Return of Organization Exempt From Income Tax

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

2017

DLN: 93493284013158 OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

▶ 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

mema	ii kevende service					Inspection
A F	or the 2017 c	alendar year, or tax year beginning 01-01-2017 , and ending 12-3	1-2017			
□ Ad	ck if applicable dress change	C Name of organization CONNECTICUT LABORERS' HEALTH FUND		D Employer 1000-068116		cation number
☐ Ini	me change tial return al return/terminated	Doing business as				
☐ Am	ai return/terminated nended return plication pending	Number and street (or P O box if mail is not delivered to street address) Room/su	ııte	E Telephone n (203) 934-		
,,,,	producer perianty	City or town, state or province, country, and ZIP or foreign postal code WEST HAVEN, CT 06516		, ,		
				G Gross receip		2,4/1,685
		F Name and address of principal officer DIANE KLOBUKOWSKI 435 CAPTAIN THOMAS BOULEVARD		Is this a group returi subordinates? Are all subordinates	n for	□Yes ☑No
I Tax	x-exempt status	WEST HAVEN, CT 06516	`´'	ncluded? If "No," attach a list	(see	Yes No
J W	ebsite:► N/A		1	Group exemption nu	•	•
K Forn	n of organization	☐ Corporation ☑ Trust ☐ Association ☐ Other ▶	L Year of	formation 1984 M	State (of legal domicile CT
Pa	rt I Sum	mary				
	1 Briefly des TO PROVI	scribe the organization's mission or most significant activities DE MEDICAL, LIFE AND RELATED BENEFITS TO INDIVIDUALS WORKING UI NT WITH THE LABORERS UNION IN CONNECTICUT	NDER THI	E TERMS OF A COLL	ECTIV	E BARGAINING
<u>=</u>						
Ĕ						
Activities & Governance	Check th	is box $ ightharpoonup \square$ if the organization discontinued its operations or disposed of m	nore than	25% of its net asse	ts	
জ সং		of voting members of the governing body (Part VI, line 1a)] з	8
Sé	4 Number	of independent voting members of the governing body (Part VI, line 1b) $$.			4	8
Ě	5 Total nur	nber of individuals employed in calendar year 2017 (Part V, line 2a)			5	20
Ę	6 Total nur	nber of volunteers (estimate if necessary)			6	0
⋖	7a Total unr	related business revenue from Part VIII, column (C), line 12			7a	0
	b Net unre	lated business taxable income from Form 990-T, line 34			7b	0
				Prior Year		Current Year
Q)	8 Contribut	tions and grants (Part VIII, line 1h)		0		C
nua	9 Program	service revenue (Part VIII, line 2g)		24,265,201		53,723,669
Ravenua	10 Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d)		665,286		2,922,568
_	11 Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		27,162		69,226
	12 Total rev	enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		24,957,649		56,715,463
	13 Grants a	nd similar amounts paid (Part IX, column (A), lines 1–3)		0		0
	14 Benefits	paid to or for members (Part IX, column (A), line 4)		22,134,478		54,343,156
\$2	15 Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)		330,129		802,124
nse	16a Professio	onal fundraising fees (Part IX, column (A), line 11e)		0		O
Expenses	b Total fund	raising expenses (Part IX, column (D), line 25) ▶0				
Ð	17 Other ex	penses (Part IX, column (A), lines 11a–11d, 11f–24e)		337,775		748,630
	18 Total exp	penses Add lines 13-17 (must equal Part IX, column (A), line 25)		22,802,382		55,893,910
	19 Revenue	less expenses Subtract line 18 from line 12		2,155,267		821,553
Net Assets or Fund Balances			Begir	nning of Current Year		End of Year
sset Jalai	20 Total ass	ets (Part X, line 16)		65,075,054		71,081,861
¥ B	21 Total liab	ollities (Part X, line 26)		560,156		3,861,062
žΞ	22 Net asset	ts or fund balances Subtract line 21 from line 20		64,514,898		67,220,799
Par	rt III Sign	ature Block				
		erjury, I declare that I have examined this return, inclu-				
	ieage and belle nowledge	of, it is true, correct, and complete Declaration of prepa				
	****** Signat	* ure of officer				
Sign						
Here	DIANE	KLOBUKOWSKI EXECUTIVE DIRECTOR or print name and title				

Preparer **Use Only**

Paid

Print/Type preparer's name PAMELA J MATOCHA Preparer's signature PAMELA J MATOCHA Firm's name T M BYXBEE COMPANY PC Firm's address ► PO BOX 187169 HAMDEN, CT 06518

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

Form	990 (20	017)				Page 2
Par	t III	Statement of Program So	ervice Accomplishr	nents		
		Check if Schedule O contains a	response or note to any	y line in this Part III		🗆
1	Briefly	describe the organization's miss	sion			
		MEDICAL, LIFE, AND RELATED I BORERS UNION IN CONNECTIC		ALS WORKING UNDER	R THE TERMS OF A COLLECTIVE BAP	RGAINING AGREEMENT
2	Did the	e organization undertake any sig	nıfıcant program servic	es during the year whi	ich were not listed on	
	the pri	🗌 Yes 🗹 No				
	If "Yes					
3	service	e organization cease conducting, is?		anges in how it conduc	cts, any program	☐ Yes ☑ No
4	Section		izations are required to	report the amount of	argest program services, as measur grants and allocations to others, th	
4a	(Code) (Expenses \$		ncluding grants of \$) (Revenue \$)
	See Add	ditional Data				,
4b	(Code) (Expenses \$	1	ncluding grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	1	ncluding grants of \$) (Revenue \$)
4d	Other (Exper	program services (Describe in S	chedule O) including grants of \$) (Revenue \$)
4e	Total	program service expenses ▶				

or X as applicable

Section 501(c)(3) organizations.

Page 3

No

Nο

No

No

Nο

No

Nο

Nο

Nο

Νo

No

Νo

Nο

Nο

Nο

Nο

Νo

Νo

Nο

Nο

Nο

Form **990** (2017)

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

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX,

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

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

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

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

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

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

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

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

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

total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🟂

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

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

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

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

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

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

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

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

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

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

4 5

11a

11b

11c

11d

11e

11f

12a

13

14a

14b

15

16

17

18

19

Yes

Yes

Yes

Yes

- Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? 6 Did the organization receive or hold a conservation easement, including easements to preserve open space,
- 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 💆 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? 8 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 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10

20a b

21

23

29

Par

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

instructions for applicable filing thresholds, conditions, and exceptions)

Checklist of Required Schedules (continue	(d)				
			Yes	No	
a Did the organization operate one or more hospital facilities	' If "Yes," complete Schedule H 2	0a		No	
If "Yes" to line 20a, did the organization attach a copy of it	s audited financial statements to this return?	оь			

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

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

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and

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

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

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

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

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

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

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

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

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

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

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Nο

21 22

23

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35h

36

37

Yes

Yes

Form 990 (2017)

Nο Yes

Νo

_	

Nο

Nο

No

Nο

Nο

Νo

Nο

Νo

Nο

Nο

No

Nο

orm	990 (2017)			Page 5
Par	t 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
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
Ь	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	ob		<u> </u>
C	If fes, to line 3a of 3b, did the organization file Forth 8888-17	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	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?			No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7.		No.
£	Did the everynantian divine the year may promy me divertly as indivertly an a nevernal honefit contract?	7e 7f		No No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	- '-		INO
y	required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
LO	Section 501(c)(7) organizations. Enter	<u> </u>		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
L1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
L2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
L3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
L4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No

	tVI Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No	" recne	nce to l	Page C
Fai	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions	respo	nse to n	nes
	Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		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? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
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 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 DIANE KLOBUKOWSKI 435 CAPTAIN THOMAS BOULEVARD WEST HAVEN, CT 06516 (203) 934-7991			

Form **990** (2017)

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

and Independent Contractors

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

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

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

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

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

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

(F) (A) (B) (D) (E) Name and Title Position (do not check more Reportable Estimated Average Reportable hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation director/trustee) anv hours organization organizations from the for related (W- 2/1099-(W- 2/1099organization and individual to or director Highest compensated employee organizations MISC) MISC) related Institutional below dotted organizations employ line) trustee Ď 0.50 (1) VINCENT GIORDANO Х 0 TRUSTEE 0 50 (2) JOHN MASTRIANO 0 0 0 50 (3) STEVEN JENKINS Х 0 0 O TRUSTEE 0 50 (4) KEITH BROTHERS Х 0 0 0 50 (5) JOHN BRUNALLI Χ O 0 0 TRUSTEE 0.50 (6) KEITH BROTHERS 0 0 Х 0 TRUSTEE 0 50 (7) RALPH A INORIO 0 0 0 TRUSTEE 0.50 (8) DONATO BIANCO TRUSTEE 0 40 00 (9) DIANE KLOBUKOWSKI Х 177.896 0 62,797 EXEC DIR 40.00 (10) CRAIG TAYLOR Х 0 111.718 47.521 IT MANAGER

(A) Name and Title

compensation from the organization ▶ 0

Part VII

(F)Estimated

(E) Reportable Page 8

		week (list any hours			n of	ficer	and a		from torganizati	he on (W-	from related organizations (w-	compens	sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-I	MISC)	2/1099-MISC	, ,	organizati relati organiza	ed
												\perp		
												+		
												+		
												+		
												\top		
												\perp		
С	Sub-Total	art VII, Sectio	nΑ.		•		*		289	9,614		0		110,318
2	Total number of individuals (including of reportable compensation from the	g but not limited	to thos		ed a	bove	e) who	rec	eived more	than \$1	00,000			
													Yes	No
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i>	,		ee, k	еу е •	mple •	oyee,	or hi	ghest comp	ensated • •	employee on	3		No
4	For any individual listed on line 1a, is organization and related organization individual										n the	4	Vas	
5	Did any person listed on line 1a recei services rendered to the organization										vidual for		Yes	
_	ection B. Independent Contract		ete Jul	euuie	- J /C)	ich pei	3011	<u> </u>	•	• • •	5		No
1	Complete this table for your five high from the organization Report compe	est compensate										mpens	sation	
		(A) and business addre		year	enu	illig	WICH O	or vvic	inin the orga		(B) ription of services		(C Comper	
												\dashv		
												\dashv		

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

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

(C)

Position (do not check more

(B)

Average

(D) Reportable

Part \		Statement of										Page S
	(Check If Schedu	le O contains a	respo	onse or note to any l	(A) Total revenue	VIII	(B) Related exem function	i or pt on	(C) Unrelated business revenue		(D) Revenue excluded from x under sections
	1a Fed	erated campaig	ıns	1a				reven	ue			512-514
ants unt	b Mer	mbership dues	[1 b								
9 E.	c Fun	draising events	· [1 c								
ffs. or A	d Rela	ated organizatio	ons	1 d								
ড ≅	e Gov	ernment grants (c	contributions)	1e								
Contributions, Giffs, Grants and Other Similar Amounts	f All c and abov	other contributions similar amounts r ve	s, gifts, grants, not included	1f								
ntrib d Otl	ın lı	ncash contributi ines 1a-1f \$		_								
<u>ة ك</u>	h Tota	II.Add lines 1a-	1f		 -							
E E					Business							
Program Service Revenue	_	RIBUTIONS - EMP				900099	45,699 8 024	9,154 4,515	45,699 8,024			
υ, Oς	——————————————————————————————————————	RIBUTIONS - SEL	F-PAT			300033	0,02	+,515	0,02+	,313		
er vi	c ——			_								
ج ا	e			_								
grai	f All of	ther program se	ervice revenue									
₽.	g Total	.Add lines 2a-2	f		▶ 53,7	23,669						
					interest, and other	705	5,614					705,614
		· amounts) . ne from investm			ond proceeds	/03	,,014					703,01-
		ies		-			_					
			(ı) Real		(II) Personal							
	6a Gros	s rents										
	b Less	rental expenses										
	Dont	-1										
	c Rent	al income or)										
	d Net	rental income o	or (loss)									
	7a Gross	amount	(ı) Securiti	es	(II) Other							
	from	sales of s other	87,95	53,686	19,490							
	than i	nventory										
		cost or r basıs and	85.73	38,393	17,829							
	sales	expenses	·	15,293								
		or (loss) gain or (loss)			•] 	5,954		2,216,954			
	8a Gros	s income from f	undraising eve									
Other Revenue	contr	including \$ ributions reporte Part IV, line 18	ed on line 1c)	of a								
š Š		direct expense		a b								
a l		ncome or (loss)		ng ev	vents							
Ť.		s income from o		es								
	See	Part IV, line 19		а								
	b Less	direct expense	es	b								
	c Net ı	ncome or (loss)	from gaming a	activit	iles							
		s sales of inven ns and allowand										
				a								
		cost of goods		b								
ŀ	Net I	ncome or (loss) Miscellaneous		inven	tory ► Business Code							
	11a ADM	1INISTRATIVE I	NCOME		900099	68	3,421					68,421
	b MISO	CELLANEOUS IN	ICOME		900099		805					805
	с											
	d All of	her revenue .					+					
		I. Add lines 11a			•	60	9,226					
	12 Tota	l revenue. See	Instructions						55 040 633			774.040
					•	56,715	,463	5	55,940,623		U .	774,840

orm 990 (2017)				Page 10
Part IX Statement of Functional Expenses ection 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	inizations must com	plete 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, b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21			g	
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members	54,343,156			
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	463,320			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	112,541			
9 Other employee benefits	172,518			
10 Payroll taxes	53,745			
11 Fees for services (non-employees)				
a Management				
b Legal .	105,025			
c Accounting	66,378			
d Lobbying	·			
e Professional fundraising services See Part IV, line 17				
f Investment management fees	66,008			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	180,796			
12 Advertising and promotion				
13 Office expenses	166,612			
14 Information technology	100,011			
15 Royalties				
· · · · · · · · · · · · · · · · · · ·	60,626			
16 Occupancy	2,666			
17 Travel	2,000			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	E 427			
19 Conferences, conventions, and meetings	5,437			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,529			
23 Insurance	47,684			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a REPAIRS AND MAINTENANCE	28,647			
b PROPERTY TAXES	12,222			
С				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	55,893,910			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	, , .			
Check here ► ☐ If following SOP 98-2 (ASC 958-720)				
The state of the s				

1

13

14

15

16

17

18

19

20

21

23

24

26

27

28

29

30

31

32

33

34

iabilities 22

Fund Balances

Assets or

Net

(B)

6

7

8

9

10c

11

12 13

14

15

16

17

18

19

20

21

22 23

24

25

26

27

28

29

30

31

32

33

34

69,337

213,570

27.818.878

19.794.207

5.975.274

65.075.054

469.895

90.261

560,156

64,514,898

64,514,898

65.075.054

Page **11**

68,153

379,276

15,589,311

26.741.063

6.461.714

71.081.861

1,180,475

2.680.587

3.861.062

0

67,220,799

67,220,799

71.081.861

Form **990** (2017)

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

	Beginning of year		End of ye
Cash-non-interest-bearing		1	
Savings and temporary cash investments	11,203,788	2	2

	Savings and temporary cash investments	11,203,766		21,042,3
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
				·

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 . Notes and loans receivable, net .

Inventories for sale or use .

Prepaid expenses and deferred charges

Assets

10a basis Complete Part VI of Schedule D 10b

10a Land, buildings, and equipment cost or other **b** Less accumulated depreciation 11 Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 .

Total assets.Add lines 1 through 15 (must equal line 34) . .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

complete lines 27 through 29, and lines 33 and 34.

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

check here ▶ ☑ and complete lines 30 through 34.

Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here lacktriangle and

12

Investments-program-related See Part IV, line 11

Other assets See Part IV, line 11 . . .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 .

Intangible assets

Grants payable . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

587,178

207,902

Page **12**

Yes

Yes

2a

2b

2c

3а

3b

No

No

Nο

No

Form 990 (2017)

			, ,
3	Revenue less expenses Subtract line 2 from line 1	3	821,553
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	64,514,898
5	Net unrealized gains (losses) on investments	5	1,884,348
6	Donated services and use of facilities	6	

Net unrealized gains (losses) on investments	5	
Donated services and use of facilities	6	
Investment expenses	7	
Prior period adjustments	 8	

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

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

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

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

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

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

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

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

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

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

Consolidated basis

Consolidated basis

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

Form 990 (2017)

Part XII

Schedule O

Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

separate basis, consolidated basis, or both

Separate basis

consolidated basis, or both ✓ Separate basis

Audit Act and OMB Circular A-133?

_	Net diffedinzed gains (1033e3) of investments	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•		•	1,007,570
6	Donated services and use of facilities																	6	
7	Investment expenses																	7	
8	Prior period adjustments																	8	
9	Other changes in net assets or fund balances	(exp	laın	ın S	che	dule	e O)											9	0
10	Net assets or fund balances at end of year Co	mbi	ne li	nes	3 th	irou	ıgh 9	9 (n	nust	equ	ıal P	art	X, III	ne 3	3, 0	olu	mn (B))	10	67,220,799

☐ Cash ☑ Accrual ☐ Other

Both consolidated and separate basis

Both consolidated and separate basis

Additional Data

Software Version: **EIN:** 06-0681161

Name: CONNECTICUT LABORERS' HEALTH FUND

Software ID:

Form 990 (2017)

Form 990, Part III, Line 4a:

PROVIDE MEDICAL, LIFE, AND OTHER RELATED BENEFITS TO COVERED EMPLOYEES AND THEIR DEPENDENTS

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

Supplemental Financial Statements

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

DLN: 93493284013158 OMB No 1545-0047

Internal Revenue Service

Department of the Treasury

(Form 990)

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

Open to Public **Inspection**

	ne of the organization NECTICUT LABORERS' HEALTH FUND				Emplo	yer identification number
					06-068	
Pai	Organizations Maintaining Donor Advi				or Acco	unts.
	Complete if the organization answered "Ye			sed funds	(b) Funds and other accounts
	Total number at end of year	(u) Boile	· uu+	Jea ranas	 	by and and other accounts
	Aggregate value of contributions to (during year)					
	Aggregate value of grants from (during year)					
	Aggregate value at end of year					
	Did the organization inform all donors and donor advisor organization's property, subject to the organization's experience.			ets held in donor a	dvised fui	nds are the
	Did the organization inform all grantees, donors, and decharitable purposes and not for the benefit of the donor private benefit?					only for
ar	Conservation Easements. Complete if the	he organization a	nswe	red "Yes" on For	m 990, I	
	Purpose(s) of conservation easements held by the orga				•	·
	Preservation of land for public use (e.g., recreation	n or education)		Preservation of ar	n historica	ally important land area
	Protection of natural habitat	,		Preservation of a		, '
	Preservation of open space		_	coci ration of a	Joi cirica i	
	·					
	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservat	ion co	ntribution in the fo	rm or a <u>c</u>	onservation Held at the End of the Year
3	Total number of conservation easements				2a _	Tiona at the Ena of the Tear
)	Total acreage restricted by conservation easements				2b	
	Number of conservation easements on a certified histor	ıc structure ınclude	d ın (a)	2c	
I	Number of conservation easements included in (c) acqu structure listed in the National Register	ired after 8/17/06,	and r	ot on a historic	2d	
	Number of conservation easements modified, transferred tax year \blacktriangleright	ed, released, exting	uishe	d, or terminated by	the orga	nization during the
	Number of states where property subject to conservation	on easement is loca	ted ▶			
	Does the organization have a written policy regarding t and enforcement of the conservation easements it hold	he periodic monitor		spection, handling	of violati	ons,
	Staff and volunteer hours devoted to monitoring, inspe	cting, handling of v	olatic	ns, and enforcing c	onservati	
	Amount of expenses incurred in monitoring, inspecting, \$ \blue{\text{*}}\$, handling of violation	ons, a	nd enforcing conser	rvation ea	asements during the year
	Does each conservation easement reported on line 2(d) and section $170(h)(4)(B)(II)^{2}$) above satisfy the	equir	ements of section 1	.70(h)(4)	(B)(ı) ☐ Yes ☐ No
	In Part XIII, describe how the organization reports consbalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easement	footnote to the or				
art	Organizations Maintaining Collections Complete if the organization answered "Ye				ner Sim	ilar Assets.
l	If the organization elected, as permitted under SFAS 1: art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its final	public exhibition, e	ducat	ion, or research in		
•	If the organization elected, as permitted under SFAS 1: historical treasures, or other similar assets held for pub following amounts relating to these items					
(i	Revenue included on Form 990, Part VIII, line 1					▶ \$
(ii) Assets included in Form 990, Part X					▶ \$
ζ.,	If the organization received or held works of art, historic following amounts required to be reported under SFAS				ancıal galı	·
1	Revenue included on Form 990, Part VIII, line 1	,,·-	٠,٠	-		▶ \$
b	Assets included in Form 990, Part X					▶ \$
	aperwork Reduction Act Notice, see the Instruction	f F 000		Cat Na	FARRA	Schedule D (Form 990) 2

Par	t III	Organizations Maintaining Co	llections of	Art, Histor	ical Tre	asures, oi	r Other	Similar A	ssets (con	tınued)
3		the organization's acquisition, accession (check all that apply)	on, and other re	ecords, check	any of th	e following t	hat are a	significant	use of its co	llection
а		Public exhibition		d		oan or exch	ange prog	ırams		
b		Scholarly research		е		ther				
С		Preservation for future generations								
4	Provid Part X	de a description of the organization's co	llections and e	xplain how th	ey further	the organiz	zation's ex	kempt purpo	ose in	
5		g the year, did the organization solicit o s to be sold to raise funds rather than t						nılar	☐ Yes	□ No
Pa	rt IV	Escrow and Custodial Arrange Complete if the organization ans X, line 21.		on Form 990), Part I\	/, line 9, o	r reporte	ed an amoi	unt on For	m 990, Part
1a		organization an agent, trustee, custod led on Form 990, Part X?	ian or other int	termediary fo	r contribu	tions or othe	er assets	not	Yes	□ No
ь	If "Ye	s," explain the arrangement in Part XII	I and complete	the following	ı table			Δ	mount	
С		ning balance		-	,		1c			
d	_	ons during the year					1d			
е		butions during the year					1e			
f		g balance					1f			
2 a		ne organization include an amount on F	orm 990 Part	X line 21 for	escrow o	r custodial a	ccount lia	ability?	п	
b		s," explain the arrangement in Part XII	•					,	∐ Yes	□ No
Pa	irt V	Endowment Funds. Complete I	f the organiz	ation answe	red "Yes	" on Form	990, Par	t IV, line :	10.	
		·	(a)Current y	ear (b)	Prior year	(c)Two y	ears back	(d)Three ye	ars back (e)	Four years back
1 a	Beginn	ing of year balance								
b	Contrib	outions								
С	Net inv	estment earnings, gains, and losses								
d	Grants	or scholarships								
e		expenditures for facilities ograms								
f	Admını	strative expenses								
g	End of	year balance								
2	Provid	de the estimated percentage of the curr	ent year end b	alance (line 1	g, columr	n (a)) held a	s			
а	Board	designated or quasi-endowment >								
b	Perma	anent endowment ▶								
С	Temp	orarily restricted endowment >								
_	The p	ercentages on lines 2a, 2b, and 2c sho	uld equal 100%	o O						
3а		nere endowment funds not in the posse ization by	ssion of the or	ganization tha	it are held	l and admin	istered fo	r the		Yes No
	(i) ur	related organizations							3a(i)	
b		elated organizations	ns listed as red	 quired on Scho	 edule R?				3a(ii 3b)
4	Descr	ibe in Part XIII the intended uses of the	e organization's	s endowment	funds					
Pa	rt VI	Land, Buildings, and Equipme								
		Complete if the organization ans								
	Descri	ption of property (a) Cost or of (investm		b) Cost or othe	r dasis (oth	er) (c) Acc	umulated (lepreciation	(a)	Book value
1a	Land									
b	Buildin	gs								
С	Leaseh	old improvements								
d	Equipm	nent			500,	328		177,125		323,2
	Other				86,	850		30,777		56,0
Tak	1 044	lines 12 through 10 (Column (d) must a	aual Form 000	Dawl V and	(D) I	no 10(a) \				

Schedule D (Form 990) 2017			Page 3
Part VII Investments—Other Securities. Complete if the See Form 990, Part X, line 12.	ne organization a	answered "Yes" on Fo	rm 990, Part IV, line 11b.
(a) Description of security or category (including name of security)	(b) Book value		Method of valuation end-of-year market value
(1) Financial derivatives		333.31	ond or year market value
(2) Closely-held equity interests			
(A) MACKAY SHIELDS CORE FIXED INCOME FUND LIMITED			
PARTNERSHIP	17,951,	599	F
(B) PIMCO ALL ASSET INSTITUTIONAL FUND	8,789,	464	F
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	26,741,	063	
Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on F	Form 990, Part I	V, line 11c. See Form	990, Part X, line 13.
(a) Description of investment	(b) Book v		Method of valuation end-of-year market value
(1)		2031 01	Cha or year market value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization answered	d 'Vas' on Form 900	D. Bart IV. June 11d. See	Form 990 Part V June 15
(a) Description	a res officiality	o, raiciv, ille ilu See	(b) Book value
(1) CONTRIBUTION RECEIVABLE (2) INTEREST AND DIVIDENDS RECEIVABLE			5,843,101 4,877
(3) OTHER RECEIVABLES			613,736
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization a		n Form 990. Part IV.	. ▶ 6,461,714 line 11e or 11f.
See Form 990, Part X, line 25.			
(a) Description of liability (1) Federal income taxes		b) Book value	
DUE TO AFFILIATED FUNDS		2,680,587	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions In Part XIII, provide the text of	► of the footnote to the	2,680,587 ne organization's financia	al statements that reports the
organization's liability for uncertain tax positions under FIN 48 (ASC 7			_

Net unrealized gains (losses) on investments .

Other (Describe in Part XIII)

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

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

Supplemental Information

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

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

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

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

Donated services and use of facilities . . .

Recoveries of prior year grants . . .

Other (Describe in Part XIII) . . .

Add lines 2a through 2d

Subtract line 2e from line 1 . . .

Add lines 4a and 4b .

Add lines 4a and 4b . .

Return Reference

Schedule D (Form 990) 2017

Part XI

2

b

3

4

4

b

5

Part XIII

1.884.348

56.715.463

Page 4

5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	56,715,463
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retur	n.
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	T .	
1	Total expenses and losses per audited financial statements	1	55,893,910
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
c	Other losses		
d	Other (Describe in Part XIII) 2d		
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	55.893.910

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

Explanation

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2a

2h

20

2d

4a

4h

1,884,348

26 3

4c

4c

5

55,893,910

•	orm 990) 2017 Supplemental Info	rmation (continued)	Page 5
Return Reference		Explanation	
			Schedule D (Form 990) 2017

efil	e GRAPHIC pi	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 934	9328	34013	158
Sch	nedule J	С	ompensati	ion Information	OM	1B No	1545-0	0047
•	m 990)	► Complete if the or	Compensa ganization answ ► Attach	rustees, Key Employees, and Hig Ited Employees Iered "Yes" on Form 990, Part IV to Form 990. (Form 990) and its instructions	, line 23.)17	
•	tment of the Treasurv al Revenue Service	P Information a		gov/form990.	is at		ectio	
	me of the organiza				Employer identificat	ion nu	ımber	
CON	INECTICOT LABORET	NS HEALTH FOND			06-0681161			
Pa	rt I Questi	ons Regarding Compensa	ation					
1a				the following to or for a person liste			Yes	No
	990, Part VII, S	ection A, line 1a Complete Par	t III to provide an	y relevant information regarding the	se items			
		s or charter travel	片	Housing allowance or residence for	•			
		companions	<u>.</u> –	Payments for business use of perso Health or social club dues or initiation				
	_	nification and gross-up paymen nary spending account		Personal services (e.g., maid, chauf				
	Discretion	ially spending account		reisonal services (e.g., maid, chad	rear, chery			
b		xes in line 1a are checked, did t all of the expenses described ab		ollow a written policy regarding payn plete Part III to explain	nent or reimbursement	1b		
2				or allowing expenses incurred by all r, regarding the items checked in line	. 1.2	2	Yes	
	airectors, truste	es, officers, including the CEO/	executive Director	r, regarding the items checked in line	e la'			
3	organization's C	EO/Executive Director Check a	III that apply Don	d to establish the compensation of the check any boxes for methods CEO/Executive Director, but explain				
	Compens	ation committee	✓	Written employment contract				
		ent compensation consultant	<u> </u>	Compensation survey or study				
		of other organizations	✓	Approval by the board or compensa	tion committee			
4	During the year related organiza		990, Part VII, Sec	ction A, line 1a, with respect to the f	iling organization or a			
а	Receive a sever	ance payment or change-of-cor	ntrol payment?			4a		No
b		r receive payment from, a supp	• •	Ified retirement plan?		4b		No
c	Participate in, o	r receive payment from, an equ	ııty-based comper	nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons ar	nd provide the app	licable amounts for each item in Par	t III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations	must complete lines 5-9.				
5		ed on Form 990, Part VII, Section on tingent on the revenues of		the organization pay or accrue any				
а	The organization	n?				5a		
b	Any related orga					5b		
	If "Yes," on line	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Section on tingent on the net earnings o		the organization pay or accrue any				
а	The organization	n [?]				6 a		
b	Any related orga					6b		
	•	6a or 6b, describe in Part III						
7		ed on Form 990, Part VII, Section escribed in lines 5 and 67 If "Ye		the organization provide any nonfixe rt III	d	7		
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," do	escribe	8		
9	If "Yes" on line 53 4958-6(c)?	8, did the organization also follo	ow the rebuttable	presumption procedure described in	Regulations section	9		
For F	Panerwork Redu	uction Act Notice, see the In	structions for Fo	rm 990. Cat No. 5	50053T Schedule J	(Forn	990)	2017

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

ınstructions, on row (II) Note. The sum of colum	Do no ns (B	ot list any individuals that)(i)-(iii) for each listed ind	are not listed on Form 9 dividual must equal the to	90, Part VII otal amount of Form 990,	Part VII, Section A, line 1	1a, applicable column (D)	, and (E) amounts for tha	t ındıvıdual
(A) Name and Title		(B) Breakdown (i) Base compensation	of W-2 and/or 1099-MIS (ii) Bonus & incentive compensation	C compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1 DIANE KLOBUKOWSKI EXEC DIR	(i)	177,896	0	0	44,593	18,204	240,693	0
	(ii)	0	0	0	0	0	0	0
2 CRAIG TAYLOR IT MANAGER	(i)	111,718	0	0	29,317	18,204	159,239	0
	(ii)	0	0	0	0	0	0	0
	_							
	-							
	-							
	+							
							Schedule	J (Form 990) 2017

Schedule J (Form 990) 2017 Page 3 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. Return Reference Explanation

Schedule 1 (Form 990) 2017

efile GRAPH	IIC print	- DO NOT PROCESS	As Filed Data -		DLI	N: 93493284013158
SCHEDUL	ΕΛ	Sunnlements	l Information	n to Form 990 or 9	990_E7	OMB No 1545-0047
(Form 990 or EZ) Department of the T	· 990-	Complete to prov Form 990 or	ide information for 990-EZ or to provid ▶ Attach to Form	responses to specific quest de any additional informatio 990 or 990-EZ. 90 or 990-EZ) and its instru	2017 Open to Public Inspection	
Internal Revenue Se Name of the org CONNECTICUT LAR 990 Schedul	BORERS' HEA	LTH FUND plemental Information			Employer ider 06-0681161	ntification number
Return Reference				Explanation		
FORM 990, PART VI, SECTION B, LINE 11B	COPIES	OF THE FORM 990 ARE DI	STRIBUTED TO BOA	RD MEMBERS PRIOR TO FIL	LING	

Return Explanation
Reference

990 Schedule O. Supplemental Information

FORM 990, PART VI, EACH YEAR A COPY OF THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO EACH TRUSTEE AND KEY EMPLOYEE ON AN ANNUAL BASIS, EACH TRUSTEE AND KEY EMPLOYEE SIGN A STATEMENT THAT THEY RE SECTION B, CEIVED, UNDERSTAND AND WILL ABIDE BY THE POLICY

Return Explanation

990 Schedule O. Supplemental Information

FORM 990, THE BOARD REVIEWS THE COMPENSATION LEVELS FOR EXECUTIVE DIRECTORS OF COMPARABLE FUNDS TO H
PART VI, ELP DETERMINE THE COMPENSATION OF ITS OWN EXECUTIVE DIRECTOR JOB PERFORMANCE IS ALSO EVAL
SECTION B, UATED AND USED TO DETERMINE COMPENSATION
LINE 15

Return Explanation
Reference

990 Schedule O. Supplemental Information

FORM 990, PART VI, SECTION C, LINE 19

efile GRAPHIC print - DC	NOT PROCESS As Filed Data -										DLN: 93493	284013	158
SCHEDULE R (Form 990)	Related O	_		" on Form	990, Part		_		37.		20		17
Department of the Treasury Internal Revenue Service	► Information about Sc	hedule I				s is at <u>www</u>	.irs.gov/f	orm99	<u>o</u> .		Open to Inspe	Publicection	C
Name of the organization CONNECTICUT LABORERS' HEALTH F	UND							Emp	oloyer identifi	ication	number		
								06-0	681161				
Part I Identification	of Disregarded Entities Complete if the	e organ	ization answ	ered "Yes	" on Form	990, Part	IV, line 3	3.					
Name, address, and	(a) EIN (If applicable) of disregarded entity		(b) Primary a		Legal don	c) nicile (state n country)	(d) Total inco	ome	(e) End-of-year as	sets	(f Direct co ent		
	of Related Tax-Exempt Organizations on the organizations during the tax year.	Comple	te if the org	anızatıon	 answered	"Yes" on F	orm 990,	Part I	l V, line 34 be	cause	ıt had one or	more	
See Additional Data Table	(2)	1	(b)	1 .	c)	(d)	. 1		(e)		(f)	(9	.,
Name, address, and	(a) d EIN of related organization	Prim	ary activity	Legal dom	nicile (state n country)				charity status on 501(c)(3))	Dı	rect controlling entity	Section (13) coi enti	512(b) ntrolled ty?
												Yes	No
	t Notice, see the Instructions for Form 99				t No 501						edule R (Form	200) 5	

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. See Additional Data Table (b) (c) (d) (g) (1) (i) (k) (e) (h) Name, address, and EIN of Share of Code V-UBI General or Percentage Primary Direct Predominant Share of Disproprtionate Legal related organization controlling income(related, total income end-of-year allocations? amount in box ownership activity domicile managing 20 of (state entity unrelated, assets Schedule K-1 excluded from or (Form 1065) foreign tax under sections 512country) 514) Yes No Yes No Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete of 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) (d) (f) (1) (b) (c) (e) (g) (h) Share of end-of-Section 512(b) Name, address, and EIN of Primary activity Legal Direct controlling Type of entity Share of total Percentage domicile (C corp, S corp, ownership (13) controlled related organization entity income year (state or foreign or trust) assets entity? country) Yes No See Additional Data Table Schedule R (Form 990) 2017

Schedule R (Form 990) 2017													
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										
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?													
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No										
b Gift, grant, or capital contribution to related organization(s)	1 b		No										
c Gift, grant, or capital contribution from related organization(s)	1c		No										
d Loans or loan guarantees to or for related organization(s)	1d		No										
e Loans or loan guarantees by related organization(s)	1e		No										
f Dividends from related organization(s)	1 f		No										
g Sale of assets to related organization(s)	1 g		No										
h Purchase of assets from related organization(s)	1h		No										
i Exchange of assets with related organization(s)	1i		No										
	4.5		No										

e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1 g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1 j	No

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

р	Reimbursement paid to related organization(s) for expenses				1 p		No
q	Reimbursement paid by related organization(s) for expenses				1q	ı	No
r	Other transfer of cash or property to related organization(s)				1r		No
s	Other transfer of cash or property from related organization(s)				1s '	Yes	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line	, including covered r	elationships and trai	nsaction thresholds			
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining an	nount inv	olved	
				(d) Method of determining an	nount inv	olved	
		Transaction			nount inv	olved	
		Transaction			nount inv	volved	
		Transaction			nount inv	olved	
		Transaction			nount inv	olved	

Schedule R (Form 990) 2017

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) The all partners section 501(c)(3) Triganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		or Ig ?	(k) Percentage ownership
			514)	Yes	No	<u> </u>	<u> </u>	Yes	No		Yes	No	
										Schedul	le R (Form	1 990	0) 2017

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

Additional Data

Software ID:

Software Version:

EIN: 06-0681161

Name: CONNECTICUT LABORERS' HEALTH FUND

90, Schedule R, Part II - Identification of Relate (a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile	(d) Exempt Code	(e) Public charity	(f) Direct controlling	(g Sectio
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	status (if section 501(c)	Direct controlling entity	Sectio (b)(contr enti
				(3))		Yes
				1		

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (h) (e) General Legal (d) (f) (g) Disproprtionate (k) (a) (b) Predominant Domicile Direct Share of total | Share of endallocations? Percentage Name, address, and EIN of Code V-UBI amount in Primary activity income(related, Managing (State Controlling of-year assets ıncome ownership Box 20 of Schedule K-1 related organization unrelated, Partner? Entity (Form 1065) excluded from Foreign tax under Country) sections 512-514) Yes No Yes No A & M FENCE & GUARDRAIL A & S CONSTR SERV LLC ADVANCED SCAFFOLD SERVICE ADVANTAGE CLEANING LLC AFC CONSTRUCTION LLC AMERICAN VETS ABATEEXP ASHFORD COMPANIES BERKSHIRE CONCRETE CUTTING LLC BRAND SAFWAY CAMPUTARO LEASING LLC CDEE'S CLEANING LLC CECO CONCRETE CONST LLC CENTER EARTH LLC CJD CONSTRUCTION LLC COHN & SON TILE &TERRAZZO

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total Income	(g) Share of end- of-year assets	(h Dispropi allocat	rtionate tions?	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j Gen o Mana Parti	eral r iging ner?	(k) Percentage ownership
CONCRETE CORING CO LLC							163	140		163	-10	
CT PAVING LLC												
D & W CONSTRUCTION LLC												
DETOUR CONSTRUCTION LLC												
DYNAMIC SURFACE APPL LTD												
GO SERVICES LLC												
GALASSO MATERIALS LLC												
GEMMA POWER SYSTEMS LLC												
GENERAL FLOORING LLC												
GENOVESI CONSTR LLC												
GO TO SERVICES LLC												
GRANDE MASONRY LLC												
GRASSO COMPANIES LLC												
HARTFORD CONCRETE CONLLC												
HILLIS GROUP LLC												

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)				rtionate tions?	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	Gen o Mana Parti	eral r aging ner?	(k) Percentage ownership
I-84 CONSTRUCTORS JV							Yes	No		Yes	NO	
1-84 CONSTRUCTORS JV												
INFRASOURCE CONSTRUCTION LLC												
ISLAND INTINDNE LLC												
K & W CONSTRUCTION LLC												
KTM ELEC CONST LLC												
KENNYOBAYASHI IV JV												
KOWALSKY CONSTRUCTION LLC												
LEDYARD STREET CONSTR LLC												
LIBERTY CONSTR SRV LLC												
LOMBARDO BROS MASONRY LLC												
M & D CONCRETE LLC												
MACEDOS CONSTRUCTION LLC												
MCKINNEY DRILLING COMPANY												
MYLCHREEST CONST SERV												
NANO CONSTRUCTION SERVICES LL												
	1				1							

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total Income			rtionate cions?	(1) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)		eral r aging ner?	(k) Percentage ownership
				,			Yes	No		Yes	No	
NATIONAL SHORING LLC												
NJR CONSTRUCTION LLC												
NUCONN DISMANTLING LLC												
O&G INDTUTOR PERINI JV												
ORION MANUFACTURING LLC												
ORISSA LLC												
OWI CONTRACTORS LLC												
PRECISION PIPELINE LLC												
PREMIER CONSTR MAC LLC												
PRIDE CONSTRUCTION												
ROWE ENTERPRISES LLC												
RUNNING BROOK FARMS-KILLI												
SAK CONSTRUCTION LLC												
SANTANGELI MASONARY LLC												
SHEET PILING SERVICES LLC												

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (c) Legal (e)
Predominant
Income(related, income of every answers of every assets)

(f)
Share of total income of-year assets of-year ass (d) Direct Controlling (a) Name, address, and EIN of (b) Primary activity Domicile

SUMMIT MASONRY & BLDREST

TOMLINSON HAWLEY PATTERSN

TRINITY CONSTRGRPLLCTH

TURNBRIDGE CONSTR LLC

VITTI EXCAVATORS LLC A

WALSH CONST CO II LLC

WALSH CONSTRCOPCL JV II

WELDED CONSTRUCTION

related organization	or Foreign Country)	oreign	ן וי	unrelated, excluded from tax under sections 512-514)	meonic	or year assets			Box 20 of Schedule K-1 (Form 1065)	Parti	ner?	ownership
							Yes	No		Yes	No	
SPECIAL BREAKS LLC												

(j) General

(k) Percentage

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (b) Primary activity (d) (c) (e) (f) (h) (i) (g) Name, address, and EIN of Direct controlling Type of entity Share of end-of-Legal Share of total Percentage Section 512 related organization (C corp, S corp, ownership (b)(13) domicile entity income year (state or foreign or trust) assets controlled country) entity? Yes No A & A DRYWALL ACOUS INC A & J CONSTRUCTION A P IINC A P CONSTRUCTION CO AAASBESTOS ABATECOINC AAIS CORP AARON ENTERPRISES INC ACOUSTICS INC ACRANOM MASONRY ENTERIN ACRANOM MASONRY INC ADAMS & RUXTON CONSTRCO ADF INDUSTRIES INC AERO-CLEAN DEMOLITION INC AETNA BRIDGE COMPANY

ALGAR CONSTRUCTION CORP

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (b) Primary activity (c) (d) (e) (f) (h) (i) (g) Name, address, and EIN of Direct controlling Type of entity Share of end-of-Legal Share of total Percentage Section 512 related organization (C corp, S corp, ownership (b)(13) domicile entity income year (state or foreign or trust) assets controlled country) entity? Yes No ALL SEASON LANDSCAPE INC ALLEN EDWARDS CONSTR ALLSAFE SCAFFOLD COINC ALL-STATE SILT FEN CO INC AMEC COMMERCIAL LLC AMERICAN ENVIR INC AMERICITY CONSTRUCTION CO AMS ENVIROMENTAL ANDRON CONSTRUCTION CORP APCOMPOWER INC AQUA-LAWN INC ARBORIO CORPORATION ARDUINI CO INC T ARMANI RESTORATION INC

ASSOC PIPE LINE CONT INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (b) Primary activity (c) (d) (e) (f) (h) (i) (g) Name, address, and EIN of Direct controlling Type of entity Share of end-of-Legal Share of total Percentage Section 512 related organization (C corp, S corp, ownership (b)(13) domicile entity income year (state or foreign or trust) assets controlled country) entity? Yes No ATLANTIC COAST DISMANTLING AZCO INC BAIER CONSTR CO INC BALTAZAR CONTRACTORSINC BARNHART NORTHEAST INC BARTLETT BRAINARD EACOTT BARTON MALOW CO BAYSTATE BLASTING BISMARK CONST CO INC BLAKESLEE ARPAIA CHAPMAN BLAKESLEE PRESTRESS PLANT BLAKESLEE PRESTRESS INC BLUROC BOND BROS INC BORGGAARD CONSTRUCTION

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (b) Primary activity (c) (d) (e) (h) (i) (f) (g) Name, address, and EIN of Direct controlling Type of entity Legal Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, (b)(13) domicile entity ownership income year (state or foreign or trust) assets controlled country) entity? Yes No **BOSTON CHIMNEY & TOWER CO** BRAND ENERGY SERVICES LLC BRENNAN CONST CO JOHN J BRUNALLI CONSTR COMPANY BURNS CONSTRUCTION COINC C & C CONCRETE CURB INC CB UTILITY CO INC CALDWELL & WALSH BLDG CON CAMPUTARO & SON EXC R CAPASSO & SONS INC FRANK CAPASSO MASON ENTINCJ CAPASSO RESTORATION INC CARLIN CONTRACTING CO INC CARON PIPE JACKING INC CARR & SONS INC H

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (b) Primary activity (c) (d) (e) (f) (h) (i) (g) Name, address, and EIN of Direct controlling Type of entity Legal Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, ownership (b)(13) domicile entity income year (state or foreign or trust) controlled assets country) entity? Yes No CARVALHO & MCDOWELL CONST CASE FOUNDATION COMPANY CBG BUILDERS INC CENTRAL LANDSCAPE CONST CENTURY DRYWALL INC CGM ACOUSTICS INC CHABOT & BURNETT CONST CO CHAMPION CONCRETE CUT NE CHARTER OAK UTILITY CONST CIP CONCRETE INC CIVITILLO MASONRY INC COLLINS CONSTRCOINCDA COMPLETE CONSTRUCTION CO CONCRETE CUTTING COMPANY CONN CONCRETE CONST INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (b) Primary activity (c) (d) (e) (f) (h) (i) (g) Name, address, and EIN of Direct controlling Type of entity Legal Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, ownership (b)(13) domicile entity income year (state or foreign or trust) assets controlled country) entity? Yes No CONNECTICUT MASON CONTR CONSTRLABORER UNLIMITED CONSTRUCTION SERVOF NE COOPER PLASTERING CORP COSTELLO DISMANTLING CO D & J CONCRETE CORP DALLING CONSTRUCTION CO DANELLA CONSTRCORPOF NY DARIEN ASPHALT PAVING INC DAY & ZIMMERMANN NPS DEERING CONSTRUCTION INC DELUCA CONSTRUCTION CO **DEMCO INC** DIMEO CONST CO

DURR MECHANICAL CONSTR

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (b) Primary activity (c) (d) (e) (f) (h) (i) (g) Name, address, and EIN of Direct controlling Type of entity Legal Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, ownership (b)(13) domicile entity income year (state or foreign or trust) controlled assets country) entity? Yes No EAGLE FENCE & GUARDRAIL EARTH RETENTION SYSTEMS EAST COAST INTERIORS INC ECCO III ENTERPRISES INC EDI LANDSCAPE LLC ELEGANT CONCRETE POLISH EMPIRE PAVING INC EPIFANO BUILDERS INC EXECUTIVE LANDSCAPING INC FABCON PRECAST LLC FEDERAL CONCRETE INC FERREIRA CONSTRUCTION FGB CONSTRUCTION CO FILLORAMO CONST JOHN FLOORING SOLUTIONS INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (b) Primary activity (c) (d) (e) (f) (h) (i) (g) Name, address, and EIN of Direct controlling Type of entity Legal Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, ownership (b)(13) domicile entity income year (state or foreign or trust) assets controlled country) entity? Yes No FUCCI INC CJ FUSCO CORPORATION GPL CONSTRUCTION INC GARRITY ASPLT RECLAIM INC GEG CONSTRUCTION INC GENNARINI CONSTN CO GERBER CONSTRUCTION INC GIANFIA CORP GIORDANO CONSTRUCTION CO GLEN TERRACE LANDSCAPING GONCALVES MASONRY INC HARTLAND BLDING & RESTORA HAYWARD BAKER INC HEBREW HOME HOSPITAL INC HEMLOCK HEAVY & HIGHWAY

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (c) (d) (e) (i) (f) (g) (h) Primary activity Name, address, and EIN of Direct controlling Type of entity Legal Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, ownership (b)(13) domicile entity income year (state or foreign or trust) assets controlled country) entity? Yes No HENKELS AND MCCOY INC IAPALUCCIO INC J IAPALUCCIO PAVING CO J INTERENVIRONMENTAL INC J & P CONSTRUCTION JJG CONTRACTING INC JOKEN DEVELOPMENT CORP JUDLAU CONTRACTING INC JULIAN RAILROAD ANTHONY KEY CONSTRSERVICES LLC KING CONSTRUCTION INC KOWALSKY BROTHERS INC LABORERS NEREGORGANIZ LANE CONSTRUCTION CORP

LENT ROAD ASSOC LLC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (b) Primary activity (c) (d) (e) (f) (h) (i) (g) Name, address, and EIN of Direct controlling Type of entity Legal Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, ownership (b)(13) domicile entity income year (state or foreign or trust) assets controlled country) entity? Yes No LIBERTY LANDSCAPES LLC LILL & SON INC FRANK LOUREIRO CONT INC LUDLOW CONST CO INC LUNDA CONSTRUCTION CO LUPACHINO AND SALVATORE LVI ENVIRONMENTAL SERVICES M & L CONSTRUCTION INC M & P PIPE JACKING CORP MA&MINC MACKENZIE PAINTING CO MACKENZIE SERVICE CORP MAINE DRILLING & BLASTING MANAFORT BROTHERS INC

MARGUERITE CONCRETE INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (b) Primary activity (c) (d) (e) (f) (h) (i) (g) Name, address, and EIN of Direct controlling Type of entity Share of end-of-Legal Share of total Percentage Section 512 related organization (C corp, S corp, ownership (b)(13) domicile entity income year (state or foreign or trust) assets controlled country) entity? Yes No MARIS UTILITY SERVICE MARK IV CONSTN CO INC MARON CONSTRUCTION CO INC MARQUIS MASONRY LLC MARR SCAFFOLDING COMPANY MARSHALL & SONS J L MATHER CORPORATION MCNAMEE CONSTRUCTION CORP MD DRILLING & BLASTING MICHELS PIPELINE CONST MIG CORPORATION MILLER LANDSCAPING LR MOHEGAN ASSOC INC MORAIS CONCRETE SERV INC

MORETRENCH AMERICAN CORP

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (b) Primary activity (c) (d) (e) (f) (h) (i) (g) Name, address, and EIN of Direct controlling Type of entity Legal Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, ownership (b)(13) domicile entity income year (state or foreign or trust) controlled assets country) entity? Yes No MORIARTY & ASSOC JOHN MTJ LANDSCAPE NAC INDUSTRIES INC NAES POWER CONTR INC NANCY'S TREE PLANTING INC NARRAGANSETT IMPROVEMENT NASDI NE LABORERS' TRAINING TRS NEW ENGLAND CONCRETE CUTTING NEW ENGLAND FOUNDATION NEW ENGLAND LINER SYS INC NICKERSON CO INC C H NOBLE CONSTRUCTION & MGMT NORTHEAST CONTRACTORS INC NORTHEAST INTSYSOF NE

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (b) Primary activity (c) (d) (e) (f) (h) (i) (g) Name, address, and EIN of Direct controlling Type of entity Legal Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, ownership (b)(13) domicile entity income year (state or foreign or trust) controlled assets country) entity? Yes No NORTHEASTERN CLEARING INC NORTHERN GENERAL CONTINC NORTHERN LAND CLEARING NORWALK MARINE CONTRINC NUNES & SONS CONST HM O & G INDUSTRIES INC O'CONNELLS SONS INC DAN OLENDER CORPORATION JOHN OTIS EASTERN SERVICE INC PAGANELLI CONST CORP PAL ENVIRONMENTAL SERVICES PALMER PAVING CORP PAR ENVIRONMENTAL CORP PARTITIONS INC PEREIRA & SONS CONST INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (b) Primary activity (c) (d) (e) (f) (h) (i) (g) Name, address, and EIN of Direct controlling Type of entity Share of end-of-Legal Share of total Percentage Section 512 related organization (C corp, S corp, ownership (b)(13) domicile entity income year (state or foreign or trust) assets controlled country) entity? Yes No PERFORMANCE CONTRACTING PIAZZA INC PRECISION SHOT-CRETE UN PRICE GREGORY INTERNATION PRISTINE SERVICES INC PRO CUT OF CT INC PRO CUT INC PROFESSIONAL DRYWALL CONS QUAKER CORPORATION THE RIGGS CONTRACTING INC RIGGS DISTLER & CO INC RIZZO ELECTRICAL CONTR RJB CONTRACTING INC ROADSAFE TRAFFIC SYS INC RONDANO INC M

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (b) Primary activity (c) (d) (e) (f) (h) (i) (g) Name, address, and EIN of Direct controlling Type of entity Legal Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, ownership (b)(13) domicile entity income year (state or foreign or trust) controlled assets country) entity? Yes No ROSSETTI INC D J ROTHA CONTRACTING CO INC SAFETY MARKING OF NY INC SANTORO INC SCHNABEL FOUNDATION CO SHORELINE POOLS INC SIL-CARR CORPORATION SITECON CORPORATION SMI DEMOLITION INC SNAPCO CONSTRUCTION INC SNELSON COMPANIES INC SOINI EROSION CONTROLINC SOUTHEAST DIRECDRILLING STAMFORD WRECKING COMPANY STANDARD BUILDERS INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (b) Primary activity (c) (d) (e) (f) (h) (i) (g) Name, address, and EIN of Direct controlling Type of entity Share of end-of-Legal Share of total Percentage Section 512 related organization (C corp, S corp, ownership (b)(13) domicile entity income year (state or foreign or trust) controlled assets country) entity? Yes No STAR CONSTRUCTION CORP STEBBINS ENG & MANUF CO STRAFACH AND SONS JOHN SUNRISE MASONRY INC SUPREME INDUSTRIES INC TAULMAN CONSTRUCTION CO TILCON CONNECTICUT INC TITTARELLI INC TOTAL FENCE LLC TRI-STAR BUILDING CORP TUDDI CONTRACTING INC US PIPELINE INC ULTIMATE CONCRETE CO INC UNDERGROUND BUILDERS INC

UNIVERSAL FOUNDATIONS INC

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

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

WHITE CONSTRUCTION DW

YONKERS CONT CO INC

WHITEHAWK CONSTRSERVING

WATERS CONSTR CO INC								
								i
								i
WATTERWORTH INC KEN								1
	l	I	l	l	l	I	1 1	