	4,836,632	<b>2</b>	8,281,049
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	15,913,749	<b>4</b>	15,883,407
	<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>	9,400
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b>		
	<b>b</b> Less accumulated depreciation	<b>10b</b>		<b>10c</b>
	<b>11</b> Investments—publicly traded securities . . . . .	197,174,233	<b>11</b>	208,054,424
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	24,402,473	<b>12</b>	25,456,082
	<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 . . . . .		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	256,669,426	<b>16</b>	273,666,160	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	1,325,519	<b>17</b>	1,969,574
	<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	99,105,566	<b>25</b>	98,751,973
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	100,431,085	<b>26</b>	100,721,547
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</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>Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</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	156,238,341	<b>32</b>	172,944,613
<b>33</b> Total net assets or fund balances . . . . .	156,238,341	<b>33</b>	172,944,613	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	256,669,426	<b>34</b>	273,666,160	

**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>	151,221,094
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	140,020,489
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	11,200,605
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	156,238,341
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	5,505,667
<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>	172,944,613

**Part XII Financial Statements and Reporting**

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

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

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<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 (2018)

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

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

---

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

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

OMB No 1545-0047  
**2018**  
**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 7/25/06, 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
- |  |       |        |
|--|-------|--------|
| <b>(i)</b> unrelated organizations . . . . .   | Yes   | No     |
| <b>(ii)</b> related organizations . . . . .  | 3a(i) | 3a(ii) |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | 3b    |        |
- 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	25,456,082	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	25,456,082	

**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	71,568,000
CLAIMS PAYABLE AND IBNR	27,183,973
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	98,751,973

**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>	156,234,983
<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>	5,505,667
<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>	5,505,667
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	150,729,316
<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>	491,778
<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>	491,778
<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>	151,221,094

**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>	139,882,304
<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>	139,882,304
<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>	491,778
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	-353,593
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	138,185
<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>	140,020,489

**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, 2019, 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 2016

# 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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2018**  
**Open to Public Inspection**

Department of the Treasury

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

Return Reference	Explanation
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

Return Reference	Explanation
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

Return Reference	Explanation
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

**2018**

**Open to Public  
Inspection**

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

**Part VII Supplemental Information**

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

Return Reference	Explanation
SCHEDULE R, RELATED ORGANIZATIONS (CONT)	<p>LINESCAPE OF WA, LLC LMH CONSTRUCTION LOCAL 286 TRAINING CTR M A MORTENSON CO MALCOLM DRILLING MAMMOET USA NORTH INC MANSON CONST &amp; ENG CO MANSON CONSTRUCTION MARINE VACUUM SERVICE MARONI CONSTRUCTION MARSHBANK CONSTRUCTION MASS EXCAVATION INC MATANUSKA ELEC ASSOC MATCONUSA, LP MAX J KUNEY CO MAXIM CRANE WORKS MAYFIELD HOISTING SVC MCCANN CONSTRUCTION NW MCCLEAN IRONWORKS, INC MCDOWELL NORTHWEST INC MEKO CONSTRUCTION METRO PAINTING, LLC MICHELS CORPORATION MICHELS PIPELINE CONST MIDMOUNTAIN CONTR INC MIDSTATE EQUIPMENT INC MILES RESOURCES LLC MING SURVEYORS INC MORETRENCH AMERICAN MOUNTAIN CRANE SERVICE MULIER CONSTRUCTION MUNICIPALITY MURPHY, D B N L OLSON &amp; ASSOCIATES NANUQ INC NATHAN CLEAVER SEPTIC NATIONAL CONCRETE NATION'S MINI-MIX NATT MCDOUGALL CO NCM CONTRACTING GRP LP NEESER CONSTRUCTION NENANA GRAVEL NEPTUNE MARINE NESS &amp; CAMPBELL CRANE NEW VENTURE EXCAVATING NEWWAY FORMING, INC NOME JOINT UTILITY NORDLAND CONSTRUCTION NORTH PACIFIC STEEL NORTH STAR ICE NORTH STAR PAVING &amp; NORTH STAR TERMINAL NORTHBANK CIVIL &amp; MAR NORTHERN OILFIELD 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 OLSON BROS PRO VAC LLC OLYMPIC PAVING INC OLYMPIC PENINSULA CONS OMA CONSTRUCTION INC OMEGA GENERAL INC OMEGA MORGAN OMEGA RIGGERS &amp; OMEGA RIGGING &amp; ORION MARINE CONT LLC ORION MARINE CONTR INC PAC NW INFRASTRUCTURE PACIFIC CIVIL &amp; INFRAS 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 PEAASE &amp; SONS, INC PELLCO CONSTRUCTION PENHALL COMPANY PENNY LEE TRUCKING INC PERRIZO ENTERPRISES PETERSEN BROS INC PIERCE CO RECYCLING PILE CONTRACTORS INC PINNACLE CONSTRUCTION PIVETTA BROS CONST INC PLATS PLUS, 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 PRO-VAC - OLSON BROS PRUHS CONST CO LLC R G CONSTRUCTION INC RAILWORKS TRACK SYS RAINIER CRANE SERVICE RALPHS CONCRETE PUMP RAWHIDE EXCAVATING RED LASER CONSTRUCTION REDSIDE CONSTRUCTION REGIONAL DISPOSAL 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 SACRAMENTO DRILLINGS SAFECO SC PLAZA 2,LLC SALINAS CONSTRUCTION SALINI IMPREGILO SALMON BAY SAND SANDSTROM &amp; SONS INC SB STRUCTURES LLC SCARSELLA BROTHERS SCARSELLA BROTHERS INC SCHNITZER STEEL SCHWIESOW CONST INC SCI INFRASTRUCTURE LLC SEA STAR STEVEDORE SEABURG CONSTRUCTION SEAFREEZE AQUISITIONS SEATTLE IRON &amp; METALS SEATTLE TOWER CRANE SEATTLE TUNNEL PARTNRS SECURE A SITE SEEGERT CRUSHING INC SEEGERT INC SELLEN CONST CO INC SHAFFER CRANE SHIMMICK CONST CO INC SHIMMICK-PARSONS, JV SHORELINE CONST CO SIERRA PACIFIC CONST SILVER GULCH QUARRY 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 SPECIALIZED LANDSCAPING SPRINGHILL L L C ST JOSEPH'S HOSPITAL STACY &amp; WITBECK INC STACY &amp; WITBECK/ATKINS STATON COMPANIES STELLAR J CORPORATION STERLING BREEN STETNER ELECTRIC STG PACIFIC, LLC STIRRETT JOHNSEN INC STONEYWAY CONCRETE INC STORIE BARRIERS CORP STRICKLAND &amp; SONS EXC SUBSURFACE CONST SUPERIOR EARTHWORKS SUPERVALU INC SURE SHOT TRUCKING LLC SWALLING GENERAL CONTR SWANSON STEEL CO TACOMA PLUMBING TACOMA SCHOOL DIST #10 TCC, LLC THE HDD COMPANY INC THE PHOENIX TRUSS CORP THE WESTIN HOTEL TIGER NORTHWEST INC TITAN EARTHWORK, LLC TODD PACIFIC TOG MIDSTATE JV, LLC TONY LIND PAVING, INC TOTAL SITE SERVICES</p>

Return Reference	Explanation
SCHEDULE R, RELATED ORGANIZATIONS (CONT)	TOTEM ELECTRIC TRANSCON COMPANY, LLC TRANSPORTATION SYSTEMS TRENCHLESS CONST SVCS TRICO COMPANIES LLC TRUE NORTH LAND SURVEY TUCCI & SONS INC TUNISTA CONSTRUCTION TURNAGAIN MARINE CONST TURNER CONST CO TUTKA LLC U S BAKING COMPANY UNEARTH LLC UNIT COMPANY VALLEY GENERAL CONSTR VENTILATION POWER VERSATILE DRILLING VETERANS GENERAL CONT W E COATES SURVEYING WALSH CONST CO II, LLC WARD C MULLER & ASSOC WASHINGTON ATHLETIC WASHINGTON STATE WASILLA, CITY OF WATSON ASPHALT PAVING WESTERN CRANE, INC WESTERN MARINE CONST WESTERN REFINERY SVCS WHH NISQUALLY FED SVCS WHITE MOUNTAIN CON LLC WM DICKSON COMPANY WOLF CREEK FED SVCS WORLD EQUIPMENT INC



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, 2019, THERE ARE APPROXIMATELY 520 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 509 EXCAVATING, LLC 800 5TH AVE PARTNERS A &amp; L CONSTRUCTION A MILLICAN CRANE SERV AAA CONTRACTORS INC AAA VALLEY GRAVEL ABBEY ROAD GROUP ABLE ENGINEERING SVCS ABM ENGINEERING SERV ABSHER CONSTRUCTION CO ACCURATE ENTERPRISES ACME CONCRETE PAVING ACTIVE CONST INC ADMIRALTY CONSTRUCTION ADP CONSTRUCTION SERV ADVANCED AMERICAN ADVANCED GEOSOLUTIONS ADVANTAGE DIRT AGOSTINO CONSTRUCTION AHB, INC AHTNA CONST &amp; PRIMARY AHTNA DESIGN BUILD AIR PLACED CONCRETE AK FRONTIER SERVICES AK INTERSTATE CONSTR ALASKA INDUSTRIAL LLC ALASKA JUNEAU CONST ALASKA MILLING &amp; ALASKA PIPELINER INC ALASKA SPECIALIZED ALBRECHT BIRKENBUEL ALEUT O&amp;M SERVICES LLC ALIA, R L COMPANY ALIMAK INC ALSICO ALUTIIQ LLC ALYESKA LAND SERVICES AMERICAN BRIDGE CO 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 ARH &amp; ASSOCIATES, INC ARMADILLO BORING INC 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 BAE SYSTEMS BAKER CONCRETE BAM, LLC BARNHART CRANE &amp; RIGG BARRETT BUSINESS SERV BARRY CIVIL CONSTRUCTION BERING STRAITS TECH BEST CONST CONTROL BEST PARKING LOT 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 CIVIL CONST BRICE INCORPORATED BRISTOL CONSTRUCTION BRISTOL ENGINEERING BRISTOL GENERAL CONT BRISTOL INDUSTRIES LLC BROTHERS PIPELINE BROWN'S HILL QUARRY BRUCH &amp; BRUCH CONST BRUNDAGE BONE CONCRETE BUSH, ROED&amp;HITCHINGS C I C INC C I LOVELL, INC CABRILLO HOIST CADMAN INC FKA CEMEX CADMAN MATERIALS, INC CAPSTONE STRUCTURES CARVER CONSTRUCTION CASCADE SAWING CASCADE TOWER &amp; 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 CONSTRUCTION CLARK CRANE CO COAST CRANE COMPANY COLASKA INC COLUMBIA CRANE LLC COLVICO INC CONCO COMPANIES, THE CONCRETE PLACEMENT OF CONDON-JOHNSON &amp; ASSOC CONSTRUCTION AHEAD DBA CONTINENTAL DIRT CONWAY CONSTRUCTION COOGAN CONSTR CO CORAL CONSTRUCTION CO COUNTY OF KING-PAYROLL CRUZ CONSTRUCTION INC CUSHFIELD MAINTENANCE CUTTING EDGE D &amp; D CONSTRUCTION INC D &amp; G BACKHOE INC D H BLACKSMITHS LLC D L TIMBER RESOURCES DANARD ELECTRIC INC DAWSON CONSTRUCTION DBM DCA DEENY CONST CO INC DELHUR INDUSTRIES INC DENALI MATERIALS DEWITT CONST INC DIBIT MEASURING TECH DICKSON, WM CO DIRT &amp; AGGREG INTERCHG DIVERSE CONTRACTORS DMI DRILLING DN TANKS INC DOOLITTLE CONST CO DOYON ASSOCIATED, LLC DOYON UTILITIES, LLC DPK INC DUNCAN CRANE SERVICE DYK, INC EARTHMOVER EXCAVATING ED'S BULLDOZING EKLUINA SERVICE LLC ENCO ALASKA, INC ENGINEERED HEAVY SVCS ERECTION CO INC EXCLUSIVE PAVING FAIRBANKS CITY OF FAIRBANKS PIPELINE FAIRBANKS PUMPING FENIX EARTHWORKS, LLC FERMA CORPORATION FIORITO BROS INC FLATIRON CONTRACTORS FLATIRON WEST, INC FLOWLINE ALASKA FORD CRANE INC FOSS MARITIME CO , LLC FOWLER GENERAL FRANK COLUCCIO CONST FRANKLIN PAC CONST FRAWNER CORPORATION FS&amp;G REDI-MIX INC G&amp;L UTILITY G&amp;L VACTOR SERVICES GALLAGHER ASPHALT CORP GARCO CONSTRUCTION INC GARNER CONST W B E GARY MERLINO CONST CO GENERAL CONSTRUCTION GEOPIER NORTHWEST, INC GEO-SOLUTIONS, INC GHEMM CO INC GLACIER DRILLING &amp; GLACIER NORTHWEST INC GLACIER STATE CONTR GLY CONSTRUCTION CO GMC CONTRACTING INC GOLDEN VALLEY ELECTRIC GONSALVES &amp; SANTUCCI GONZALES BORING &amp; TUNN GOODFELLOW BROS INC GOODMAN &amp; MEHLENBACHER GRADY EXCAVATING, INC GRAFF CONTRACTING LLC GRAHAM CONTRACTING LTD GRANITE CONST CO GREAT NORTHWEST INC GREENFIELD SERVICES 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 HCON INC H-CONN, INC HD MARINE, LLC HECTOR'S WELDING INC HENRIKSEN CONSTRUCTOR HENSEL PHELPS CONST CO HENSEL PHELPS CONST CO HIGHLINE MEDICAL CTR HIGHMARK CONCRETE HINES IDX TOWER HOFFMAN STRUCTURES HOLOCENE DRILLING HOLT SERVICES INC HOS BROTHERS CONST HOT MIX PAVERS, INC HOWARD S WRIGHT HT-SEATTLE OWNER, LLC HUNTCO ENTERPRISES ICON MATERIALS ILIAD INC IMAGE CONTRACTING INC IMAGE CRANE SERVICE IMHOFF CONTR &amp; CRANE IMHOFF CRANE SERVICE INFORMED LAND SURVEY INFASOURCE INC INTERIOR EXCAVATING &amp; INTERIOR REGIONAL INTERSTATE IMPROVEMENT INTERWEST CONST INC IUOE NATIONAL TRNG FD IUOE PIPELINE HEALTH J E WORK INCORPORATED J H KELLY LLC J R HAYES &amp; SONS JAMES W FOWLER CO JANSEN INC JAY DEE CONTRACTORS JCM NORTHLINK LLC JOHANSEN CONSTRUCTION JOHN WAYNE CONST CO JOHNSON BACKHOE &amp; JORDAN EXCAVATING JSB CONTRACTORS LLC JUGS CRUSHING K C EQUIPMENT LLC K&amp;N ELECTRIC MOTORS KANGLEY SAND &amp; GRAVEL KAUFFMAN GRADING CO KEN LEINGANG EXCAVAT KENNERSON EXCAVATION KIEWIT FOUNDATION KIEWIT INFRA WEST CO KIEWIT MANSON MOTCO JV KIEWIT-HOFFMAN, JV KING CONSTRUCTION CO KING HYDROSEEDING, INC KLB CONSTRUCTION, INC KNUDSON LUMBER CO KONNERUP CONST INC KONNERUP CONSTR INC KT CONTRACTING INC KULCHIN-FOUNDATION LAKERIDGE PAVING CO LAKESIDE INDUSTRIES LANKTREE LAND SURV LASER UNDERGROUND &amp; LAVELLE VAC &amp; DRAINGE LEASE CRUTCHER LEWIS LEAVITT CRANES USA INC LEHIGH HANSON LEINGANG, KEN LIBERTY ELECTRIC, LLC</p>

Schedule Form 2016