CLIFTONLARSONALLEN LLP 8101 WEST GRANDRIDGE BLVD, SUITE 130 KENNEWICK, WA 99336

AGC HEALTH BENEFIT TRUST FUND 9450 SW COMMERCE CIRCLE, NO. 200 WILSONVILLE, OR 97070

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CLIENT'S COPY



AGC Health Benefit Trust Fund 9450 SW Commerce Circle No. 200 Wilsonville, OR 97070

AGC Health Benefit Trust Fund:

Enclosed is the organization's 2020 Exempt Organization return.

Specific filing instructions are as follows.

### **FORM 990 RETURN:**

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Please return Form 8879-EO to us as soon as possible, but no later than by February 15, 2022 the filing deadline.

In addition, tax-exempt organizations must make available for public inspection a copy of their annual returns for the preceding three years and exemption application, if applicable. An organization generally must furnish filings to anyone who requests them in person or in writing. An exempt organization may meet this requirement by posting all the documents on its website or at another organizations site as part of a database of similar materials. Specific requirements must be met to meet this exception.

### A few final reminders relating to your tax return filings:

- There are substantial penalties for failure to properly disclose and report foreign financial
  accounts and foreign activity. Please make sure you have informed us of any foreign financial
  accounts or foreign activity so that we have the necessary information to complete any required
  disclosures or filings.
- Be sure to review the returns prior to signing as you have final responsibility for all information included in the returns. Please contact us if you have any questions or concerns.
- We recommend you keep a paper or electronic copy of your tax returns permanently. Supporting documentation should be kept for a minimum of seven years based on IRS guidance.

CLA exists to create opportunities – for our clients, our people, and our communities. We value our relationship with you and thank you for your trust and confidence in allowing us to serve you. If we can assist you in making strategic, informed decisions in areas of tax or beyond, please contact us as questions arise throughout the year.

Sincerely,

CliftonLarsonAllen LLP



# AGC HEALTH BENEFIT TRUST FUND FORM 990 INCOME TAX RETURN FOR YEAR ENDED MARCH 31, 2021



AGC Health Benefit Trust Fund 9450 SW Commerce Circle No. 200 Wilsonville, OR 97070

### AGC Health Benefit Trust Fund:

Enclosed are the original and one copy of the 2020 Exempt Organization return, as follows...

2020 Form 990

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

In addition, tax-exempt organizations must make available for public inspection a copy of their annual returns for the preceding three years and exemption application, if applicable. An organization generally must furnish filings to anyone who requests them in person or in writing. An exempt organization may meet this requirement by posting all the documents on its website or at another organizations site as part of a database of similar materials. Specific requirements must be met to meet this exception.

### A few final reminders relating to your tax return filings:

- There are substantial penalties for failure to properly disclose and report foreign financial
  accounts and foreign activity. Please make sure you have informed us of any foreign financial
  accounts or foreign activity so that we have the necessary information to complete any required
  disclosures or filings.
- Be sure to review the returns prior to signing as you have final responsibility for all information included in the returns. Please contact us if you have any questions or concerns.
- We recommend you keep a paper or electronic copy of your tax returns permanently. Supporting documentation should be kept for a minimum of seven years based on IRS guidance.

CLA exists to create opportunities – for our clients, our people, and our communities. We value our relationship with you and thank you for your trust and confidence in allowing us to serve you. If we can assist you in making strategic, informed decisions in areas of tax or beyond, please contact us as questions arise throughout the year.

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CliftonLarsonAllen LLP



# AGC HEALTH BENEFIT TRUST FUND FORM 990 INCOME TAX RETURN FOR YEAR ENDED MARCH 31, 2021

Form 8879-EO

## IRS e-file Signature Authorization for an Exempt Organization

r calendar year 2020, or fiscal year beginning	APR	1	, 2020, and ending	MAR	31	, 20 <b>2</b>
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OMB No. 1545-0047

Department of the Treasury

Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879EO for the latest information. Internal Revenue Service Name of exempt organization or person subject to tax Taxpayer identification number AGC HEALTH BENEFIT TRUST FUND 23-7170147 Name and title of officer or person subject to tax NORMAN RUSSELL TRUSTEE CHAIR Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here ►X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) \_\_\_\_\_ 1b b Total revenue, if any (Form 990-EZ, line 9) \_\_\_\_\_ 2b 2a Form 990-EZ check here b Total tax (Form 1120-POL, line 22) 3b 3a Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 4a Form 990-PF check here b Balance due (Form 8868, line 3c) 5a Form 8868 check here 6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) \_\_\_\_\_\_6b 7a Form 4720 check here b Total tax (Form 4720, Part III, line 1) ..... Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am an officer of the above organization or L I am a person subject to tax with respect to (name of organization) , (EIN) and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | authorize CLIFTONLARSONALLEN LLP to enter my PIN ERO firm name Enter five numbers, but as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax **Certification and Authentication** Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 91690820015 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. \_ Date  $\triangleright$  \_10/25/21 ERO's signature ► CLIFTONLARSONALLEN LLP **ERO Must Retain This Form - See Instructions** 

Do Not Submit This Form to the IRS Unless Requested To Do So

Form **8879-EO** (2020)

LHA For Paperwork Reduction Act Notice, see instructions.

### Form **8868**

(Rev. January 2020)

Department of the Treasury

# Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit <a href="https://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits">www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.</a>

### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

must us	e i offit 7004 to request all extension of time to me incom	ie tax retui	113.							
Type or	Name of exempt organization or other filer, see instru	uctions.		Taxpayer	Taxpayer identification number (TIN)					
print	lace well my person moved of				00 5450445					
File by the	by the AGC HEALTH BENEFIT TRUST FUND 23-7170147									
due date for										
return. See	9450 SW COMMERCE CIRCLE, NO									
instructions	City, town or post office, state, and ZIP code. For a f WILSONVILLE, OR 97070	oreign add	ress, see instructions.							
Enter the	e Return Code for the return that this application is for (fi	le a separa	te application for each return)			0 1				
Applica <sup>-</sup>	tion	Return	Application			Return				
Is For		Code	Is For			Code				
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07				
Form 99	0-BL	02	Form 1041-A			08				
Form 47	20 (individual)	03	Form 4720 (other than individual)			09				
Form 99	0-PF	04	Form 5227			10				
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11				
Form 990-T (trust other than above) 06 Form 8870										
	VIMLY BENEFIT	SOLUTI	ONS INC							
• The b	books are in the care of $\blacktriangleright$ 12121 HARBOUR	REACH	DRIVE - MUKILTEO,	WA 98	3275					
Telep	shone No. ► 206-859-2600		Fax No.							
<ul><li>If the</li></ul>	organization does not have an office or place of busines	s in the Un	ited States, check this box			▶ □				
	s is for a Group Return, enter the organization's four digit					up, check this				
box 🕨	. If it is for part of the group, check this box	_	ch a list with the names and TINs of							
<b>1</b> In	equest an automatic 6-month extension of time until	FEBRU	JARY 15, 2022 , to file	the exem	npt organization	return for				
th	e organization named above. The extension is for the org	ganization's	return for:	KI						
<b>&gt;</b>	calendar year or		LILLUUI							
<b>&gt;</b>	X tax year beginning APR 1, 2020	, an	d ending MAR 31, 2021							
					_					
2 If	the tax year entered in line 1 is for less than 12 months, o	check reaso	on: Initial return	Final retur	n					
	Change in accounting period									
	-									
3a If	this application is for Forms 990-BL, 990-PF, 990-T, 4720	), or 6069, e	enter the tentative tax, less							
ar	ny nonrefundable credits. See instructions.		·	3a	\$	0.				
b If	this application is for Forms 990-PF, 990-T, 4720, or 6069	9, enter any	refundable credits and							
	timated tax payments made. Include any prior year over			3b	\$	0.				
c Ba	alance due. Subtract line 3b from line 3a. Include your pa	ayment wit	h this form, if required, by							
us	sing EFTPS (Electronic Federal Tax Payment System). Se	e instructio	ns.	3с	\$	0.				
Caution	: If you are going to make an electronic funds withdrawa	l (direct del	oit) with this Form 8868, see Form 8	453-EO an	d Form 8879-E	O for payment				

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

instructions.

# **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public

B Chesh   Control   Con	A I	For the	2020 calendar year, or tax year beginning $APR \ 1$ , $\ 2020$ and en	ding M	AR 31, 202	<u>41                                    </u>
Page	В	Check if applicable:	C Name of organization		D Employer ider	ntification number
Distript Distript States   Distript		change	AGC HEALTH BENEFIT TRUST FUND			
Number and street (of 10.0 by it mail is not getieve to street aboress)   20		change	Doing business as		23-7170	0147
City or town, state or province, country, and 2/p or foreign postal code   Main the province   Main the		return	,			
MILSONVILLE, OR 97070   H(a) Is this a group return for subordinates?   Yes \( \) No Holes   Power of the p		return/	-	) (		
Name and address of principal officer NORMAN RUSSELL   2015 SW 105TH AVENUE, TUALATIN, OR 10020   High year subcontaines included.   Yes   No   No   No   No   No   No   No   N						
Tax-exempt status:	F	return	WILSONVILLE, OR 97070		1	
Tax-exempt status:   \$01(c)(3)   \$ \$01(c) (0.9)   \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		tion pending		20		
J Website: ► N/A  K Form of organization: Carporation X Irust Association Other L Year of formation: 1971 M State of legal domicia: OR  Part I Summary  1 Birefly describe the organization's mission or most significant activities: TO PROVIDE HEALTH AND WELFARE  BENEFITS TO ELIGIBLE PARTICIPANTS.  2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.  3 Number of independent voting members of the governing body (Part VI, line 1a)  4 Number of independent voting members of the governing body (Part VI, line 1a)  5 Total number of individuals employed in calendar year 2020 (Part VI, line 1b)  6 Total number of individuals employed in calendar year 2020 (Part VI, line 1a)  7 Total control of the properties of the governing body (Part VI, line 1b)  8 Contributions and grants (Part VIII, column (C), line 12  7 Total ore the unrelated business taxable income from Form 990-T, Part I, line 11  7 To 0.  8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 2g)  10 Investment Income (Part VIII, column (A), lines 34, 4, and 7d)  11 Other revenue (Part VIII, column (A), lines 34, 4, and 7d)  13 Grants and similar amounts paid (Part XI, column (A), lines 13)  14 Benefits paid to or for members (Part XI, column (A), lines 14)  15 Salaries, other compensation, employee benefits (Part XI, column (A), lines 11)  16 Total rundraising expenses (Part XI, column (A), lines 12)  17 Other expenses (Part X, column (A), lines 12)  18 Total landraising expenses (Part X, column (A), lines 12)  19 Program service revenue (Part XI, column (A), lines 12)  10 Total revenue - add lines 31-17 (must equal Part XIII, column (A), lines 51-10)  10 Total rundraising expenses (Part X, column (A), lines 11-11d, 111-24)  10 Total revenue - add lines 31-17 (must equal Part XI, column (A), lines 11-11d, 111-24)  10 Total revenue - add lines 31-17 (must equal Part XI, column (A), lines 11-11d, 111-24)  10 Total revenue - add lines 31-17 (must equal Part XI,	_	<del>-</del>		$\overline{}$	1 ' '	
Part   Summary				527	1	
Benefit   Summary				I Vaan		
BENEFITS TO ELIGIBLE PARTICIPANTS.				L Year	or formation: 197.	I M State of legal domicile; OK
5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)  6 Total number of volunteers (estimate if necessary)  7 a Total unrelated business revenue from Part VIII, column (C), line 12  8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 1h)  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d)  12 Total revenue (Part VIII, column (A), lines 3, 6, 8c, 9c, 10c, and 11e)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), lines 1-3)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 1-1)  16 Total revenue (Part VIII, column (A), line 11e)  17 Other expenses (Part IX, column (A), line 11e)  18 Total asysenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 16)  22 Total assets (Part X, line 16)  33 Total assets (Part X, line 16)  34 Total expenses (Part IX, cines 1-10, line 25)  45 Total labilities (Part X, line 16)  56 Total assets (Part X, line 16)  57 Total labilities (Part X, line 16)  58 Total assets (Part X, line 16)  59 Program service revenue (Part VIII, line 1B from line 12  20 Total assets (Part X, line 16)  50 Total assets (Part X, line 16)  51 Total liabilities (Part X, line 26)  52 Total assets (Part X, line 16)  53 Total assets (Part X, line 26)  54 Total liabilities (Part X, line 26)  55 Total assets (Part X, line 26)  56 Total assets (Part X, line 26)  57 Total liabilities (Part X, line 26)  58 Total assets (Part X, line 26)  58 Total assets (Part X, line 26)  59 Total assets (Part X, line 26)  50 Total assets (Part X,	_	1 B	riefly describe the organization's mission or most significant activities: ${ m { t TO} \ \ PRC}$	VIDE	HEALTH AN	ID WELFARE
5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)  6 Total number of volunteers (estimate if necessary)  7 a Total unrelated business revenue from Part VIII, column (C), line 12  8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 1h)  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d)  12 Total revenue (Part VIII, column (A), lines 3, 6, 8c, 9c, 10c, and 11e)  13 Grants and similar amounts paid (Part IX, column (A), lines 13)  14 Benefits paid to or for members (Part IX, column (A), lines 13)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 510)  16 Total rivenue less expenses (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (A), line 11e)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 16)  22 Total assets (Part X, line 16)  33 Total assets (Part X, line 16)  34 Total expenses (Part IX, column (A), line 25)  45 Total labilities (Part X, line 16)  56 Total assets (Part X, line 16)  57 Total liabilities (Part X, line 16)  58 Signature Block  10 Program service revenue (From Form Part VIII, column IX, line 25)  10 Investment income (Part VIII, column IX, line 25)  10 Investment income (Part VIII, column IX, line 25)  10 Investment income (Part VIII, column IX, line 25)  10 Investment income (Part VIII, column IX, line 25)  10 Investment income (Part VIII, column IX, line 25)  10 Investment income (Part VIII, column IX, line 26)  10 Investment income (Part VIII, column IX, line 26)  10 Investment income (Part VIII, column IX, line 26)  10 Investment income (Part VIII, column IX, line 26)  10 Investment income (Part VIII, column IX, line 26)  10 Investment income (Part VIII, line 1B, line 1B, line 25)  10 Investment income (Part VIII, line 1B, line 2B, line 2B, line	nce	<u>E</u>				
5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)  6 Total number of volunteers (estimate if necessary)  7 a Total unrelated business revenue from Part VIII, column (C), line 12  8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 1h)  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d)  12 Total revenue (Part VIII, column (A), lines 3, 6, 8c, 9c, 10c, and 11e)  13 Grants and similar amounts paid (Part IX, column (A), lines 13)  14 Benefits paid to or for members (Part IX, column (A), lines 13)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 510)  16 Total rivenue less expenses (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (A), line 11e)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 16)  22 Total assets (Part X, line 16)  33 Total assets (Part X, line 16)  34 Total expenses (Part IX, column (A), line 25)  45 Total labilities (Part X, line 16)  56 Total assets (Part X, line 16)  57 Total liabilities (Part X, line 16)  58 Signature Block  10 Program service revenue (From Form Part VIII, column IX, line 25)  10 Investment income (Part VIII, column IX, line 25)  10 Investment income (Part VIII, column IX, line 25)  10 Investment income (Part VIII, column IX, line 25)  10 Investment income (Part VIII, column IX, line 25)  10 Investment income (Part VIII, column IX, line 25)  10 Investment income (Part VIII, column IX, line 26)  10 Investment income (Part VIII, column IX, line 26)  10 Investment income (Part VIII, column IX, line 26)  10 Investment income (Part VIII, column IX, line 26)  10 Investment income (Part VIII, column IX, line 26)  10 Investment income (Part VIII, line 1B, line 1B, line 25)  10 Investment income (Part VIII, line 1B, line 2B, line 2B, line	rna	2 0	Check this box 🕨 🔲 if the organization discontinued its operations or disposed	of more	than 25% of its net	assets.
5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)  6 Total number of volunteers (estimate if necessary)  7 a Total unrelated business revenue from Part VIII, column (C), line 12  8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 1h)  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d)  12 Total revenue (Part VIII, column (A), lines 3, 6, 8c, 9c, 10c, and 11e)  13 Grants and similar amounts paid (Part IX, column (A), lines 13)  14 Benefits paid to or for members (Part IX, column (A), lines 13)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 510)  16 Total rivenue less expenses (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (A), line 11e)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 16)  22 Total assets (Part X, line 16)  33 Total assets (Part X, line 16)  34 Total expenses (Part IX, column (A), line 25)  45 Total labilities (Part X, line 16)  56 Total assets (Part X, line 16)  57 Total liabilities (Part X, line 16)  58 Signature Block  10 Program service revenue (From Form Part VIII, column IX, line 25)  10 Investment income (Part VIII, column IX, line 25)  10 Investment income (Part VIII, column IX, line 25)  10 Investment income (Part VIII, column IX, line 25)  10 Investment income (Part VIII, column IX, line 25)  10 Investment income (Part VIII, column IX, line 25)  10 Investment income (Part VIII, column IX, line 26)  10 Investment income (Part VIII, column IX, line 26)  10 Investment income (Part VIII, column IX, line 26)  10 Investment income (Part VIII, column IX, line 26)  10 Investment income (Part VIII, column IX, line 26)  10 Investment income (Part VIII, line 1B, line 1B, line 25)  10 Investment income (Part VIII, line 1B, line 2B, line 2B, line	ove.	3 1	lumber of voting members of the governing body (Part VI, line 1a)			
Solution			lumber of independent voting members of the governing body (Part VI, line 1b)			
Solution	8	5 T	otal number of individuals employed in calendar year 2020 (Part V, line 2a)			
Solution	Vitie	6 T	otal number of volunteers (estimate if necessary)			_
Solution	Ć	<b>7</b> a⊺	otal unrelated business revenue from Part VIII, column (C), line 12			
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 13) 14 Benefits paid to or for members (Part IX, column (A), lines 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 1-10) 16 Professional fundraising fees (Part IX, column (A), line 1e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Total liabilities (Part X, line 26) 23 Total assets (Part X, line 26) 24 Total liabilities (Part X, line 26) 25 Total liabilities (Part X, line 26) 26 Total assets (Part X, line 26) 27 Total assets (Part X, line 26) 28 Total liabilities (Part X, line 26) 29 Total assets (Part X, line 26) 20 Total assets (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Total liabilities (Part X, line 26) 23 Total liabilities (Part X, line 26) 24 Total liabilities (Part X, line 26) 25 Total liabilities (Part X, line 26) 26 Total liabilities (Part X, line 26) 27 Total liabilities (Part X, line 26) 28 Total liabilities (Part X, line 26) 29 Total liabilities (Part X, line 26) 20 Total assets (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Total liabilities (Part X, line 26) 23 Total liabilities (Part X, line 26) 24 Total liabilities (Part X, line 26) 25 Total liabilities (Part X, line 26) 26 Total liabilities (Part X, line 26) 27 Total liabilities (Part X, line 26) 28 Total liabilities (Part X, line 26) 29 Total liabilities (Part X, line 26) 20 Total assets (Part X, line 26) 21 Total	_	b N	let unrelated business taxable income from Form 990-T, Part I, line 11	<del></del>		7b 0.
Program service revenue (Part VIII, line 2g)	anne					
12 Total revenue (Part VIII, column (A), lines 5, 62, 52, 10c, and 116)   10,755,099. 11,206,324.     13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<b>8</b> C	Contributions and grants (Part VIII, line 1h)			
12 Total revenue (Part VIII, column (A), lines 5, 62, 52, 10c, and 116)   10,755,099. 11,206,324.     13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		9 P	rogram service revenue (Part VIII, line 2g)			
12 Total revenue (Part VIII, column (A), lines 5, 62, 52, 10c, and 116)   10,755,099. 11,206,324.     13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	ě	<b>10</b> Ir				
13   Grants and similar amounts paid (Part IX, column (A), lines 1-3)   0 .   0 .   0 .   14   Benefits paid to or for members (Part IX, column (A), line 4)   10 , 095 , 585 .   10 , 488 , 108 .   15   Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   0 .	<u> </u>	11 C	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
14   Benefits paid to or for members (Part IX, column (A), line 4)   10,095,585.   10,488,108.     15   Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   0.   0.   0.     16   Professional fundraising expenses (Part IX, column (A), line 11e)   0.   0.   0.     17   Other expenses (Part IX, column (D), line 25)   0.     18   Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   10,779,119.   11,207,595.     19   Revenue less expenses. Subtract line 18 from line 12   -24,020.   -1,271.     20   Total assets (Part X, line 16)   1,200,428.   1,268,315.     21   Total liabilities (Part X, line 26)   192,321.   143,171.     22   Net assets or fund balances. Subtract line 21 from line 20   1,008,107.   1,125,144.     Part II   Signature Block   Signature of officer   Date   NORMAN RUSSELL, TRUSTEE CHAIR		12 T	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<u> 10,755,099</u>	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0		<b>13</b> G	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			
16a Professional fundraising fees (Part IX, column (A), line 11e)   0 . 0 . 0 . 0 .		1				
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Net assets or fund balances. Subtract line 21 from line 20  24 Inder 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  Print/Type or print name and title  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  EMILY MCCANN  Preparer  Signature of officer  Print/Type preparer's name  Preparer's signature  EMILY MCCANN  Prim's name  CLIFTONLARSONALLEN LLP  Firm's name  CLIFTONLARSONALLEN LLP  Firm's address  8101 WEST GRANDRIDGE BLVD, SUITE 130  KENNEWICK, WA 99336  Phone no.509-735-1561	S	<b>15</b> S				
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Net assets or fund balances. Subtract line 21 from line 20  24 Inder 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  Print/Type or print name and title  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  EMILY MCCANN  Preparer  Signature of officer  Print/Type preparer's name  Preparer's signature  EMILY MCCANN  Prim's name  CLIFTONLARSONALLEN LLP  Firm's name  CLIFTONLARSONALLEN LLP  Firm's address  8101 WEST GRANDRIDGE BLVD, SUITE 130  KENNEWICK, WA 99336  Phone no.509-735-1561	)SU	<b>16</b> a ₽			(	0.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Net assets or fund balances. Subtract line 21 from line 20  24 Inder 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  Print/Type or print name and title  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  EMILY MCCANN  Preparer  Signature of officer  Print/Type preparer's name  Preparer's signature  EMILY MCCANN  Prim's name  CLIFTONLARSONALLEN LLP  Firm's name  CLIFTONLARSONALLEN LLP  Firm's address  8101 WEST GRANDRIDGE BLVD, SUITE 130  KENNEWICK, WA 99336  Phone no.509-735-1561	ğ	. b T				
19 Revenue less expenses. Subtract line 18 from line 12  — 24,020. — 1,271.  Beginning of Current Year   End of Year   1,200,428.   1,268,315.  21 Total assets (Part X, line 26)   192,321.   143,171.  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   Norman Russell, Truste Chair   Type or print name and title   Print/Type preparer's name   Preparer's signature   EMILY MCCANN   EMILY MCCANN   10/25/21   Firm's name   CLIFTONLARSONALLEN LLP   Firm's name   CLIFTONLARSONALLEN LLP   Firm's address   8101 WEST GRANDRIDGE BLVD, SUITE 130   KENNEWICK, WA 99336   Phone no.509-735-1561	Ш	"				
Beginning of Current Year   End of Year   1,200,428    1,268,315    1,		<b>  18</b> ⊤	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			
Norman Russell, Truste Chair  Print/Type or print name and title  Print/Type preparer's name  EMILY MCCANN  Paid  EMILY MCCANN  Firm's address  8101 WEST GRANDRIDGE BLVD, SUITE 130  KENNEWICK, WA 99336  Ruder tasets or fund balances. Subtract line 21 from line 20  1,008,107.  1,125,144.  1,008,107.  1,108			levenue less expenses. Subtract line 18 from line 12			<del></del>
Norman Russell, Truste Chair  Print/Type or print name and title  Print/Type preparer's name  EMILY MCCANN  Paid  EMILY MCCANN  Firm's address  8101 WEST GRANDRIDGE BLVD, SUITE 130  KENNEWICK, WA 99336  Ruder tasets or fund balances. Subtract line 21 from line 20  1,008,107.  1,125,144.  1,008,107.  1,108	SOF	g H		Be		
Norman Russell, Truste Chair  Print/Type or print name and title  Print/Type preparer's name  EMILY MCCANN  Paid  EMILY MCCANN  Firm's address  8101 WEST GRANDRIDGE BLVD, SUITE 130  KENNEWICK, WA 99336  Ruder tasets or fund balances. Subtract line 21 from line 20  1,008,107.  1,125,144.  1,008,107.  1,108	sset	<b>20</b> T				
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true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  NORMAN RUSSELL, TRUSTEE CHAIR Type or print name and title  Print/Type preparer's name Preparer's signature EMILY MCCANN EMILY MCCANN PO1759947  Preparer Use Only Firm's name CLIFTONLARSONALLEN LLP Firm's address 8101 WEST GRANDRIDGE BLVD, SUITE 130 KENNEWICK, WA 99336 Phone no. 509-735-1561				d atatama	nto and to the heat o	f my knowledge and balish it is
Sign Here  NORMAN RUSSELL, TRUSTEE CHAIR Type or print name and title  Print/Type preparer's name EMILY MCCANN Firm's name CLIFTONLARSONALLEN LLP Firm's address 8101 WEST GRANDRIDGE BLVD, SUITE 130 KENNEWICK, WA 99336  Date  PTIN Firm's EIN 41-0766749 Phone no. 509-735-1561						i iliy kilowieuge aliu bellel, it is
Here  NORMAN RUSSELL, TRUSTEE CHAIR  Type or print name and title  Print/Type preparer's name  Print/Type preparer's name  EMILY MCCANN  Firm's name  CLIFTONLARSONALLEN LLP  Firm's address  8101 WEST GRANDRIDGE BLVD, SUITE 130  KENNEWICK, WA 99336  Phone no. 509-735-1561	tiuc	, соптест,	and complete. Declaration of preparer (other than officer) is based on an information of which	i pi chai ci	ilas ally kilowieuge.	
Here  NORMAN RUSSELL, TRUSTEE CHAIR  Type or print name and title  Print/Type preparer's name  Print/Type preparer's name  EMILY MCCANN  Firm's name  CLIFTONLARSONALLEN LLP  Firm's address  8101 WEST GRANDRIDGE BLVD, SUITE 130  KENNEWICK, WA 99336  Phone no. 509-735-1561	Sia.		Signature of officer		I Date	
Type or print name and title  Print/Type preparer's name  Print/Type preparer's name  Preparer's signature  EMILY MCCANN  EMILY MCCANN  10/25/21   if the print/Type preparer's name  POTIN  10/25/21   if the print/Type preparer's name  POTIN  Firm's name  CLIFTONLARSONALLEN LLP  Firm's address  8101 WEST GRANDRIDGE BLVD, SUITE 130  KENNEWICK, WA 99336  Phone no. 509-735-1561			•			
Print/Type preparer's name  Print/Type preparer's name  Preparer's signature  EMILY MCCANN  Preparer  Firm's name  CLIFTONLARSONALLEN LLP  Firm's address  8101 WEST GRANDRIDGE BLVD, SUITE 130  KENNEWICK, WA 99336  Phone no. 509-735-1561	Hei		·			
Paid         EMILY MCCANN         EMILY MCCANN         10/25/21 self-employed         P01759947           Preparer         Firm's name         ▶ CLIFTONLARSONALLEN LLP         Firm's EIN ▶ 41-0766749           Use Only         Firm's address         ▶ 8101 WEST GRANDRIDGE BLVD, SUITE 130 KENNEWICK, WA 99336         Phone no. 509-735-1561					Date Check	PTIN
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KENNEWICK, WA 99336 Phone no. 509-735-1561				130	THIII S LIN	
		·		-	Phone no.	509-735-1561
	Ma	y the IRS				

Pal	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission:  THE PURPOSE OF THE TRUST IS TO PROVIDE FOR THE FUNDING OF HEALT!	מוא ב
	WELFARE BENEFITS FROM THE CONTRIBUTIONS OF EMPLOYERS, EMPLOYEES	
	ANY PERSONS ELIGIBLE TO MAKE SELF PAYMENTS UNDER THE APPLICABLE	
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 X 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 X 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 e	•
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses if you for each property of the section of the sec	benses, and
 4а	revenue, if any, for each program service reported.  (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	
44	(Code:) (Expenses \$ including grants of \$) (Revenue \$) THE PURPOSE OF THE TRUST IS TO PROVIDE FOR THE FUNDING OF HEALT	H AND
	WELFARE BENEFITS FROM THE CONTRIBUTIONS OF EMPLOYERS, EMPLOYEES	
	PERSONS ELIGIBLE TO MAKE SELF PAYMENTS UNDER THE APPLICABLE LAW	
	(Out to 1) (Durant C	
4b	(Code:) (Expenses \$	)
		_
 4с	(Out to 1) (Durant 0)	
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	,
	Other program conjects (Describe on Schedule C.)	
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$	)
 4е	Total program service expenses	,
	, <u> </u>	Form <b>990</b> (2020)

### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	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? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_ <u> </u>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			1
8	, ,			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			37
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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 in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	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	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12u		
		12b		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Pid the approximation projection on affice and because of the project of the Delta Obstace			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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			X
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	l		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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Form **990** (2020)

Form 990 (2020)

Part IV | Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			l
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			₹.
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	28c		x
29	"Yes," complete Schedule L, Part IV	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
00		30		x
31	contributions? If "Yes," complete Schedule M	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
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)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Pai	Note: All Form 990 filers are required to complete Schedule O  **T V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
ı al	Check if Schedule O contains a response or note to any line in this Part V			
	Oneon it Sofiedule O contains a response of flote to any line in this Fart V		Yes	Na
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	No
b	Enter the number reported in Box 3 of Form 1090. Enter 40- in not applicable  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		
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### AGC HEALTH BENEFIT TRUST FUND Page 5 Form 990 (2020) Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 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 Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on 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)? Х 4a **b** 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? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). 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? 7a 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? d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f 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 required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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 Sponsoring organizations maintaining donor advised funds. a 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 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a 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 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X excess parachute payment(s) during the year?

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X

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," complete Form 4720, Schedule O.

If "Yes," see instructions and file Form 4720, Schedule N.

23-7170147 Page 6 AGC HEALTH BENEFIT TRUST FUND Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI

sec	tion A. Governing Body and Management				1,,	Τ		
<b>.</b>	Enter the grapher of reting members of the management had not the state of the terror		I	4	Yes	No		
та	Enter the number of voting members of the governing body at the end of the tax year	1a		<del>-</del>				
	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 on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent	1b		3				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		l ny other	4				
2				2	,	Х		
3	officer, director, trustee, or key employee?  Did the organization delegate control over management duties customarily performed by or under the			<u> </u>		†		
Ü				3	X			
4	Did the organization make any significant changes to its governing documents since the prior Form 9					Х		
5	Did the organization become aware during the year of a significant diversion of the organization's assi				_	X		
6	Did the organization have members or stockholders?			. —		Х		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap							
	more members of the governing body?			7	a	X		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st							
	persons other than the governing body?		•	7	<u> </u>	Х		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea							
а	The governing body?	· · · · · · · · · · · · · · · · · · · ·	-	8	a X			
b	Each committee with authority to act on behalf of the governing body?			. 8	X			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			. 9	)	X		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)					
				_	Yes			
10a	Did the organization have local chapters, branches, or affiliates?			10	а	X		
b	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.	apters	, affiliates,					
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\dots$			. 10	_			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befor	e filing the form?	11	a X			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			12	a X			
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			. 12	b X	-		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," de	escribe		37			
	in Schedule O how this was done			12		- V		
13	Did the organization have a written whistleblower policy?					X		
14	Did the organization have a written document retention and destruction policy?			. 1	ı X			
15	Did the process for determining compensation of the following persons include a review and approval	l by inc	dependent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45	_	- v		
a	The organization's CEO, Executive Director, or top management official			15		X		
D	Other officers or key employees of the organization			15	D	^		
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	nont	ith a					
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements and leave the very similar arrangements and the very similar arrangements and the very similar arrangements are similar arrangements.			16	2	х		
h	taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			16	a	125		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ							
	exempt status with respect to such arrangements?			16	b			
Sec	tion C. Disclosure			1 10	~ _	1		
17	List the states with which a copy of this Form 990 is required to be filed ► NONE							
 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	-T (Section 501(c)	(3)s on	ly) availa	able		
	for public inspection. Indicate how you made these available. Check all that apply.		(======================================	.,_ = = 11	,,			
	Own website Another's website X Upon request Other (explain	on Sc	thedule (0)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con			ınd fin	ancial			
	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 boo	ks and	d records					
	VIMLY BENEFIT SOLUTIONS INC - 206-859-2600		·					
	12121 HARBOUR REACH DRIVE, MUKILTEO, WA 98275							

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032-1521

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

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

X

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

X Check this box if neither the organiz (A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck	more	than o	one	Reportable	Reportable	Estimated
	hours per week	offi	, unle cer ar	ss per id a d	son i	s both or/trus	an tee)	compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	r dire				ted		organization	(W-2/1099-MISC)	from the
	related	stee c	ruste		au	pensa		(W-2/1099-MISC)		organization
	organizations below	ual tru	ional		ploye	t com				and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) NORMAN RUSSELL	0.50	<del>                                     </del>	-			1 0	-			
TRUSTEE CHAIR		Х		Х				0.	0.	0
(2) LEIGH TAPANI	0.50							_	_	_
TRUSTEE		Х						0.	0.	0
(3) ROGER SILBERNAGEL	0.50									_
TRUSTEE	0.50	Х						0.	0.	0
(4) DAVID WALES TRUSTEE	0.50	X						0.	0.	C
INOSTEE		^						0.	0.	
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		1								

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(A)  Name and title	(B) Average hours per	(do	not cl	(C Posi	C) ition		ne	(D)  Reportable compensation	(E)  Reportable compensation		(F) Estimated amount of	
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer Officer		Highest compensated		from the organization (W-2/1099-MISC)	from related organization: (W-2/1099-MIS	d other compensation		sation the ation ated
		-										
		_										
						$\vdash$						
		-										
		-										
1b Subtotal							<b></b>	0.		0.		0.
c Total from continuation sheets to Pard Total (add lines 1b and 1c)							<b>&gt;</b>	0.		0.		0.
Total number of individuals (including b							o re	- 1	000 of reportable			
compensation from the organization	<b>•</b>										Yes	0 s No
3 Did the organization list any former off	icer, director, trust	ee, k	кеу е	mpl	oye	e, or	hig	hest compensated empl	oyee on	ſ		
line 1a? <i>If</i> "Yes," <i>complete Schedule J</i> if  For any individual listed on line 1a, is th											3	X
and related organizations greater than \$											4	Х
5 Did any person listed on line 1a receive	•				•			•			_	X
rendered to the organization? <i>If</i> "Yes."  Section B. Independent Contractors	complete Schedule	∋ <i>J f</i> ¢	or su	ich ŗ	oers	on .					5	1 22
1 Complete this table for your five highes	· ·	-							•	ensat	ion from	
the organization. Report compensation (A)	for the calendar ye	ear e	ndin	ig w	ith c	or wi	thin	the organization's tax y	ear.		(C)	
Name and busin								Description of s		С	ompensat	ion
JD FULWILER & CO INSURA 5727 SW MACADAM AVE, PO		R_	97	23	9		- 1	CONSULTANT FI				
							$\dashv$					
							$\dashv$					
2 Total number of independent contracto	rs (including but no	ot lin	nitec	to t	thos	se lis	ted	above) who received mo	ore than			

Part VIII Statement of Revenue

		Check if Schedule O	conta	ains a respoi	nse or	note to any lin	e in this Part VIII			
				-			(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenue excluded
								function revenue	business revenue	from tax under sections 512 - 514
				1.1						000110110 0 12 0 1 1
nts		Federated campaigns								
Gra		Membership dues								
S, (	c	Fundraising events		1c						
a ii	C	Related organizations		1d						
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants (contr	ibuti	ons) <b>1e</b>						
ion	f	All other contributions, gifts,	grant	ts, and						
bet		similar amounts not included	abov	/e <b>1f</b>						
Ξō		Noncash contributions included in			;					
Sign		Total. Add lines 1a-1f				<b>•</b>				
						Business Code				
	2 -	EMPLOYER CONTRIBUTION	ONS			900099	11,060,291.	11,060,291.		
je				NS	— h	900099	93,660.	93,660.		
e er	k	-	7110	MS	— ⊦	300033	33,000.	33,000.		
n S	C	·			— ⊦					
rar 3ev	C				—					
Program Service Revenue	e				— ⊦					
Ē	f	All other program service	rever	nue	L					
	ç	Total. Add lines 2a-2f					11,153,951.			
	3	Investment income (includ	ling (	dividends, ir	nteres	t, and				
		other similar amounts)					27,403.			27,403.
	4									
	5	Royalties		•	•					
		· · · · <b>,</b> · · · · · · · · · · · · · · · · · · ·		(i) Real		(ii) Personal				
	6 =	Gross rents	6a	.,						
		Less: rental expenses	6b							
		Rental income or (loss)	6c							
		Net rental income or (loss)	····	/i\ Coouriti	T	(ii) Othor				
	7 a	Gross amount from sales of		(i) Securiti		(ii) Other				
		assets other than inventory	7a	223,7	49.					
	b	Less: cost or other basis								
ne		and sales expenses								
Ver	c	Gain or (loss)	7с	24,7	69.					
ther Revenue	c	Net gain or (loss)			. <u></u>		24,769.			24,769.
Je	8 8	Gross income from fundraisi	ng ev	ents (not						
₹		including \$		of						
		contributions reported on								
		Part IV, line 18		•	8a					
	ŀ	Less: direct expenses			8b					
		Net income or (loss) from				<b></b>				
		Gross income from gamin								
	5 6	Part IV, line 19			9a					
	L	Less: direct expenses			9b					
		Net income or (loss) from			`——	·····				
	10 a	Gross sales of inventory, I			l l					
		and allowances 10a								
		Less: cost of goods sold			10b					
	C	Net income or (loss) from	sales	s of inventor						
ω					L	Business Code				
oni e	11 a	MISCELLANEOUS INCOME	3		L	900099	201.			201.
ane Dut	k	)			[					
Miscellaneous Revenue	c									
Sc B	c	All other revenue			_					
Σ	-	Total. Add lines 11a-11d				<b>&gt;</b>	201.			
	12	Total revenue. See instruction					11,206,324.	11,153,951.	0.	52,373.
		. J. W. 1 J. J. W. O. O. HISTI WOLL	,,,,,				, , . = - •	,,		_,

Secti	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon				
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
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, lines 15 and 16				
4	Benefits paid to or for members	10,488,108.			
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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management	683,929.			
b	Legal	6,195.			
С	Accounting	16,500.			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	12,500.			
12	Advertising and promotion				
13	Office expenses	363.			
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а					
b					
С					
d					
е	All other expenses	44 00			
25	Total functional expenses. Add lines 1 through 24e	11,207,595.			
26	<b>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 if following SOP 98-2 (ASC 958-720)			1	

Par	τX	Balance Sneet				
		Check if Schedule O contains a response or no	ote to any line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		95,899.	1	86,037.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		21,865.	4	29,135.
	5	Loans and other receivables from any current of				
		trustee, key employee, creator or founder, sub-	stantial contributor, or 35%			
		controlled entity or family member of any of the	ese persons		5	
	6	Loans and other receivables from other disqua				
		under section 4958(f)(1)), and persons describe	ed in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
۲	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation		1 000 664	10c	1 150 110
	11	Investments - publicly traded securities		1,082,664.	11	1,153,143.
	12	Investments - other securities. See Part IV, line		12		
	13	Investments - program-related. See Part IV, line			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		1 200 420	15	1 000 015
	16	Total assets. Add lines 1 through 15 (must eq		1,200,428.	16	1,268,315.
	17	Accounts payable and accrued expenses	0,302.	17	5,449.	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20 21	Tax-exempt bond liabilities	Deat IV of Oak adula D		20 21	
	22	Escrow or custodial account liability. Complete Loans and other payables to any current or for			21	
Liabilities	22	trustee, key employee, creator or founder, sub-				
ig		controlled entity or family member of any of the			22	
Lia	23	Secured mortgages and notes payable to unre			23	
	24	Unsecured notes and loans payable to unrelate			24	
	25	Other liabilities (including federal income tax, p				
		parties, and other liabilities not included on line				
		of Schodulo D		186,019.	25	137,722.
	26			192,321.	26	143,171.
		Organizations that follow FASB ASC 958, ch				-
Ses		and complete lines 27, 28, 32, and 33.				
anc	27	Net assets without donor restrictions			27	
Bal	28	Net assets with donor restrictions			28	
Pu		Organizations that do not follow FASB ASC				
Ţ		and complete lines 29 through 33.				
S O	29	Capital stock or trust principal, or current funds	s	0.	29	0.
set	30	Paid-in or capital surplus, or land, building, or e	equipment fund	0.	30	0.
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated i		1,008,107.	31	1,125,144.
Red	32	Total net assets or fund balances		1,008,107.	32	1,125,144.
	33	Total liabilities and net assets/fund balances		1,200,428.	33	1,268,315.

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Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1 2 3 4 5 6	Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities	1 2 3 4 5 6	11,20 11,20 - 1,00	6,3: 7,5: 1,2:	95. 71. 07.	
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,12	5,1	44.	
Check if Schedule O contains a response or note to any line in this Part XI  1 Total revenue (must equal Part VIII, column (A), line 12)					X	
Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities  Prior period adjustments  Other changes in net assets or fund balances (explain on Schedule O)  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))  Part XII Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII  Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  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, or both:  Separate basis Consolidated basis Both consolidated and separate basis.  Deficit 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.  Consolidated basis, or both:  X Separate basis Consolidated basis Both consolidated and separate basis.  Consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis.  Consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis.  Consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis.						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule		-	Yes	No X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis	on a		Х	A	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:  X Separate basis Consolidated basis Both consolidated and separate basis	basis,	26	Λ		
·	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х		
	Act and OMB Circular A-133?		3a		х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit	3b			
		Form	990	(2020)		

032012 12-23-20

### **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 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

AGC HEALTH BENEFIT TRUST FUND

**Employer identification number** 23-7170147

Par	t I Organizations Maintaining Donor Advised	d Funds or Other	'Si	milar Funds o	r Acc	coun	ts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.					
		(a) Donor adv	ised	funds	(b	) Fund	ds and other accounts
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in $\boldsymbol{\nu}$	vriting that the assets	held	d in donor advised	d funds	3	
	are the organization's property, subject to the organization's e						Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that	grar	nt funds can be us	sed on	ly	
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for	any	other purpose co	onferrin	ng	
Б.	impermissible private benefit?						Yes No
Par				on Form 990, Pa	art IV, I	ine 7.	
1	Purpose(s) of conservation easements held by the organization	-	y).				
	Preservation of land for public use (for example, recreat	tion or education)	_			-	important land area
	Protection of natural habitat	L		Preservation of a	certifi	ed his	toric structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation cont	ribut	tion in the form of	a con		•
	day of the tax year.				- 1		Held at the End of the Tax Year
а	Total number of conservation easements				├	2a	
b						2b	
С	Number of conservation easements on a certified historic stru					2c	
d	Number of conservation easements included in (c) acquired a				•		
_	listed in the National Register				L	2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	rminated by the o	rganız	ation (	during the tax
_	year >						
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the per						
•	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	nandling of violations,	, and	enforcing conse	rvation	ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violetions, and	onfo	roing concentation	n 000	mont	a during the year
7	S	iling of violations, and	emic	ording conservation	ni ease	emem	s during the year
8	Does each conservation easement reported on line 2(d) above	a catisfy the requirem	onto	of section 170(h)	(4)(D)(i)		
Ü							Yes No
9	and section 170(h)(4)(B)(ii)?						
3	balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.	ote to the organization	1131	manciai statemen	ito tilat	. uesc	TIDES THE
Par	t III Organizations Maintaining Collections of	Art, Historical T	rea	sures, or Oth	er Si	milar	Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		-			
1a	If the organization elected, as permitted under FASB ASC 95		ever	nue statement and	d balar	nce sh	eet works
	of art, historical treasures, or other similar assets held for pub	•					
	service, provide in Part XIII the text of the footnote to its finan	ŕ				•	
b	If the organization elected, as permitted under FASB ASC 956					sheet	works of
	art, historical treasures, or other similar assets held for public						
	provide the following amounts relating to these items:	,	,			•	•
	(i) Revenue included on Form 990, Part VIII, line 1					▶ 5	<b>.</b>
							<u> </u>
2	If the organization received or held works of art, historical trea					rovide	
	the following amounts required to be reported under FASB A				, , , , ,		
а	Revenue included on Form 990, Part VIII, line 1	-				<b>&gt;</b> 5	<b>.</b>
	Assets included in Form 990, Part X					<b>&gt;</b> 9	

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

Schedule D (Form 990) 2020

to be sold to raise funds rather than to be maintained as part of the organization's collection?

b С

collection items (check all that apply):

Preservation for future generations

Public exhibition

Scholarly research

1a	Is the organization an agent, trustee, custodia		•			_	_	_	7
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	llowing table:		г				
							Amoun <sup>-</sup>	t	
	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance								
	Did the organization include an amount on Fo		•		•	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has bee	n provided on Pa	art XIII				
Pa	rt V Endowment Funds. Complete in	the organization an	swered "Yes" on	Form 990, Part I	V, line 10.				
		(a) Current year	(b) Prior year	(c) Two years	back (d)	Three years back	(e) Four	years	back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curre		e (line 1g, column	(a)) held as:					
а	Board designated or quasi-endowment		%						
b	Permanent endowment >								
		%							
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.							
За	Are there endowment funds not in the posses	ssion of the organiza	ation that are held	and administere	d for the or	ganization	_		
	by:							Yes	No
	(i) Unrelated organizations						3a(i)		
	(ii) Related organizations								
b	If "Yes" on line 3a(ii), are the related organizar								
4	Describe in Part XIII the intended uses of the								
Pa	rt VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990	), Part IV, line 11a	See Form 990, I	Part X, line	10.			
	Description of property	(a) Cost or o		ost or other is (other)	(c) Accur		(d) Boo	k value	9
12	Land	, , , ,	,	. /					
	Buildings								
	Leasehold improvements								
	Equipment			+					
	Other								0.
	II. AUU IINES TA THIOUGH 16. (Column (d) must ei	gual Form 990. Part	x. column (B). line	10c.)					<b>U</b> •

Loan or exchange program

Other

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Schedule D (Form 990) 2020 AGC HEALTH Part VII Investments - Other Securities.	BENEFIT TRUST	FUND 23	3-7170147 Page
Complete if the organization answered "Yes"	on Form 990 Part IV line	11h 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	d-of-year market value
(1) Financial derivatives			· · ·
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	T
(a)	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) 			
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.	<u> </u>	<b>&gt;</b>	
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11e or 11f. See Form 990, Part X, line 25	i.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DOLLAR BANK OBLIGATION			64,715
(3) MEDICAL PREMIUMS PAYABLE			35,182
(4) ER ADVANCE CONTRIBUTIONS			37 825

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2020

(5) (6)

Par	t XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per Re	turn.	<u> </u>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	11,324,632.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	118,308.		
b	Donated services and use of facilities				
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	118,308.
3	Subtract line 2e from line 1			3	11,206,324.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	11,206,324.
Pai	rt XII Reconciliation of Expenses per Audited Financial Stater	nents With	Expenses per F	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total expenses and losses per audited financial statements			_1_	11,248,293.
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			
С	Other losses				
d					
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	11,248,293.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-40,698.		
С	Add lines 4a and 4b			4c	-40,698.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	11,207,595.
Pai	rt XIII Supplemental Information.				
Provi	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art 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 ac	dditional inforn	nation.		
PAF	RT X, LINE 2:				
ACC	COUNTING PRINCIPLES GENERALLY ACCEPTED IN	THE UNI	TED STATES	OF.	AMERICA
RΕζ	QUIRE PLAN MANAGEMENT TO EVALUATE TAX POST	LTIONS 1	AKEN BY TH	E P	LAN AND
D = 0	2001177 3 737 1 1371 177 (07 30077) 17 777	DT 337 111			CEDES TS
<u>REC</u>	COGNIZE A TAX LIABILITY (OR ASSET) IF THE	PLAN HA	AS TAKEN AN	UN	CERTAIN
POS	SITION THAT MORE LIKELY THAN NOT WOULD NOT	L BE SUS	STAINED UPO	N E	XAMINATION
					CD T CET CO1C
<u>BY</u>	THE IRS. THE PLAN IS SUBJECT TO ROUTINE A	AUDITS E	BY TAXING J	URI	SDICTIONS;
HOV	VEVER, THERE ARE CURRENTLY NO AUDITS FOR A	ANY TAX	PERIODS IN	PR	OGRESS.
	OM WIT I THE AD OFFICE AD THOMPSON				
PAF	RT XII, LINE 4B - OTHER ADJUSTMENTS:				
OTT -	ANGE IN DENEETE OF TOTAL				40 600
CHA	ANGE IN BENEFIT OBLIGATIONS				-40,698.

Schedule D Form 990 (202)  AGC HEALTH BENEFIT TRUST FUND 23-7170147 Page 5  Part XIII   Supplemental Information (2001001469)	Schedule D	(Form 990) 2020	AGC	HEALTH	BENEFIT	TRUST	FUND	23-7170147	Page 5
	Part XIII	Supplemental Infor	mation	/ · · · · · · · · · · · · · · · · · · ·					g
	i di Citti	Supplemental linon	Hation	(continued)					
							<u> </u>		
	_								
	_								

### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. 2020 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

AGC HEALTH BENEFIT TRUST FUND

Employer identification number 23-7170147

FORM 990, PART VI, SECTION A, LINE THE BOARD OF TRUSTEES HAS HIRED A PROFESSIONAL ADMINISTRATION COMPANY TO OPERATE THE TRUST ON A DAY TO DAY BASIS. THE BOARD OF TRUSTEES RETAINS ULTIMATE RESPONSIBILITY OF THE ACTIONS OF THE PROFESSIONAL ADMINISTRATORS ACTIONS. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS REVIEWED BY THE GOVERNING BODY PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: THE TRUSTEES ARE REQUIRED TO ANNUALLY PROVIDE A WRITTEN STATEMENT THAT THEY ARE NOT AWARE OF ANY CONFLICTS OF INTEREST. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST. FORM 990, PART VII, SECTION A, LINE 6: TRUSTEES ARE NOT COMPENSATED BY THE TRUST. COMPENSATION PAID TO TRUSTEES EMPLOYED BY OTHER RELATED TAX EXEMPT ORGANIZATIONS IS REPORTED ON FORM 990 FILED WITH THE IRS BY RELATED TAX-EXEMPT ORGANIZATION. IF YOU WOULD LIKE ADDITIONAL INFORMATION, PLEASE CONTACT THE PLAN ADMINISTRATOR.

FORM 990, PART XII, LINE 2C:

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

Schedule O (Form 990 or 990-EZ) 2020

### **SCHEDULE R** (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

Name of	AGC HEALTH BEN	EFIT TRUST FUND					23-71701		illibei
Part I	Identification of Disregarded Entities. Complete	te if the organization answered "Yes"	on Form 990, Part IV, line 33	3.					
	(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state o foreign country)	(d) Total inco	(e) eme End-of-year	assets	Direct c	(f) ontrolling	9
		_							
Part II	Identification of Related Tax-Exempt Organiza organizations during the tax year.	itions. Complete if the organization a	answered "Yes" on Form 990	), Part IV, line 34, I	pecause it had one o	or more	e related tax-exer	npt 	
	(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	Dire	(f) ect controlling entity	cont	<b>g)</b> 512(b)(13) rolled ity?
					501(c)(3))			Yes	No
		_							

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

Schedule R (Form 990) 2020

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)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?		amount in box 20 of Schedule	managin partner?	
		country)		sections 512-514)		455015	Yes	No	K-1 (Form 1065)	Yes No	
	-										
KARVONEN SAND AND GRAVEL											
	_										
BINEHAM CONSTRUCTION	-										
	-										
EAGLE ROOFING COMPANY											
	_										
	-										
RUSSELL AND SONS PLUMBING	<u> </u>										

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>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(t contr ent	tion b)(13) rolled tity?
		country)		or trust)		a33613		Yes	No
ANDERSON POOLWORKS									<u> </u>
APEX MECHANICAL LLC									<u> </u>
ARC FABRICATION LLC									
BENT LLC									<u> </u>
BERGEMAN ENTERPRISES									

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income	Share of total	Share of	1	portion-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General	or Percentage
of related organization		(state or foreign	entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	income	end-of-year assets	ate allo	cations?	amount in box	partne	or Percentage ownership
		country)		sections 512-514)		833013	Yes	No	K-1 (Form 1065)	Yes N	o
MARION CONSTRUCTION COMPANY											
WALEN CONSTRUCTION										$\vdash$	
							-			$\vdash$	
							-			+	
							1				
-											
-											

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	CIT	ity?
		country)						Yes	No
BOB'S EXCAVATING INC									
BRIX PAVING NORTHWEST INC									
BRX INC									
CARR CONSTRUCTION INC									
CARTER & COMPANY INC									
CARTER'S FIRE SPRINKLER MAINT & PIPING									
CIVILWORKS NW, INC	-								
CJ HANSEN COMPANY, INC									
COLUMBIA STONE, INC									
COLUMNIA STONE, INC									
CONCRETE STRUCTURES LLC	_								
CRATER SAND & GRAVEL, INC.									
DEWITT CONSTRUCTION, INC.	_								

(a)  Name, address, and EIN  of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	tion b)(13) rolled tity?
		country)		,				Yes	No
EFFICIENCY HEATING & COOLING									
EHLERS CONSTRUCTION INC									
ENTREPRISES USA INC									
FACKLER CONSTRUCTION COMPANY									
FORESS SIGN & MANUFACTURING LLC									
FRONTIER LANDSCAPING, INC									
GBC CONSTRUCTION LLC									
GORMLEY PLUMBING & MECHANICAL									
HATCH WESTERN COMPANY, INC.									
HERITAGE GLASS INC									
INDUSTRIAL SYSTEMS INC									
J DAVIDSON & SONS CONSTRUCTION CO INC									

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	tion b)(13) rolled tity?
		country)						Yes	No
JAMES E JOHN CONSTRUCTION	_								
JENSEN DRILLING COMPANY	-								
LAN TEL SERVICES INC	-								
LANDIS & LANDIS CONSTRUCTION LLC	-								
LANTZ ELECTRIC INC	-								
LCD EXCAVATION LLC	-								
LEGACY CONTRACTING INC	-								
LEVEL EXCAVATING INC	-								
LRL CONSTRUCTION CO INC	-								
MCKENZIE COMMERCIAL CONTRACTORS, INC	-								
MID-VALLEY COMMERCIAL CONSTRUCTION INC	-								
MIKE ADAMS CONSTRUCTION CO	-								

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	tion b)(13) rolled tity?
		country)		,				Yes	No
MODOC CONTRACTING CO INC									
NORTHCORE USA LLC									
NORTHWEST MASONRY RESTORATION, LLC									
OREGON STATE BRIDGE CONSTRUCTION									
PACIFIC CREST CONSTRUCTION									
PACIFICMARK CONSTRUCTION CORP									
PC ELECTRIC									
PINE RIDGE INVESTMENT CORPORATION									
PIONEER RESTORATION									
PMG INC ASBESTOS REMOVAL									
PORTLAND ELECTRICAL CONSTRUCTION INC									
PORTLAND ROAD AND DRIVEWAY CO INC									

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	i) etion b)(13) rolled ity?
		country)						Yes	No
PRODRAIN & ROOTER SERVICE									
PROFESSIONAL UNDERGROUND SERVICES INC									
R&G EXCAVATING INC									
RA GRAY CONSTRUCTION LLC									
RAY E. WELLS INC									
RIVER ROOFING INC									
RL REIMERS COMPANY									
ROSE CITY CONTRACTING INC	-								
SIEGNER & COMPANY									
SKYLINE CONSTRUCTION									
SOLID FORM FABRICATION	-								
SPECIALIZED PAVEMENT MARKING INC									

23-7170147

(a)  Name, address, and EIN  of related organization	<b>(b)</b> Primary activity	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	Citally:	
		country)		,				Yes	No
THE NATT MCDOUGALL COMPANY									
TIMBERLINE ELECTRICAL CONTRACTORS INC									
TNT BUILDERS INC									
TS CONSULTING LLC									
WEBB INDUSTRIES INC									
WEST RAIL CONSTRUCTION									

1a

Page 3

Yes No

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b	$\frac{X}{X}$					
c Gift, grant, or capital contribution from related organization(s)										
d Loans or loan guarantees to or for related organization(s)										
e Loans or loan guarantees by related organization(s)										
f Dividends from related organization(s)										
g Sale of assets to related organization(s)										
h Purchase of assets from related organization(s)					X					
i Exchange of assets with related organization(s)	i Exchange of assets with related organization(s)									
j Lease of facilities, equipment, or other assets to related organization(s)	j Lease of facilities, equipment, or other assets to related organization(s)									
k Lease of facilities, equipment, or other assets from related organization(s)				1k	Х					
I Performance of services or membership or fundraising solicitations for related	I organization(s)			. 11	X					
m Performance of services or membership or fundraising solicitations by related	organization(s)			. 1m	X					
n Sharing of facilities, equipment, mailing lists, or other assets with related orga					X					
Sharing of paid employees with related organization(s)				10	X					
p Reimbursement paid to related organization(s) for expenses				1p	X					
q Reimbursement paid by related organization(s) for expenses				1q	X					
r Other transfer of cash or property to related organization(s)				1r	X					
s Other transfer of cash or property from related organization(s)				1s	X					
2 If the answer to any of the above is "Yes," see the instructions for information	on who must complete th	is line, including covered relati	onships and transaction thresholds.							
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount i	nvolved						
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.?  Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner?  Yes No	(k) r Percentage ownership
	-									

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