DLN: 93493312018219 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 D Employer identification number B Check if applicable CARPENTERS AND JOINERS WELFARE FUND □ Address change 41-6024791 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 3001 METRO DRIVE NO 500 ☐ Amended return ☐ Application pending (952) 854-0795 City or town, state or province, country, and ZIP or foreign postal code BLOOMINGTON, MN $\,\,$ 55425 $\,$ G Gross receipts \$ 286,397,420 Name and address of principal officer H(a) Is this a group return for JOHN RAINES ☐Yes **☑**No subordinates? 3001 METRO DRIVE NO 500 H(b) Are all subordinates BLOOMINGTON, MN 55425 ☐ Yes ☐No ıncluded? 501(c)(3) **✓** 501(c) (9) **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► N/A L Year of formation 1960 M State of legal domicile K Form of organization ☐ Corporation ☑ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities PROVIDE HEALTH AND WELFARE BENEFITS PURSUANT TO A COLLECTIVE BARGAINING AGREEMENT Activities & Governance 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 4 0 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) **6** Total number of volunteers (estimate if necessary) . . . 6 15 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 **b** Net unrelated business taxable income from Form 990-T, line 34 0 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . Ravenua 157,067,696 9 Program service revenue (Part VIII, line 2g) . 138,142,661 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 8,018,652 34,511,361 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 146,161,313 191,579,057 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 1-3). 138,656,701 149,844,972 **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 3,301,589 3,464,266 141,958,290 153,309,238 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . 4,203,023 38,269,819 Net Assets or Fund Balances Beginning of Current Year End of Year 200,285,491 202,160,177 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 4,075,137 5,676,322 22 Net assets or fund balances Subtract line 21 from line 20 . 196,210,354 196,483,855 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 2019-11-07 Signature of officer Sign Here JOHN RAINES CHAIRMAN Type or print name and title Print/Type preparer's name Preparer's signature Check 🔲 ıf P00970625 Paid self-employed Firm's EIN ► 41-0746749 Preparer Use Only Firm's address ▶ 220 SOUTH SIXTH STREET SUITE 300 Phone no (612) 376-4500 MINNEAPOLIS, MN 55402 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

Form	990 (2018)				Page 2
Pa	rt III Stateme	ent of Program Service Acc	omplishments		
	Check If S	schedule O contains a response or	note to any line in this Part III		🗆
1	Briefly describe t	he organization's mission			
PRO\	/IDE HEALTH AND	WELFARE BENEFITS PURSUANT T	O A COLLECTIVE BARGAINING AGREE	MENT	
2	Did the organizat	ion undertake any significant pro	gram services during the year which w	vere not listed on	
	the prior Form 99	90 or 990-EZ?			☐ Yes 🗹 No
	•	these new services on Schedule			
3	Did the organizat	tion cease conducting, or make sig	inificant changes in how it conducts, a	any program	
	services?				🗌 Yes 🗹 No
	If "Yes," describe	these changes on Schedule O			
4	Section 501(c)(3)	anization's program service accom) and 501(c)(4) organizations are venue, if any, for each program s	plishments for each of its three larges required to report the amount of grar ervice reported	st program services, as measur nts and allocations to others, th	red by expenses ne total
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Data				
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	-				
4c	(Code	\/Fynonses.d	including grants of ¢) (Revenue \$)
40	(Code) (Expenses \$	including grants of \$) (Revenue \$,
4d	Other program se	ervices (Describe in Schedule O)			_
	(Expenses \$	ıncluding ç	grants of \$	(Revenue \$)
4e	Total program s	service expenses ►			

Form 990 (2018) Page 3 Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Nο 1 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . 2 Nο No Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates 3 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? 4 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? 5 No 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? No 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Nο 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 💆 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? No 8 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation No 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Nο permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Nο 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Yes 11h assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏 Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its Nο 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🕏 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Nο 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 11e Yes Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f Yes the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏 12a Did the organization obtain separate, independent audited financial statements for the tax year? 12a Yes b Was the organization included in consolidated, independent audited financial statements for the tax year? **12**b Nο 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)(u)? If "Yes," complete Schedule E 13 Nο 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a No **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 14h No Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Nο foreign organization? If "Yes," complete Schedule F, Parts II and IV 15

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

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

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

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

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

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

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

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

lines 1c and 8a? If "Yes," complete Schedule G, Part II

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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

Nο

No

Nο

Nο

No

Nο

No

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16

17

18

19

20a

20b

21

V Checklist of Required Schedules (continued)			
encommot of recommon (continuou)			
		Yes	No
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	Yes	
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		No
Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		
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		
Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	Yes	
Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
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)			
A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,	28b		No
An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
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		No
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	Yes	
Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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		
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		
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		No
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	Yes	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 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. Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization maintain an escrow account other than a refunding escrow at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization exert as an "on behalf of" issuer for bonds outstanding at any time during the year? If "Yes," complete Schedule L, Part I. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Site the organization engage 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-E27 If "Yes," complete Schedule L, Part I. Did the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction what not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part II. Did the organization aparety the year persons? If "Yes," complete Schedule L, Part II. Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributors or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III. A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part III. A family member of a current or former offic	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part IV and 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 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24d Section 501(c)(3), 501(c)(4), and 501(c)(2)9 organizations. 24d Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25b If "Yes," complete Schedule L, Part I 25c He organization event and an excess benefit transaction with a disqualified person in a prior year, and that the transaction wave that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction wave that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction wave that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction wave that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction and the organization expenses of provides of pr	Did the organization surver "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. Did the organization have a tax-exempt bind issue with an outstanding principal amount of more than \$100,000 as of her least day of the year, that was issued effer December 31, 2027 If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25s. Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d Did the organization and that it is engaged in an excess benefit transaction with a disqualified person in a prior year, and to the her programation and that it engaged in an excess benefit transaction with a disqualified person in a prior year, and to the organization as not been reported on any of the organization's prior Forms 990 or 990-8227 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons or a contribution or employee therefore, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, under the propose therefore, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I, Part II Did the organizat

Yes

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1,800

1c

1a

1b

No

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

If "Yes," did the organization notify the donor of the value of the goods or services provided?

Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

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

If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form

Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a 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 in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

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

d If "Yes," indicate the number of Forms 8282 filed during the year

Sponsoring organizations maintaining donor advised funds.

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

Section 501(c)(7) organizations. Enter

Section 501(c)(12) organizations. Entera Gross income from members or shareholders .

Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file

7b

7с

7e 7f

7g

7h

8

9a

9h

12a

13a

14a

14b

15

No

No

Form **990** (2018)

7d |

10a

10b

11a

11b

12b

13b

13c

Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "N 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	o" respo	nse to l	lines
	Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	\vdash	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
Ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990	-		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	Yes Yes	
b	Did the organization have a written conflict of interest policy? If "No," go to line 13			
b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	Yes	No
b c	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c	Yes	No No
b c 13 14 15	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13	Yes	
b c 13 14 15	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13 14	Yes	
b c 13 14 15	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13 14	Yes	No
b c 13 14 15 a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13 14	Yes	No No
b c 13 14 15 a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13 14	Yes	No No
b c 13 14 15 a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13 14 15a 15b	Yes	No No No
b c 13 14 15 a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13 14 15a 15b	Yes	No No No
b c 13 14 15 a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b 12c 13 14 15a 15b	Yes	No No No
b c 13 14 15 a b 16a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13 14 15a 15b	Yes	No No No
b c 13 14 15 a b 16a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b 12c 13 14 15a 15b	Yes	No No No
b c 13 14 15 a b 16a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Ection C. Disclosure List the States with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply	12b 12c 13 14 15a 15b	Yes	No No No

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

and Independent Contractors

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

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

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

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

compensated employees, and former such persons

(A) Name and Title	(B) Average hours per week (list any hours		ne bo	ox, ι in of	t ch unle: ficer	ss pers	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trust⊬≑	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) TIM MCGOUGH MGT TRUSTEE/SECRETARY	1 00 42 00	×		x				0	0	0
(2) DAVE HAMILTON MGT TRUSTEE	1 00 42 00	х						0	0	0
(3) JOHN RAINES UNION TRUSTEE/CHAIRMAN	1 00	х		х				0	269,887	124,626
(4) PATRICK NILSEN UNION TRUSTEE	63 00 1 00 58 00	х						0	173,206	95,192
(5) PETER DONNINO MGT TRUSTEE	1 00 42 00	×						0	0	0
(6) MARTHA HENRICKSON MGT ALTERNATE	1 00 42 00	х						0	0	0
(7) CHRIS HILL UNION TRUSTEE/ALTERNATE	1 00 47 00	х						0	140,145	91,160
(8) BURT JOHNSON UNION TRUSTEE	1 00	х						0	173,206	95,192
(9) JOHN NESSE MGT TRUSTEE	1 00 43 00	×						0	0	0
(10) THOMAS PERRIER UNION TRUSTEE	1 00 2 00	х						0	0	0
(11) ROBB NELSON UNION TRUSTEE/ALTERNATE	1 00 47 00	х						0	121,396	81,898
(12) BILL GRIMM MGT ALTERNATE	1 00 43 00	х						0	0	0
(13) JON NOWAK UNION TRUSTEE/ALTERNATE	1 00 47 00	Х						0	0	0
(14) SHAWN COTTER MGT TRUSTEE/ALTERNATE	1 00 42 00	х						0	0	0
(15) RYAN PECINVOSKY UNION TRUSTEE/ALTERNATE	1 00 2 00	х						0	0	0

5

1

Section B. Independent Contractors

WILSON-MCSHANE CORPORATION

BLUE CROSS BLUE SHIELD OF MINNESOTA

TOTAL EMPLOYEE ASSISTANCE MANAGEMENT

3800 AMERICAN BOULEVARD WEST SUITE

compensation from the organization ▶ 7

3001 METRO DR 500 BLOOMINGTON, MN 55425

3560 DELTA DENTAL DR EAGAN, MN 551223166

BLOOMINGTON, MN 55431

700 TRANSFER RD ST PAUL, MN 55114 THE SEGAL COMPANY

PO BOX 64560 ST PAUL, MN 551640560 **DELTA DENTAL**

Page 8 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (D) (E)

any hours	or/tr	rust	ee)		organization (W- 2/1099-MISC)	organizations (W- 2/1099-MISC)	from the		
for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Former Highest compensated employee		2/1099-MISC)	2/1099-MISC)	organization and related organizations

c T	Fotal (add lines 1b and 1c)	10		488,068
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \triangleright 0			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

from the organization. Report compensation for the calendar year ending with or within the organization's tax year

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

services rendered to the organization $^{?}$ If "Yes," complete Schedule J for such person .

(A)

Name and business address

1b S	Sub-Total						>										
сТ	otal from continuation sheets to Pa	art VII , Section	Α				▶[
d T	otal (add lines 1b and 1c)						•				0		877,840)		488,0	6
2	Total number of individuals (including of reportable compensation from the o			e liste	ed al	bove) who	o rece	eived r	more t	han \$1	00,000					
															Yes	No	
3	Did the organization list any former of	officer, director	or trust	ee, ke	ey ei	mplo	yee,	or hi	ghest	compe	nsated	employ	ee on				

tion

Name and Title	Average	Positio	ים) ווכ	o Hot	CHECK I	nore	Reportable	Reportable	Estimateu
	hours per	than o	ne b	ox, ur	nless pe	erson	compensation	compensation	amount of ot
	week (list	ıs b	oth a	n offi	cer and	a	from the	from related	compensation
	any hours		direct	tor/tru	ustee)		organization (W-	organizations (W-	from the
	for related	0 =			x a -	<u>r </u>	2/1099-MISC)	2/1099-MISC)	organization .
	organizations		5	≆ .	ଡ଼ି ∄∂	: <u> </u>			related
	below dotted	북 골	≨	🖟 i	o ₹ a	7 3			organizatioi
	line)	88	E	~	<u>3</u> 25	ֆ ⊈			

Nο

2,782,617

2,257,333

307,375

259,716

188,015

Form 990 (2018)

(C)

Compensation

(B)

Description of services

HEALTH MANAGEMENT PROGRAM

PLAN ADMINISTRATOR

CLAIMS PROCESSOR

CLAIMS PROCESSOR

CONSULTING

	VIII Statement of	Revenue					rage 3
			oonse or note to any	y line in this Part VIII			🗆
				(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
	1a Federated campaig	ns 1a			revenue		512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b Membership dues		<u> </u>				
<u>irai</u> 10 u	c Fundraising events	<u> </u>	1				
s, د An	d Related organization		1				
<u> </u>	e Government grants (c		<u> </u> 				
S,Œ	e Government grants (o	· [1				
e is	f All other contributions and similar amounts n	, gifts, grants, ot included 1f					
out he	above						
	g Noncash contribute in lines 1a - 1f \$	ons included					
	h Total. Add lines 1a						
			Busines	s Code		1	
Program Service Revenue	2a CONTRIBUTIONS		Busines	157,	067,696 157,	067,696	
٠٨٠	-			525100			
n G	b ———						
rvic	с ———						
፠	u —						
ran	-						
rog	f All other program se		157	,067,696			
а.	9 Total. Add lines 2a-2		<u> </u>	· ·	T		
	3 Investment income (i			4,006,20	13		4,006,203
	4 Income from investm			•			
	5 Royalties			▶			
		(ı) Real	(II) Personal				
	6a Gross rents						
	b Less rental expenses			\dashv			
	c Rental income or (loss)						
	d Net rental income o	r (loss)		\dashv			
		(ı) Securities	(II) Other				
	7a Gross amount from sales of	125 222 52					
	assets other	125,323,52	1				
	than inventory						
	b Less cost or other basis and	94,818,36	3				
	sales expenses C Gain or (loss)	30,505,15	8	_			
	d Net gain or (loss)		•	 30,505,15	30,505,1	58	
	8a Gross income from f						
ne		of					
/en	contributions reporte See Part IV, line 18		a				
Other Revenue	b Less direct expense	s	,				
er	c Net income or (loss)	from fundraising e	vents 🕨				
oth	9a Gross income from <u>o</u> See Part IV, line 19	jaming activities					
	See Fairty, line 19		,				
	b Less direct expense	s	,	7			
	c Net income or (loss)	from gaming activ	ities 🕨				
	10aGross sales of invent						
	returns and allowand		al				
	b Less cost of goods s		b	-			
	c Net income or (loss)						
	Miscellaneous		Business Code				
	11a			7			
	ь		1				
	с		†		1		
	d All other revenue .		1	1			
	e Total. Add lines 11a	-11d	•				
	12 Total revenue. See	Instructions .					_
				191,579,05	187,572,8	54	0 4,006,203 Form 990 (2018)

orr	m 990 (2018)				Page 10
	art IX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	anızatıons must com	plete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX .			<u> 🗆 </u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
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, line 15 and 16				
4	Benefits paid to or for members	149,844,972			
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 (non-employees)				
ä	a Management				
ı	D Legal	198,073			
•	C Accounting	26,500			
•	il Lobbying				
•	e Professional fundraising services See Part IV, line 17				
1	Investment management fees	59,571			
ģ	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	192,791			
12	Advertising and promotion				
13	Office expenses	75,845			
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	8,640			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
	a ADMINSTRATIVE FEES	2,760,000			
	b PCORI TAX	61,698			
	c OTHER EXPENSES	59,392			
		21,756			
	d NEGOTIATED DISCOUNT FEE	21,/30			
	e All other expenses	152 200 220			1
	Total functional expenses. Add lines 1 through 24e	153,309,238			
26	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	Check here ► ☐ If following SOP 98-2 (ASC 958-720)				

Form 990 (2018)

16

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18 19

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27

28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

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

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

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

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

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

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24)

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

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34.

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

Retained earnings, endowment, accumulated income, or other funds

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25 .

Grants payable . .

Deferred revenue . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

	(A) Beginning of year		(B) End of year
1 Cash-non-interest-bearing		1	
2 Savings and temporary cash investments	12,237,673	2	16,478,057
3 Pledges and grants receivable, net		3	
4 Accounts receivable, net	11,990,747	4	13,023,881
5 Loans and other receivables from current and former officers, directors,			

	۔ ا	riedges and grants receivable, net				
	4	Accounts receivable, net		11,990,747	4	13,023,881
	5	Loans and other receivables from current and fo trustees, key employees, and highest compensa Part II of Schedule L	ted employees Complete		5	
S	6	Loans and other receivables from other disqualif section 4958(f)(1)), persons described in section contributing employers and sponsoring organizations voluntary employees' beneficiary organizations (Part II of Schedule L	82,773	6	157,326	
eţ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use		8		
۵	9	Prepaid expenses and deferred charges		9		
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a			
	ь	Less accumulated depreciation	10b		10 c	
	11	Investments—publicly traded securities .		94,803,637	11	119,868,195

s		section 4958(f)(1)), persons described in section contributing employers and sponsoring organizations (voluntary employees' beneficiary organizations (Part II of Schedule L	n 4958(c)(3)(B), and tions of section 501(c)(9) see instructions) Complete	82,773	6	157,326
ets	7	Notes and loans receivable, net			7	
Ass	8	Inventories for sale or use			8	
۷	9	Prepaid expenses and deferred charges		9		
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a			
	Ь	Less accumulated depreciation	10b		10c	
	11	Investments—publicly traded securities .		94,803,637	11	119,868,195
	12	Investments—other securities See Part IV, line :	11	81,170,661	12	52,632,718
	13	Investments—program-related See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11		15		

200.285.491

344,027

3,731,110

4.075.137

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19 20

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22 23

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27 28

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33

34

0 30

196,210,354

196,210,354

200,285,491

202.160.177

276,062

5.400.260

5.676.322

0

196,483,855

196,483,855

202,160,177

Form **990** (2018)

3a

3b

No

Form 990 (2018)

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

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

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

Audit Act and OMB Circular A-133?

Additional Data

Software Version:

Software ID:

EIN: 41-6024791 Name: CARPENTERS AND JOINERS WELFARE FUND

Form 990 (2018)

Form 990, Part III, Line 4a: SELF-FUNDED BENEFITS FOR APPROXIMATELY 14.991 UNION MEMBERS AND THEIR DEPENDENTS

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

Supplemental Financial Statements

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

OMB No 1545-0047

DLN: 93493312018219

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

8

▶ Go to www.irs.gov/Form990 for the latest information. Name of the organization **Employer identification number** CARPENTERS AND JOINERS WELFARE FUND 41-6024791 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1

Par	t III	Organizations Ma	aintaining Col	lections o	f Art, I	Histori	cal Tı	reası	ures, or	Other	Similar A	ssets	(continued)	
3		the organization's acq (check all that apply)	uisition, accession	n, and other	records	, check	any of	the fo	ollowing th	nat are a	sıgnıfıcant	use of it	s collection	
а		Public exhibition				d		Loan	or excha	nge prog	ırams			
b		Scholarly research				е		Othe	er					
c		Preservation for future	e generations											
4	Provid Part >	de a description of the	organızatıon's col	lections and	explain	how the	ey furth	ner th	e organiza	ation's ex	kempt purp	ose in		
5		g the year, did the org s to be sold to raise fur									ıılar	□ Y	es 🗌 No	
Pa	Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.													
1a														
b	If "Y∈	es," explain the arrange	ement in Part XIII	and comple	ete the fo	ollowing	table					Amount		
c	Begin	ning balance								1c				
d	Addıt	ions during the year								1d				
е	Distri	butions during the year	r							1e				
f	Endın	g balance								1f				
2a	Did th	ne organization include	an amount on Fo	rm 990, Par	t X, line	21, for	escrow	or cu	- ustodial ad	ccount lia	ability?	. 🗆 Y	es 🗆 No	
b														
Pa	b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII													
			,	(a)Curren	t year	(b) P	rıor yea	r	(c)Two ye	ars back	(d)Three ye	ears back	(e)Four years	back
1a	Beginn	ing of year balance .												
b	Contrib	outions												
c	Net inv	estment earnings, gair	ns, and losses											
d	Grants	or scholarships	•											
е		expenditures for facilitions of the second s	es											
f	Admını	strative expenses .												
g	End of	year balance												
2	Provid	de the estimated perce	ntage of the curre	nt year end	balance	e (line 1	g, colu	mn (a	i)) held as	5				
а	Board	d designated or quasi-e	ndowment 🟲											
b	Perm	anent endowment 🟲												
С	Temp	orarily restricted endov	wment ►											
	The p	ercentages on lines 2a	, 2b, and 2c shou	ld equal 100)%									
3а	organ	nere endowment funds nization by		sion of the o	organiza	tion that	t are h	eld ar	nd adminis	stered fo	r the			No
	• •	nrelated organizations					•						a(i)	
b		elated organizations . is" on 3a(ii), are the rel			o a urod	on Coho	 dulo B	•				3	a(ii)	
4		ibe in Part XIII the inte	-		•			•					30	
	rt VI	Land, Buildings,												
		Complete if the or			on Fo	rm 990	, Part	IV, I	ine 11a.	See Fo	m 990, Pa	art X, lı	ne 10.	
	Descri	ption of property	(a) Cost or oth (investme		(b) Cost	t or other	basis (d	other)	(c) Accı	ımulated o	lepreciation		(d) Book value	
1 a	Land													
b	Buildin	gs												
c	Leaseh	old improvements												
d	Equipm	nent												
e	Other													
Tota	I. Add	lines 1a through 1e (Co	olumn (d) must e	qual Form 9:	90, Part	X, colur	nn (B),	, line	10(c)) .	•	>			0

Part VII Investments—Other Securities. Complete if the See Form 990, Part X, line 12.	the organization ans	wered "Yes" on Form	990, Part IV, line 11b.
(a) Description of security or category (including name of security)	(b) Book value		ethod of valuation d-of-year market value
(1) Financial derivatives		COSC OF CIT	or year market value
(2) Closely-held equity interests			
(A) SSGA IMTERM GOV CREDIT BD INDEX CM NL	34,781,061		F
(B) INTERCONTINENTAL REAL ESTATE CORPORATION - US REAL	17.051.65	,	_
ESTATE INVESTMENT FUND LL (C)	17,851,657	,	F
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	▶ 52,632,718	3	
Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on			20 Part V line 13
(a) Description of investment	(b) Book value	(c) Me	ethod of valuation
(1)		Cost or en	d-of-year market value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. Complete if the organization answere		_l Part IV, line 11d See For	
(1) (1)	on		(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)			. •
Part X Other Liabilities. Complete if the organization	answered 'Yes' on F	orm 990, Part IV, line	e 11e or 11f.
See Form 990, Part X, line 25. 1. (a) Description of liability	(b)	Book value	
(1) Federal income taxes		1 502 122	
VACATION DOLLARS DUE TO CREDIT UNION DUE TO OTHER FUNDS		1,502,132 3,396,186	
PRE-PAID CONTRIBUTIONS		501,942	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	>	5,400,260	takamanika blask mar.
2. Liability for uncertain tax positions In Part XIII, provide the text organization's liability for uncertain tax positions under FIN 48 (ASC			

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b . 4a 59,571

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

Total revenue, gains, and other support per audited financial statements

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

59,571 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 5 191,579,057 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

Add lines 2a through 2d

Donated services and use of facilities . . .

Other (Describe in Part XIII)

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

Schedule D (Form 990) 2018

Part XI

1

1

2

c

d

5

3

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

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

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

Return Reference

See Additional Data Table

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

2a 2b

2c

2d

4a

4b

Explanation

59.571

4c 5

2e

3

Schedule D (Form 990) 2018

Page 4

153,523,168

153,249,667

153,249,667

59,571

153.309.238

Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software ID: Software Version:

EIN: 41-6024791

Name: CARPENTERS AND JOINERS WELFARE FUND

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE VEBA TRUST FUNDING CERTAIN BENEFITS OF THE PLAN RECEIVED AN EXEMPTION LETTER FROM THE IRS DATED AUGUST, 29, 1967, STATING THAT THE TRUST IS TAX-EXEMPT UNDER THE PROVISIONS OF S ECTION 501(C)9 OF THE IRC HOWEVER, AS A RESULT OF THE PLAN'S FUNDING POLICY, FROM TIME TO TIME THE TRUST MAY BE SUBJECT TO INCOME TAXES NO FEDERAL OR STATE INCOME TAXES HAVE BEEN RECORDED IN 2017 FOR UNRELATED BUSINESS TAXABLE INCOME IN ADDITION, THE PLAN AND THE TRU ST ARE REQUIRED TO OPERATE IN CONFORMITY WITH THE IRC TO MAINTAIN THE TAX-EXEMPT STATUS OF THE TRUST THE PLAN ADMINISTRATOR BELIEVES THAT THE PLAN IS BEING OPERATED IN COMPLIANCE WITH THE APPLICABLE REQUIREMENTS OF THE IRC AND, THEREFORE, BELIEVES THAT THE RELATED TRUS T IS TAX-EXEMPT ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE PLAN MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE PLAN AND RECOGNIZE A TAX LI ABILITY IF IT HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTA INED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE THE PLAN IS SUBJECT TO ROUTINE AUDI TS BY TAXING JURISDICTIONS, HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Dat	ta -	DLN: 934	19331	2018	219		
Sch	edule J	Co	mpensat	tion Information	ОМ	1B No	1545-0	0047		
(Fori	n 990)		For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees							
	Compensated Employees ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.									
•	tment of the Treasury	► Go to <u>www.irs.gov</u>		r instructions and the latest inform	mation.		o Pul			
	nl Revenue Service ne of the organiza	ation			Employer identificat		ectio			
	PENTERS AND JOIN						iiiibci			
Da	rt I Questi	ons Regarding Compensat	ion		41-6024791					
ı a	Questi	ons regarding compensat	1011				Yes	No		
1a				of the following to or for a person liste ny relevant information regarding the						
	First-class	or charter travel		Housing allowance or residence for	personal use					
	_	companions	닏	Payments for business use of perso						
		nification and gross-up payments	님	Health or social club dues or initiati						
	☐ Discretion	nary spending account	Ц	Personal services (e g , maid, chauf	ffeur, chef)					
b		xes in line 1a are checked, did th all of the expenses described abov		follow a written policy regarding payn nplete Part III to explain	nent or reimbursement	1b				
2				or allowing expenses incurred by all	- 1-3	2				
	airectors, truste	es, officers, including the CEO/EX	recutive Directo	or, regarding the items checked in line	e la'					
3	organization's C	EO/Executive Director Check all	that apply Do	ed to establish the compensation of the not check any boxes for methods CEO/Executive Director, but explain						
	Compens:	ation committee		Written employment contract						
		ent compensation consultant		Compensation survey or study						
		of other organizations		Approval by the board or compensa	ition committee					
4	During the year related organiza		90, Part VII, Se	ection A, line 1a, with respect to the f	iling organization or a					
а	Receive a sever	ance payment or change-of-conti	rol payment?			4a		No		
b		r receive payment from, a supple		ilified retirement plan?		4b		No		
С	•	r receive payment from, an equit	•	'		4c		No		
	If "Yes" to any o	of lines 4a-c, list the persons and	provide the app	plicable amounts for each item in Par	t III					
	Only 501(c)(3), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.						
5	For persons liste		A, line 1a, did	the organization pay or accrue any						
а	The organization	٦٦				5a				
b	Any related orga					5b				
	If "Yes," on line	5a or 5b, describe in Part III								
6		ed on Form 990, Part VII, Section ontingent on the net earnings of	A, line 1a, did	the organization pay or accrue any						
а	The organization	٦٦				6a				
b	Any related orga					6b				
	•	6a or 6b, describe in Part III								
7		ed on Form 990, Part VII, Section escribed in lines 5 and 6? If "Yes,		the organization provide any nonfixe art III	d	7				
8				ured pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," do	escribe	8				
9	If "Yes" on line 5 53 4958-6(c)?	8, did the organization also follow	the rebuttable	e presumption procedure described in	Regulations section	9				
For F	Paperwork Redu	iction Act Notice, see the Inst	ructions for Fo	orm 990. Cat No 5	50053T Schedule J	(Form	990)	2018		

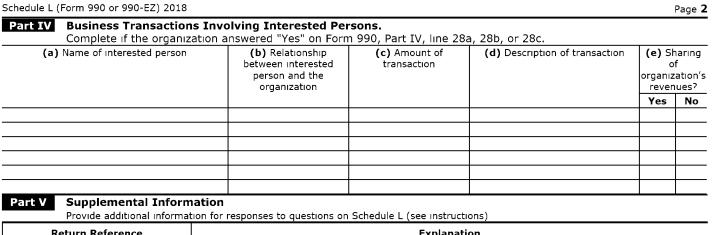
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (D) Nontaxable (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (E) Total of columns (C) Retirement and (F) Compensation in other deferred benefits (B)(i)-(D)column (B) reported (i) Base (ii) Bonus & incentive (iii) Other compensation as deferred on prior compensation compensation reportable Form 990 compensation 1 JOHN RAINES 0 (i) 0 0 0 0 0 UNION TRUSTEE/CHAIRMAN 257,887 0 (ii) 12,000 99,697 24,929 394,513 0 2 PATRICK NILSEN (i) 0 0 0 0 0 0 UNION TRUSTEE 160,206 (ii) 0 13,000 72,341 22,851 268,398 0

3 CHRIS HILL UNION TRUSTEE/ALTERNATE (ii)	407.445	0	0	0	0	0	0		
(ii)	407.445								
A BUIDT TOURISON		0	13,000	66,249	24,911	231,305	0		
4 BURT JOHNSON UNION TRUSTEE (i)	0	0	0	0	0	0	0		
(ii)	160,206	0	13,000	72,341	22,851	268,398	0		
5 ROBB NELSON UNION TRUSTEE/ALTERNATE (i)	0	0	0	0	0	0	0		
(ii)	i) 111,686	0	9,710	59,252	22,646	203,294	0		
	Schedule J (Form 990) 2018								

Page 3							
Part III Supplemental Information							
rovide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information							
Return Reference	Explanation						
	THE FILING ORGANIZATION RELIED ON A RELATED ORGANIZATION TO ESTABLISH COMPENSATION FOR THE OFFICERS AND DIRECTORS LISTED IN FORM 990, PART VII AND SCHEDULE J, PART II OFFICERS AND DIRECTORS SERVE IN A VOLUNTEER CAPACITY FOR THE FILING ORGANIZATION AND RECEIVE THE COMPENSATION REPORTED FOR SERVICES RENDERED TO THE RELATED ORGANIZATIONS THE RELATED ORGANIZATIONS USED THE FOLLOWING METHOD TO						

DETERMINE THE COMPENSATION APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

efile GRAPHI	C print - DO NO	OT PROCES	S As Fi	led Data -					DL	.N: 93	4933	120	18219
Schedule L (Form 990 or 990	-EZ) ► Comple	te if the org	anization a	nswered "Ye	s" on Form 9	d Persor	nes 2	5a, 2	.5b, 20		MB No	1545	-0047
			► Attac	h to Form 99	0 or Form 99						20	1	8
Department of the Tre Internal Revenue Serv	I	PG 0 t	o <u>www.irs.</u>	gov/Form990	or the late	st informatio	n.			C	Open (Insp		
Name of the org	anızatıon						Er	nploy	er ide	ntifica			
CARPENTERS AND	JOINERS WELFARE F	UND					41	-602	4791				
	ss Benefit Tra												
	lete if the organiza					r 25b, or Form Ilified person ar	-		rt V, lii escript		/d) Cor	rected?
1 (a) Name of disqualified person					organization	ilinea person ar	"		ansacti		· · ·		No
							-						
Part II Loc Con rep (a) Name of	mount of tax, if an ans to and/or anplete if the organ orted an amount of the organization with organization	From Interization answern Form 990, (c) Purpose	ested Perested "Yes" or Part X, line !	sons. Form 990-EZ 5, 6, or 22	, Part V, line 3		•	In	line 26	\$	(ianiza i)Wrii ireem	tten
					amount		commi						
See Additional			То	From			Yes	No	Yes	No	Yes		No
Data Table													
Total					\$	157,326							
Part III Gra	nts or Assista	nce Benefit	ing Inter	ested Perso	ns.								
	nplete if the org												
(a) Name of Inter	a) Name of interested person (b) Relationship between interested person and organization					(d) Type o	of assistance (e)			(e) Pui) Purpose of assistance		
	luction Act Notice				_	at No. 500564							E7\ 2019



Additional Data

Software ID:

Software Version:

EIN: 41-6024791

Name: CARPENTERS AND JOINERS WELFARE FUND

(a) Name of interested person	iule L, Part II - Lo (b) Relationship with organization	(c) Purpose of Ioan			(e)Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?			
			То	From			Yes	No	Yes	No	Yes	No
SUBSTANTIAL CONTRIBUTOR	CONTRIBUTING EMPLOYER	CONTRIBUTIONS		×	6,100	6,100		No		No		No
SUBSTANTIAL CONTRIBUTOR	CONTRIBUTING EMPLOYER	CONTRIBUTIONS		х	28,490	28,490		No		No		No
SUBSTANTIAL CONTRIBUTOR	CONTRIBUTING EMPLOYER	CONTRIBUTIONS		Х	1,106	1,106		No		No		No
SUBSTANTIAL CONTRIBUTOR	CONTRIBUTING EMPLOYER	CONTRIBUTIONS		Х	904	904		No		No		No
SUBSTANTIAL CONTRIBUTOR	CONTRIBUTING EMPLOYER	CONTRIBUTIONS		Х	9,037	9,037		No		No		No
SUBSTANTIAL CONTRIBUTOR	CONTRIBUTING EMPLOYER	CONTRIBUTIONS		Х	17,169	17,169		No		No		No
SUBSTANTIAL CONTRIBUTOR	CONTRIBUTING EMPLOYER	CONTRIBUTIONS		Х	1,374	1,374		No		No		No
SUBSTANTIAL CONTRIBUTOR	CONTRIBUTING EMPLOYER	CONTRIBUTIONS		х	890	890		No		No		No
SUBSTANTIAL CONTRIBUTOR	CONTRIBUTING EMPLOYER	CONTRIBUTIONS		х	1,284	1,284		No		No		No
SUBSTANTIAL CONTRIBUTOR	CONTRIBUTING EMPLOYER	CONTRIBUTIONS		Х	23,242	23,242		No		No		No
SUBSTANTIAL CONTRIBUTOR	CONTRIBUTING EMPLOYER	CONTRIBUTIONS		Х	2,722	2,722		No		No		No
SUBSTANTIAL CONTRIBUTOR	CONTRIBUTING EMPLOYER	CONTRIBUTIONS		Х	18,024	18,024		No		No		No
SUBSTANTIAL CONTRIBUTOR	CONTRIBUTING EMPLOYER	CONTRIBUTIONS		Х	13,561	13,561		No		No		No
SUBSTANTIAL CONTRIBUTOR	CONTRIBUTING EMPLOYER	CONTRIBUTIONS		х	3,271	3,271		No		No		No
SUBSTANTIAL CONTRIBUTOR	CONTRIBUTING EMPLOYER	CONTRIBUTIONS		Х	13,525	13,525		No		No		No

Form 990, Schedule L, Part II - Loans to and from Interested Persons (a) Name of (b) Relationship (c) Purpose of loan (d) Loan to (e)Original (f)Balance (g) In (i)Written (h) interested person with organization or from the due default? Approved agreement? principal organization? lbv board orl amount lcommittee? Yes No No Yes Τо From Yes No SUBSTANTIAL CONTRIBUTING CONTRIBUTIONS 16,627 16,627 ΙNο lΝο lNo CONTRIBUTOR EMPLOYER

efile GRAPH	DLN:	93493312018219							
SCHEDUL (Form 990 or EZ)	990-	Complete to pro Form 990 o	vide information fo or 990-EZ or to prov ▶ Attach to Forn	on to Form 990 or r responses to specific que ide any additional informat n 990 or 990-EZ. 90 for the latest informatio	stions on ion.	OMB No 1545-0047 2018 Open to Public Inspection			
Namel &የተከልነውትg CARPENTERS AND		RE FUND			Employer ident	ification number			
990 Schedule	e O, Supple	mental Informatio	n						
Return Reference		Explanation							
FORM 990, PART VI, SECTION A, LINE 3	THE ORGANIZATION'S DAILY RECORDKEEPING FUNCTIONS ARE HANDLED BY THE MANAGEMENT COMPANY, WI LSON MCSHANE CORPORTATION ALL EXECUTIVE ORGANIZATION DECISIONS ARE HANDLED BY THE BOARD OF TRUSTEES								

Return Explanation

Reference

LINE 7A

FORM 990, PART VI, APPOINT 50% OF THE BOARD SECTION A,

Return Explanation
Reference

LINE 8B

FORM 990,	THE ORGANIZATION DOES NOT HAVE ANY COMMITTEES THAT HAVE AUTHORITY TO ACT ON BEHALF OF THE
PART VI,	GOVERNING BODY
SECTION A.	

Return Explanation
Reference

FORM 990, THE FORM 990 IS REVIEWED IN CONJUNCTION WITH REVIEW OF ANNUAL AUDIT BY THE BOARD OF DIRECTORS PART VI, SECTION B, LINE 11B

990 Schedule O, Supplemental Information Return Explanation

Reference

FORM 990,	THE POLICY REQUIRES PERSONS COVERED BY IT TO MONITOR AND REPORT TO THE PLAN ANY ACTUAL OR
PART VI,	POTENTIAL CONFLICTS OF INTEREST THE PLAN THEN INVESTIGATES TO DETERMINE IF A CONFLICT OF
SECTION B,	INTEREST, IN FACT, EXISTS, WHETHER IT IS MATERIAL, AND WHETHER CORRECTIVE ACTION IS REQUIR
LINE 12C	ED COVERED PERSONS ARE ALSO OBLIGATED TO REPORT ANY CONFLICT OF INTEREST OF WHICH THEY AR
	E AWARE INVOLVING OTHER COVERED PERSONS PERSONS COVERED BY THE POLICY ALSO ANNUALLY CERTI
	FY IN WRITING THAT THEY HAVE NOT BEEN INVOLVED IN ANY CONFLICT OF INTEREST WHICH HAS NOT B
	EEN REPORTED TO THE PLAN

Return Explanation
Reference

LINE 19

FORM 990, PART VI, SECTION C.

efile GRAPHIC print - Do	O NOT PROCESS	As Filed Data -										DLN: 93493	312018	219
SCHEDULE R (Form 990)	▶ (Related C	nization ar	swered "Yes ▶ Attach to	s" on Form Form 990.	990, Parl	t IV, line 33	3, 34, 35b,		37.			18	
Department of the Treasury Internal Revenue Service		► Go to <u>www</u>	v.irs.gov/	<u>Form990</u> for	instructio	ns and the	e latest info	ormation.				Open to Inspe	o Public ection	
Name of the organization CARPENTERS AND JOINERS WELFAR	RE FUND								Emp	loyer identif	ication	number		
Part I Identification	of Disrogarded E	ntities Complete ıf	the organ	ization ancu	arad "Vac	" on Form	000 Part	TV line 3		024791				
	(a) i EIN (if applicable) of disri	·	ure organ	(b)		(Legal dom	c) nicile (state nicountry)	(d)		(e) End-of-year as	sets	(f Direct co ent	ntrolling	
Part II Identification related tax-exer	of Related Tax-Ex mpt organizations di		is Comple	te if the org	anızatıon	l answered	"Yes" on F	orm 990,	Part I\	/, line 34 be	cause	it had one or	more	
	(a) Id EIN of related organizati	on	Prim	(b) ary activity	Legal dom	c) nicile (state n country)	(d) Exempt Cod		Public cl	(e) harity status on 501(c)(3))	Dir	(f) rect controlling entity	Section (13) cor enti	512(b) trolled
													Tes	140
_														
For Paperwork Reduction Ac	rt Notice see the Inc	structions for Form 9	90			at No. 5013	257				Scho	edule R (Form	990) 20	18

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

See Additional Data Table

See Additional Data Table													
(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant Income(related unrelated, excluded from tax under sections 512- 514)	m total income	(g) Share of e end-of-year assets		rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	x mana parti	eral or naging tner?	(k) Percentage ownership
			\perp					Yes	No		Yes	No	
		<u></u>								<u> </u>			
												\Box	
												\prod	
Part IV Identification of Related Organization because it had one or more related organization	ons Taxable as a Co	orporation a corporation	or Trus	it Complet	e if the orgar he tax vear.	 nization ans	<u> </u>	;" on Fo	orm 9	90, Part IV,	, line	34	
See Additional Data Table	The state of the s				110 33 ,								
(a) Name, address, and EIN of related organization	(b) Primary activity	Le dom (state o	(c) egal micile or foreign untry)	Direc	entity (C o	(e) ype of entity corp, S corp, or trust)	(f) Share of total Income	Share	(g) e of end- year assets	-of- Percer owner	ntage	(13	ection 512(b) 13) controlled entity? Yes No
			1					1					
								1					
								1					

Schedule R (Form 990) 2018						
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.						
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No			
1 During the tax year, did the 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	1a		No			
b Gift, grant, or capital contribution to related organization(s)	1b		No			
c Gift, grant, or capital contribution from related organization(s)	1c		No			
d Loans or loan guarantees to or for related organization(s)	1d		No			
e Loans or loan guarantees by related organization(s)	1e		No			
f Dividends from related organization(s)	1f		No			
g Sale of assets to related organization(s)	1 g		No			
h Purchase of assets from related organization(s)	1h		No			

d	Loans or loan guarantees to or for related organization(s)	1d		No
e	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1 g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i	Yes	
		4:		Na

Loans or loan guarantees by related organization(s)	1e		No
Dividends from related organization(s)	1f		No
	1 g		No
Purchase of assets from related organization(s)	1h		No
Exchange of assets with related organization(s)	1i	Yes	
Lease of facilities, equipment, or other assets to related organization(s)	1j		No
Lease of facilities, equipment, or other assets from related organization(s)	1k		No
Performance of services or membership or fundraising solicitations for related organization(s)	11		No
Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
Sharing of paid employees with related organization(s)	10		No
1	Loans or loan guarantees by related organization(s) Dividends from related organization(s) Sale of assets to related organization(s) Purchase of assets from related organization(s) Exchange of assets with related organization(s) Lease of facilities, equipment, or other assets to related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Performance of services or membership or fundraising solicitations for related organization(s) Sharing of paid employees with related organization(s) Sharing of paid employees with related organization(s) Sharing of paid employees with related organization(s)	Dividends from related organization(s)	Dividends from related organization(s)

				1
f	Dividends from related organization(s)	1 f		No
g	Sale of assets to related organization(s)	1 g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i	Yes	
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
0	Sharing of paid employees with related organization(s)	10		No
p	Reimbursement paid to related organization(s) for expenses	1 p		No
q	Reimbursement paid by related organization(s) for expenses	1 q		No
r	Other transfer of cash or property to related organization(s)	1r		No
5	Other transfer of cash or property from related organization(s)	1s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			

•	Exchange of assets with related organization(3).	1		1
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
	Sharing of paid employees with related organization(s)	10		No
р	Reimbursement paid to related organization(s) for expenses	1p		No
q	Reimbursement paid by related organization(s) for expenses	1 q		No
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
	(a) Name of related organization (b) Transaction type (a-s) (c) Amount involved Method of determining and type (a-s)	mount ır	nvolved	t t

n S	haring of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No								
o S	Sharing of paid employees with related organization(s)	10	No								
рR	Reimbursement paid to related organization(s) for expenses	1 p	No								
q R	Reimbursement paid by related organization(s) for expenses	1 q	No								
	Ather transfer of each or avenuty to related eventually a	1	No								
	Other transfer of cash or property to related organization(s)	1r									
s C	Other transfer of cash or property from related organization(s)	1s	No								
2 If	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds										
	(a) (b) (c) (d)										
	Name of related organization Transaction Amount involved Method of determining amo	ng amount involved									

Schedule R (Form 990) 2018

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	section 501(c)(3) organizations?		re all partners Share of		Share of Share of total end-of-year		(h) Disproprtionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No			
													_		
													_		
	•								•	Schedul	e R (Form	1 99	0) 2018		



Software ID: Software Version:

EIN: 41-6024791

Name: CARPENTERS AND JOINERS WELFARE FUND

Form 990, Schedule R, Part II - Identification of Related	d Tax-Exempt Organizat	ions	1 7.5	1 23	(5)						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	Section (b)(control enti	13) olled				
						Yes	No				
3001 METRO DRIVE SUITE 500 BLOOMINGTON, MN 55425 41-6043137	RETIREMENT BENEFITS TO PARTICIPANTS	MN	401(A)	N/A	N/A		No				
3001 METRO DRIVE SUITE 500 BLOOMINGTON, MN 55425 41-1824896	RETIREMENT BENEFITS TO PARTICIPANTS	MN	401(A)	N/A	N/A		No				
700 OLIVE STREET ST PAUL, MN 55101 41-1771841	PROVIDE TRAINING FACILITIES	MN	501(C)(2)	N/A	N/A		No				
740 OLIVE STREET ST PAUL, MN 55130	APPRENTICE TRAINING	MN	501(C)(3)	N/A	N/A		No				
41-6041903 700 OLIVE STREET ST PAUL, MN 55130 39-0776395	TO PROMOTE AND PROTECT THE INTEREST OF MEMBERS	MN	501(C)(5)	N/A	N/A		No				

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations **(f)** Direct controlling entity (a)
Name, address, and EIN of related organization (b) Primary activity (d) Exempt Code (e) Public charity (g) Section 512 (b)(13) controlled entity? (c) Legal domicile ublic cha. status (if section 501(c) (3)) (state or foreign country) section Yes No

Form 990, Schedule R, Part I	III - Identification		ted Organiza	tions Taxable	as a Partners	ship			1	1 .	., '	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total Income	(g) Share of end- of-year assets		tionate cions?	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	Mana Part	eral r aging ner?	(k) Percentage ownership
(1) A & K INSTALLATIONS LLC				,			Yes	No		Yes	No	
(1) ACF LLC												
(2) ADVANTAGE INDUSTRIAL												
, ,												
(3) ALDEN DRYWALLLLC												
(4) AMJ CONSTRUCTION LLC												
(5) BERG DRYWALL LLC												
(6) BERKEL & CO												
(7) BLACKSTONE CONTRACTORS LLC												
(8) CECO CONCRETE CONSTRUCTION LLC												
(9) CORE STRUCTURAL SERVICES LLC												
(10) CRAWFORD MERZ LLC												
(11) CUSTOM MILLWORK LLC												
(12) DML CONSTRUCTION SERVICES LLC												
(13) GARDNER LLC												
(14) INCOR INSTALLATION LLC												

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total Income	(g) Share of end- of-year assets		tionate cions?	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
74.5				312 314)			Yes	No		Yes	No	
(16) INNOVATIVE BLDG CONCEPTS LLC												
(1) ICS HOLDINGS LLC												
(2) KEVITT EXCAVATING LLC												
(3) KORTECH CONSULTING LLC												
(4) LEMKE & SONS LLC												
(5) M & M RENOVATION LLC												
(6) M&M CONSTRUCTION LLC												
(7) MCT SERVICES LLC (MARLEY												
(8) MAVO SYSTEMS ND LLC												
(9) MCC LLC												
(10) MULCAHY NICKOLAUS LLC												
(11) NEUFELDT INDUSTRIAL SER												
(12) NORTHSIDE CONSTRUCTIONLLC												
(13) NORTHSTAR INSTALLATIONS LLC												
(14) OPUS CORPORATION												

(a) Name, address, and EIN of related organization	Filliary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total	-	(h) Disproprtionate allocations? Yes No		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) Genera or Managir Partner		(k) Percentage ownership
(31) PINNACLE WOODWORK INC				312 314)			Yes	No		Yes	No	
(31) PINNACLE WOODWORK INC												
(1) PLIBRICO COMPANY LLC												
(2) REDSTONE CONSTRUCTION LLC												
(3) R J M CONSTRUCTION LLC												
(4) ROSKOP CONSTRUCTION LLC												
(5) SHAW-LUNDQUIST ASSOC												
(6) STANDARD CONSTRUCTION LLC												
(7) STENGER DAVID L CONST												
(8) ETHOSENERGY FIELD SERVICES LLC												
(9) TRINITY CONST GROUP LTD												
(10) TURBINEPROS LLC												
(11) WA KLINGER LLC												
(12) WEBSTER'S NORTHLAND CONST LLC												
(13) YALE MECHANICAL												
(14) JAEGER CONSTRUCTION LLC												

Form 990, Schedule R, Part I	Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership											
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total Income	(g) Share of end- of-year assets	(h Dispropr allocat		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	, are	eral r iging ner?	(k) Percentage ownership
(46) BULACH CUSTOM ROCK LLC				,			Yes	No		Yes	No	
(46) BULACH CUSTOM ROCK LLC												
(1) HUFCOR MINNESOTA LLC												
(2) ICON CONSTRUCTORS LLC												
(3) JSH CONSTRUCTION LLC												
(3) Jan Construction LLC												
(4) TRADE ACCESS												
(E) CURERIOR ERECTORS II C												
(5) SUPERIOR ERECTORS LLC												
(6) PCI ROADS LLC												
(7) MIC SERVICES LLC												_
(8) B&P DRYWALL AND												
` ,												
(9) BRAND ENERGY SERVICE LLC												
(10) BRINDLEY PLANT SERVICES LLC												
(11)												
COMMERCIAL FLOORING SVCS LLC												
(12) BLACK L S CONSTRUCTORS												
(-2, 22												
(13) ROSSI CONSTRUCTION CO INC												
(14) WALSH CONTRUCTION CO												

Form 990, Schedule R, Part I	Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership											
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total Income	(g) Share of end- of-year assets	(h Dispropr allocat	tionate cions?	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j Gendon Mana Partr	eral r iging ner?	(k) Percentage ownership
(61) ACOUSTIC PROFESSIONALS LLC							res	NO		Tes	NO	
(1) ACOUSTICS BY WASHBURN LLC												
(2) APLINE INDUSTRIES LLC												
(3) JUNIORS CONSTRUCTION LLC												
(4) APTIM SERVICES LLC												
(5) ARMOR MECHANICAL LLC												
(6) ATACCON LLC												
(7) AC CONTRACTING LLC												
(8) BENCHMARK LLC												
(9) BRUNSWICK BOWLING PRODUCTS LLC												
(10) COMMON LINKS CONSTRUCTION LLC												
(11) CUSTOM CARPET LLC												
(12) D2 INDUSTRIAL SERVICES LLC												
(13) ELITE INSTALLATIONS LLC												
(14) FRIDA DRYWALL SYSTEMS LLC												

Form 990, Schedule R, Part I	orm 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership																			
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total Income	(g) Share of end- of-year assets	l allocations? I				allocations?		allocations?		allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	1 4 1 1	eral r iging ner?	(k) Percentage ownership
(76) GM ACOUSTICS LLC				,			Yes	No		Yes	No									
(76) GM ACOUSTICS LLC																				
(1) GO SERVICES LLC																				
(2) GORDON SOLUTIONS LLC																				
(3) GRIPPER FLOORING LLC																				
(4) JCP CONSTRUCTION LLC																				
(5) KAY & SONS LLC																				
(6) KE MARSH CONSTRUCTION LLC																				
(7) KPH CONSTRUCTION SERVICES LLC																				
(8) KREBS CONSTRUCTION LLC																				
(9) LAFORCE INSTALLATION LLC																				
(10) MARCY CONSTRUCTION CO LLC																				
(11) MEDICAL SUPPORT SYSTEMS LLC																				
(12) MEGAL CONSTRUCTION CO LLC																				
(13) OPUS DESIGN BUILD LLC																				
(14) RIDGEWAY LLC																				

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (c) Legal (e) (d) (f) (g)
Share of total Share of end-(a) Name, address, and EIN of **(b)** Primary activity Predominant Domicile Direct income(related, of-year assets Controlling ıncome (State

or

Entity

related organization

(3) THOMSON INTERIORS LLC

UNIQUE WINDOW SHADINGS LLC

(7) ABM INDUSTRIES GROUP LLC

(8) SOTA CONSTRUCTION LLC

(4) TITAN ACCESS LLC

(6) WRENWORKS LLC

	Country)	tax under sections 512-514)						
		312-314)		Yes	No	Yes	No	
(91) SAFWAY ATLANTIC LLC								
(1) SAFWAY SERVICES LLC								
(2) SELZER-ORNST CONST CO LLC								

unrelated,

excluded from

(j)

General

or

Managing

Partner?

Code V-UBI amount in

Box 20 of Schedule K-1

(Form 1065)

(k)

Percentage

ownership

(h) Disproprtionate

allocations?

(1) SAFWAY SERVICES LLC					
(2) SELZER-ORNST CONST CO LLC					
					i

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (b) (c) (f) (g) (h) (i) Name, address, and EIN of Primary activity Legal Direct controlling Type of entity Share of total Share of end-of-Percentage Section 512 (C corp, S corp, related organization domicile entity year ownership (b)(13)income (state or foreign or trust) assets controlled country) entity? No Yes (1) API INC (1) AM CONSTRUCTION OF (2) AK INSTALLATION INC (3) AJ HEINEN INC (4) A&L CONSTRUCTION INC (5) ABCO BUILDING CORP (6) ACOUSTICAL CONCEPTS INC (7) ACOUSTICS ASSOCIATES INC (8) ADAATLANTIC PLANT MAINT (9) ADAMS DOOR CO INC (10) ADB CONSTRUCTION CO INC (11) ADOLFSON & PETERSON (12) ADVANCED CRANE ERECTORS (13) ADVANTAGE OFFICE SERVICES (14) ALBERICICONSTRUCTION CO INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (c) (d) (e) (i) (f) (g) (h) Primary activity Name, address, and EIN of Direct controlling Legal Type of entity Share of total Share of end-of-Percentage Section 512 (C corp, S corp, related organization domicile entity ownership (b)(13)income year (state or foreign or trust) controlled assets country) entity? No Yes (16) ALL IN WINDOW INSTALLATION (1) ALL PHASE CONTRACTING INC (2) ALLIED CONSTRUCTION SERV INC (3) ALLTECH ENGINEERING COR (4) ALVIN E BENIKE INC (5) AMERICAN IGLOO BLDRS INC (6) AMES CONSTRUCTION (7) ANDERSON DRYWALLING (8) ANDERSON-LADD INC (9) APPLETON LATHING CORP (10) ARCHITECTURAL SPECIALTIES INC (11) ARCHITECTURAL MILLWORK INSTALL (12) ARCHITECTURAL SALES INC (13) ARCHITECTURAL PANEL (14) ARCHITECTURAL PRODUCTSWAUSAU

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust **(b)** Primary activity (c) (d) (e) (i) (f) (g) (h) Name, address, and EIN of Direct controlling Legal Type of entity Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, domicile entity ownership (b)(13) income year (state or foreign or trust) controlled assets country) entity? No Yes (31) ARNIE MACKEY CONSTRUCTION (1) ASHWILL COMPANIES (2) ATLAS FOUNDATION CO (3) ATOMIC ARCHITECTURAL (4) AXEL H OHMAN CO (5) AZCO INC (6) B&D CONTRACTORS INC (7) B N SERVICE (8) BABCOCK & WILCOX (9) BADGER ACOUSTICS INC (10) BADGER SCAFFOLD INC (11) BAKER INTERIOR SYSTEMS (12) BECKER CONSTRUCTION INC (13) BEELER CONSTRUCTION INC

(14) BENAVIDES CONSTRUCTION INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (e) (i) (c) (f) (g) (h) Primary activity Name, address, and EIN of Direct controlling Legal Type of entity Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, domicile entity ownership (b)(13) income year (state or foreign or trust) controlled assets country) entity? No Yes (46) BERGHAMMER CONSTRUCTION CORP (1) BERWALD ROOFING (2) BFH CONSTRUCTION AND (3) BHI SPECIALTY SERVICES (4) BILFINGER INDUSTRIAL SERVICES (5) TL CONSTRUCTION INC (6) BLAHNIK CONSTRUCTION COMPANY (7) BLUE CORD CONSTRUCTION (8) BOLANDERCARL & SONS CO (9) BOLDT COMPANY (10) BMWC CONSTRUCTORS INC (11) BOLDUC L H CO INC (12) BORTH-WILSON INC (13) BORTON CONSTRUCTION INC (14) HECIMOVICH BOB MECHANICAL

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (e) (i) (c) (f) (g) (h) Primary activity Name, address, and EIN of Direct controlling Legal Type of entity Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, domicile entity ownership (b)(13) income year (state or foreign or trust) controlled assets country) entity? No Yes (61) LIPPERT TILE CO INC (1) BREDEMUS HARDWARE CO IN (2) BREIHOLZ CONSTRUCTION CO (3) BRENNAN CO INC (4) BUILDING SERVICE INC (5) BUILDERS SALES & SERVICE CO (6) BURKE ENGINEERING SALES CO (7) BURKHART CONSTRUCTION CORP (8) MEYER CR AND SONS COMPANY (9) MEYER CONTRACTING INC (10) CD SMITH CONSTRUCTION INC (11) CR WALLS INC (12) CALACCI CONSTRUCTION CO INC (13) CAMERON MITCHELL INC (14) CAMOSY CONSTRUCTION CO

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust **(b)** Primary activity (c) (d) (e) (i) (f) (g) (h) Name, address, and EIN of Direct controlling Type of entity Legal Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, domicile entity ownership (b)(13) income year (state or foreign or trust) controlled assets country) entity? No Yes (76) CAPELLE BROS & DIEDRICH INC (1) CAPITAL WOOD PRODUCTS (2) CARDINAL CONSTRUCTION CO INC (3) CARLON CONTRACT FLOORING (4) CARLSON LAVINE INC (5) CARLSTROM INC ROBERT (6) CARR ROBERT & ASSOC INC (7) CATHEDRAL BLDRS INC (8) CBI SERVICES INC (9) LENCI ENTERPRISES INC (10) CEILING PRO INC (11) CENTRAL CEILINGS (12) CENTRAL MINNESOTA (13) BG BRECKE INC (14) CENTRAL ROOFING CO

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust **(b)** Primary activity (c) (d) (e) (i) (f) (g) (h) Name, address, and EIN of Direct controlling Type of entity Legal Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, domicile entity ownership (b)(13) income year (state or foreign or trust) controlled assets country) entity? No Yes (91) CESARZ DRYWALL INC (1) CG SCHMIDT INC (2) CHRISTIANSEN CONSTRUCTION CO (3) CITYWIDE WOOD FLOORS (4) CLIMATE PROS INC (5) CM CONSTRUCTION COMPANY (6) CMC CONSTRUCTION INC (7) CMC CREW SERVICES INC (8) COBRA CONSTRUCTION INC (9) 360 WALL SYSTEMS INC (10) COMMERCIAL DRYWALL INC (11) COMMERCIAL FLOORING (12) COMMERCIAL FLOORING (13) CONRAD A E CO

(14) CONSTRUCTION RESULTS

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (e) (i) (c) (f) (g) (h) Primary activity Name, address, and EIN of Direct controlling Legal Type of entity Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, domicile entity ownership (b)(13) income year (state or foreign or trust) controlled assets country) entity? No Yes (106) CONTROL INSTALLATION OF IA INC (1) CONVEYOR BELT SERVICE INC (2) CONVEYOR SPECIALTIES DIV (3) COOK GEORGE F CONST CO (4) CORMACI CONSTRUCTION CO (5) COTA FORMING INC (6) CRAWFORD DOOR SALES CO (7) CROSSROAD CONSTRUCTION (8) ST GERMAIN CAB & COUNTERTOPS (9) CUSTOM DRYWALL INC (10) D & J FLOORING INC (11) C70 BUILDERS INC (12) DG BEYER INC (13) DJ BURBACH INSULATION CO

(14) D&D INSTALLATION

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust **(b)** Primary activity (c) (d) (e) (i) (f) (g) (h) Name, address, and EIN of Direct controlling Type of entity Legal Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, ownership domicile entity (b)(13) income year (state or foreign or trust) controlled assets country) entity? No Yes (121) DAHLMAN CONSTRUCTION CO (1) DAVE OSBORNE CONSTRUCTI (2) DAVID WAYNE CONST (3) DAY & ZIMMERMAN NPS (4) DEL'S CONST (5) DELTA T CONSTRUCTION CO (6) DGI-MENARD (7) DIAMOND ACOUSTICS (8) DIAMOND DRYWALL (9) DIVISION V SHEET METAL INC (10) SCHAEFER ACOUSTICS INC (11) DONLAR CONST CO (12) DONNELLY STEPHEN CO INC (13) DOORS INC (14) DOYLE CONTRACTORS INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust **(b)** Primary activity (c) (d) (e) (i) (f) (g) (h) Name, address, and EIN of Direct controlling Type of entity Legal Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, domicile entity ownership (b)(13) income year (state or foreign or trust) controlled assets country) entity? No Yes (136) DUKE & DUKE CONSTRUCTION CO (1) DUN PAR ENGINEERED FORM (2) EAU CLAIRE ACOUSTICS IN (3) EG&J INC (4) EGAN COMPANIES INC (5) E&K OF OMAHA (6) ELITE TRADESHOW SERVICE (7) EMERALD BUILDERS INC (8) ENGELSMA CONSTRUCTION INC (9) ENGINEERING & CONSTRUCT (10) FALEWITCH CONST SERV INC (11) FALLS AND NYHUSMOEN CON (12) FAZENDIN JEFFREY T & AS (13) FINNISH METALS INC

(14) 1ST INTERIORS INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust **(b)** Primary activity (c) (d) (e) (i) (f) (g) (h) Name, address, and EIN of Direct controlling Legal Type of entity Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, domicile entity ownership (b)(13) income year (state or foreign or trust) controlled assets country) entity? No Yes (151) FISCHBACH CONSTRUCTION (1) FLANNERY CONSTRUCTION (2) FOUNDATION SERVICE CORP (3) FOWLER & HAMMER INC (4) FOX THEATER MAINT CO (5) FRANA COMPANIES INC (6) FRANDRUP MASONRY INC (7) FRERICHS CONSTRUCTION (8) GAGNON INC (9) GENESYS CORP (10) GEORGE J SHAW CONSTR CO (11) GES EXPOSITION SERVICES (12) UP NORTH BUILDERS (13) GLOBAL SPECIALTY CONTRACTORS (14) GOEBEL FIXTURE CO

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust **(b)** Primary activity (c) (d) (e) (i) (f) (g) (h) Name, address, and EIN of Direct controlling Legal Type of entity Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, domicile entity ownership (b)(13) income year (state or foreign or trust) controlled assets country) entity? No Yes (166) GOETTLERICHARD INC (1) GOETZ CONCRETE CONSTRUCTION (2) GRAHAM CONST CO (3) GRAHAM CONSTRUCTION SER (4) GREINER CONST INC (5) GRESSER COMPANIES INC (6) GRIDOR CONST INC (7) GUNDERSON CONST (8) GUSTAFSON & GOUDGE INC (9) HALL W L CO (10) HALLMARK DRYWALL INC (11) HANDELAND FLOORING INC (12) HAWKEYE INSTALLATION INC (13) HAYES MECHANICAL

(14) HEARTLAND FINISHES INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust **(b)** Primary activity (c) (d) (e) (i) (f) (g) (h) Name, address, and EIN of Direct controlling Type of entity Legal Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, domicile entity ownership (b)(13) income year (state or foreign or trust) controlled assets country) entity? No Yes (181) HENDLEY'S INC (1) HENNES SERVICES INC (2) HETZEL-SANFILIPPO INC (3) HEYMANN CONSTRUCTION (4) HILSABECK SCHACHT INC (5) HOLCOMB CORPORATION (6) HOLLENBACK & NELSON INC (7) HOMECARE INC (8) HOMECO INSULATION INC (9) HORWITZ INC (10) HOVLAND INC (11) HOWARD IMMEL INC (12) HUGHES FLOORING INC (13) HUNZINGER CONSTRUCTION CO (14) IDEAL COMMERCIAL INSTALLATION

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust **(b)** Primary activity (c) (d) (e) (i) (f) (g) (h) Name, address, and EIN of Direct controlling Type of entity Legal Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, domicile entity ownership (b)(13) income year (state or foreign or trust) controlled assets country) entity? No Yes (196) III RIVERS ENTERPRISE (1) IMPERIAL WALL INC (2) INDUSTRIAL DOOR CO INC (3) INDUSTRIAL MACHINE SERV (4) INDUSTRIAL ROOFING & (5) INFINITY ACCESS INC (6) INNOVATIVE ACOUSTICS (7) INSTALLATION SPECIALISTS INC (8) INSULATED PANEL CO (9) INTERCON GROUP INC (10) INTERIOR INSTALLATION SRVCS (11) INTERSTATE ERECTING INC (12) IVAN RICE & SONS INC (13) IYAWE & ASSOCIATES BLDR (14) J & D BUILDERS

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust **(b)** Primary activity (c) (d) (e) (i) (f) (g) (h) Name, address, and EIN of Direct controlling Legal Type of entity Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, domicile entity ownership (b)(13) income year (state or foreign or trust) controlled assets country) entity? No Yes (211) JH FINDORFF & SON INC (1) JR JENSEN CONSTRUCTION CO (2) J&K BUILDERS INC (3) JAHN & SONS INC (4) JAMAR COMPANY INC (5) JAN-LASSERUD CONST INC (6) JANNINGS ACOUSTICS INC (7) JENS CONSTRUCTION CORP (8) JOB CORP-BOXELDER (9) JOE MILLER HOMES (10) JOS SCHMITT & SONS CONST (11) JOHN BERES BUILDERS INC (12) JOHNSON M P CONST INC (13) JOHNSON WILSON CONSTRUCTORS

(14) SA JORDAN CONST INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (e) (i) (c) (f) (g) (h) Primary activity Name, address, and EIN of Direct controlling Legal Type of entity Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, domicile entity ownership (b)(13) income year (state or foreign or trust) controlled assets country) entity? No Yes (226) JORGENSON CONSTRUCTION (1) PHIL'S GARAGE DOOR SERVICE (2) KASELLA CONCRETE INC (3) KELLEHER CONST INC (4) KELLINGTON CONSTRUCTION (5) KEY WEST METAL INDUSTRIES INC (6) KEYSTONE CONTRACTING INC (7) KIFFMEYER INC (8) KIRK ACOUSTICS INC (9) KIRK ERECTORSINC (10) KISSICK CONSTRUCTION CO INC (11) KLEIMAN CONSTRUCTION INC (12) KLUCK CONSTRUCTION INC (13) KNUTSON CONS CO (14) KNUTSON CONST ROCHESTER

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (i) (c) (e) (f) (g) (h) Primary activity Name, address, and EIN of Direct controlling Legal Type of entity Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, domicile entity ownership (b)(13) income year (state or foreign or trust) controlled assets country) entity? Yes No (241) KOTZE CONSTRUCTION CO INC (1) KRAEMER CONST INC (2) KRAEMER EDWARD & SONS (3) KRANZ D J CO INC (4) KRAUS-ANDERSON CONSTRUCTION CO (5) KRAUS ANDERSON MIDWEST (6) KUNZ CONSTRUCTION (7) KUSTOM BLINDS & DRAPERIES (8) L&E WINDOW INSTALLATION INC (9) LAKEHEAD CONSTRUCTORS INC (10) LAMETTI & SONS INC (11) LANCASTER MANAGEMENT SERVICES (12) LANGER CONSTRUCTION (13) LANKFORD CONSTRUCTION (14) LARSON CONSTRUCTION CO INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (e) (i) (c) (f) (g) (h) Primary activity Name, address, and EIN of Direct controlling Legal Type of entity Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, domicile entity ownership (b)(13) income year (state or foreign or trust) controlled assets country) entity? No Yes (256) LEANDER CONSTRUCTION INC (1) NORTHERN HORIZONS - SOLWAY INC (2) LEMKETIM CONSTRUCTION (3) LEPPIN DRY WALL CORP (4) LEWIS CONSTRUCTION INC (5) LOEFFEL CONSTRUCTION (6) LOVEGREEN INDUSTRIAL (7) LUNDA CONSTRUCTION CO (8) LUNDACS MCCROSSAN JOINT (9) LYSNE A J CONTR CORP (10) M & H INDUSTRIAL SERVICE INC (11) MACHINERY INSTAL SER INC (12) MAGNEY CONSTRUCTION (13) MAJESTIC FLOORING INC

(14) MARCO RJ CONST INC

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(13) MIDWEST DRILLED FOUNDATIONS &

(14) MIDWEST DRYWALL

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(14) RESHETAR SYSTEMS INC

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(14) SHEEHY CONSTR CO INC

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(14) STATE GROUP INDUSTRIAL LTD

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(14) TOTAL CONSTRUCTION &

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(14) V&S CONSTRUCTION SERVICES INC

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(14) NORTHLAND CONST OF DULUTH

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(14) JH HASSINGER

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(14) PHOENIX CORP

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