

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

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2022
Open to Public Inspection

A For the 2022 calendar year, or tax year beginning 01-01-2022, and ending 12-31-2022

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

C Name of organization
 UNION CONSTRUCTION CRAFTS WORKERS' COMPENSATION FUND

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
 3001 METRO DRIVE 500

City or town, state or province, country, and ZIP or foreign postal code
 BLOOMINGTON, MN 55425

D Employer identification number
 41-1835606

E Telephone number
 (952) 854-0795

G Gross receipts \$ 1,641,004

F Name and address of principal officer:
 BARRY DAVIES
 3001 METRO DRIVE 500
 BLOOMINGTON, MN 55425

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions.

H(c) Group exemption number ▶

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

J Website: ▶ WWW.UCWCP.COM

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1996 **M** State of legal domicile: MN

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 TO PROVIDE A WORKER'S COMP. COLLECTIVELY-BARGAINED PROGRAM AUTHORIZED UNDER MINNESOTA STATUTES.

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)	24
4 Number of independent voting members of the governing body (Part VI, line 1b)	19
5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	0
6 Total number of volunteers (estimate if necessary)	25
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	0	0
9 Program service revenue (Part VIII, line 2g)	1,672,302	1,640,676
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	322	256
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	147	72
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,672,771	1,641,004
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,616,904	1,629,504
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,616,904	1,629,504
19 Revenue less expenses. Subtract line 18 from line 12	55,867	11,500

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	541,374	547,199
21 Total liabilities (Part X, line 26)	63,191	57,516
22 Net assets or fund balances. Subtract line 21 from line 20	478,183	489,683

Part II Signature Block

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

Sign Here

 Signature of officer
 Date 2023-04-11

BARRY DAVIES LABOR TRUSTEE CO-CHAIR
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date 2023-04-11 Check if self-employed PTIN P00970265

Firm's name ▶ CLIFTONLARSONALLEN LLP Firm's EIN ▶ 41-0746749

Firm's address ▶ 220 SOUTH SIXTH STREET SUITE 300
 MINNEAPOLIS, MN 55402 Phone no. (612) 376-4500

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO PROVIDE A WORKER'S COMPENSATION COLLECTIVELY-BARGAINED PROGRAM AUTHORIZED UNDER STATUTES 176.1812. THIS PROGRAM WILL ELIMINATE THE ADVERSARIAL CULTURE OF WORKERS' COMPENSATION CLAIM ADMINISTRATION; IMPROVE THE DELIVERY OF WAGE-REPLACEMENT BENEFITS AND THE QUALITY OF MEDICAL CARE TO INJURED UNION MEMBERS; RETURN INJURED WORKERS TO THEIR PRE-INJURY JOB QUICKLY; REDUCE THE COSTS OF INSURANCE FOR UNION CONTRACTORS THEREBY INCREASING THEIR COMPETITIVENESS.

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

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

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

If "Yes," describe these changes on Schedule O.

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

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

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

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

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

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		No
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
b	Did the organization report an amount for investments—other securities—in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		No
c	Did the organization report an amount for investments—program related—in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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 valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		No

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt status, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question/Description, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with 4 columns: Question/Section, Input field, and two checkboxes. Rows include questions 2a through 17, covering topics like employee reporting, federal employment tax returns, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, charitable contributions, and various organizational requirements.

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (24), 1b (19), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BARRY DAVIES LABOR TRUSTEE CO-CHAIR	1.00	X		X				0	0	0
(2) DICK MORRIS MGMT TRUSTEE CO-CHAIR	1.00	X		X				0	0	0
(3) RUSS SCHERBER LABOR TRUSTEE	1.00	X						0	0	0
(4) MATT FAIRBANKS LABOR TRUSTEE	1.00	X						0	0	0
(5) SCOTT GALE LABOR TRUSTEE	1.00	X						0	0	0
(6) DOUG SUCHANEK LABOR TRUSTEE	1.00	X						0	0	0
(7) DOUG SCHROEDER LABOR TRUSTEE	1.00	X						0	0	0
(8) MARK ZIEGLER MANAGEMENT TRUSTEE	1.00	X						0	0	0
(9) HEATHER GRAZZINI-SIMS MANAGEMENT TRUSTEE	1.00	X						0	0	0
(10) MICHEL TUBBS MANAGEMENT TRUSTEE	1.00	X						0	0	0
(11) BURT JOHNSON LABOR TRUSTEE	1.00	X						0	0	0
(12) SEAN CONRAD MANAGEMENT TRUSTEE	1.00	X						0	0	0
(13) GARY THADEN MANAGEMENT TRUSTEE	1.00	X						0	0	0
(14) JOHN QUARNSTROM MANAGEMENT TRUSTEE	1.00	X						0	0	0
(15) TIM WORKE MANAGEMENT TRUSTEE	1.00	X						0	0	0
(16) DAVE SCHUTTA LABOR TRUSTEE	1.00	X						0	0	0
(17) NATE SOGGE LABOR TRUSTEE	1.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JOEL SMITH LABOR TRUSTEE	1.00	X						0	0	0
(19) JEFF STARK LABOR TRUSTEE	1.00	X						0	0	0
(20) AARON BENIKE MANAGEMENT TRUSTEE	1.00	X						0	0	0
(21) VIRGIL CHRISTOFFERSEN LABOR TRUSTEE	1.00	X						0	0	0
(22) JON KAINZ MANAGEMENT TRUSTEE	1.00	X						0	0	0
(23) MARTHA HENRICKSON MANAGEMENT TRUSTEE	1.00	X						0	0	0
(24) BRENDAN MOORE MANAGEMENT TRUSTEE	1.00	X						0	0	0
(25) BONNIE JORGENSON MANAGEMENT TRUSTEE	1.00	X						0	0	0

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

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 0**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
WILSON - MCSHANE CORPORATION 3001 METRO DRIVE BLOOMINGTON, MN 55425	PLAN ADMINISTRATOR	1,374,887

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 1**

Part VIII Statement of Revenue

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

Table with columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; and Other Revenue.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
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):				
a Management	1,374,887			
b Legal	5,433			
c Accounting	11,850			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	9,598			
13 Office expenses	5,201			
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	303			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	7,482			
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 DISPUTE RESOLUTION EXAM	126,290			
b MEDIATION & ARBITRATION	82,319			
c EXCLUSIVE PROVIDER FEE	3,600			
d OTHER EXPENSE	2,541			
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,629,504			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	469,387	2	491,892
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	70,888	4	52,933
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,099	9	2,374
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 22,918		
	b Less: accumulated depreciation	10b 22,918	0	10c 0
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	541,374	16	547,199	
Liabilities	17 Accounts payable and accrued expenses	11,622	17	19,036
	18 Grants payable		18	
	19 Deferred revenue	51,569	19	38,480
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	63,191	26	57,516
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions		27	
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	422,316	29	478,183
	30 Paid-in or capital surplus, or land, building or equipment fund	0	30	0
	31 Retained earnings, endowment, accumulated income, or other funds	55,867	31	11,500
32 Total net assets or fund balances	478,183	32	489,683	
33 Total liabilities and net assets/fund balances	541,374	33	547,199	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,641,004
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,629,504
3	Revenue less expenses. Subtract line 2 from line 1	3	11,500
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	478,183
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	489,683

Part XII Financial Statements and Reporting

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

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

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 41-1835606

Name: UNION CONSTRUCTION CRAFTS WORKERS'
COMPENSATION FUND

Form 990 (2022)

Form 990, Part III, Line 4a:

TO PROVIDE A WORKER'S COMPENSATION COLLECTIVELY-BARGAINED PROGRAM AUTHORIZED UNDER MINNESOTA STATUTES: TO PROVIDE ALTERNATIVE DISPUTE RESOLUTION RULES AND REGULATIONS WHICH WILL PROVIDE A METHOD OF RESOLVING CONTESTED WORKERS' COMPENSATION CASES WITHIN THE STATE OF MINNESOTA TO IMPROVE THE SAFETY AND WELFARE OF WORKERS WHO ARE COVERED UNDER THE PROGRAM. AT THE END OF 2022, THE FUND HAD 375 PARTICIPATING CONTRACTORS EMPLOYING 22,664 TRADES-PEOPLE. DURING 2022, THE FUND HELD 83 INTERVENTIONS, 26 FACILITATIONS, 38 MEDIATIONS, 4 ARBITRATION, AND 40 NEUTRAL PHYSICIANS EXAMS.

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

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

OMB No. 1545-0047 2022 Open to Public Inspection

Name of the organization UNION CONSTRUCTION CRAFTS WORKERS' COMPENSATION FUND

Employer identification number 41-1835606

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year.

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

Form for Part II Conservation Easements. Includes checkboxes for preservation types and a table for 'Held at the End of the Year' with rows 2a-2d.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and assets.

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶
- c** Term endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		22,918	22,918	0
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				0

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	▶	

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	▶

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	▶

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	1,641,004
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	1,641,004
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	1,641,004

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.

1	Total expenses and losses per audited financial statements		1	1,629,504
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	1,629,504
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	1,629,504

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 41-1835606

Name: UNION CONSTRUCTION CRAFTS WORKERS'
COMPENSATION FUND

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	THE TRUST ESTABLISHED TO HOLD FUND ASSETS IS QUALIFIED PURSUANT TO SECTION 501(C)(9) OF THE INTERNAL REVENUE CODE (IRC) AND, ACCORDINGLY, THE TRUST'S NET INVESTMENT INCOME IS EXEMPT FROM INCOME TAXES. THE TRUST HAS OBTAINED A FAVORABLE TAX DETERMINATION LETTER FROM THE INTERNAL REVENUE SERVICE (IRS) DATED SEPTEMBER 8, 1997. THE FUND HAS BEEN AMENDED SINCE RECEIVING THE DETERMINATION LETTER. HOWEVER, THE FUND ADMINISTRATOR AND THE FUND'S TAX COUNSEL BELIEVE THAT THE FUND IS DESIGNED AND IS CURRENTLY BEING OPERATED IN COMPLIANCE WITH THE APPLICABLE REQUIREMENTS OF THE IRC. 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 LIABILITY (OR ASSET) IF THE PLAN HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE IRS. THE PLAN IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

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

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022**Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceName of the organization
UNION CONSTRUCTION CRAFTS WORKERS'
COMPENSATION FUND

Employer identification number

41-1835606

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1A	THE TRUSTEES, AT THEIR DISCRETION, MAY APPOINT AN EXECUTIVE COMMITTEE CONSISTING OF AN EQUAL NUMBER OF UNION TRUSTEES AND EMPLOYER TRUSTEES. THE EXECUTIVE COMMITTEE SHALL ASSIST THE FUND IN CARRYING OUT THE POLICIES AND PROGRAMS ESTABLISHED BY THE BOARD OF TRUSTEES. IN ADDITION, THE EXECUTIVE COMMITTEE MAY ACT IN PLACE AND INSTEAD OF THE BOARD OF TRUSTEES BETWEEN TRUSTEE MEETINGS ON ALL MATTERS EXCEPT THOSE SPECIFICALLY RESERVED TO THE BOARD OF TRUSTEES BY THE TRUST AGREEMENT OR BY ACTION OF THE BOARD OF TRUSTEES. AN EXECUTIVE COMMITTEE MEETING MAY BE CONDUCTED, OR AN INDIVIDUAL MEMBER MAY PARTICIPATE IN SUCH A MEETING, BY TELEPHONE OR BY ANY SIMILAR COMMUNICATIONS SYSTEM WHICH ALLOWS ALL PERSONS PARTICIPATING IN THE MEETING TO HEAR EACH OTHER AT THE SAME TIME.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3	WILSON-MC SHANE IS THE MANAGEMENT COMPANY RESPONSIBLE FOR THE FINANCIAL OPERATIONS OF THE FUND. WILSON-MC SHANE PREPARES THE GENERAL LEDGER, MAKES JOURNAL ENTRIES, MANAGES CLAIMS AND OPERATIONAL EXPENSES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	<p>THIS TRUST WILL BE ADMINISTERED BY A BOARD OF TWELVE (12) UNION TRUSTEES AND TWELVE (12) EMPLOYER TRUSTEES APPOINTED BY THE ENTITIES ENUMERATED IN SECTIONS 3.2 AND 3.3 OF THIS ARTICLE. THE APPOINTMENT OF THE TRUSTEES IS TO BE EVIDENCED BY A WRITTEN DOCUMENT OF APPOINTMENT FROM THE APPOINTING ENTITY. THE NUMBER OF TRUSTEES OF THIS FUND MAY BE MODIFIED BY AMENDMENT OF THIS TRUST AGREEMENT, PROVIDED THAT THERE WILL ALWAYS BE AN EQUAL NUMBER OF EMPLOYER TRUSTEES AND UNION TRUSTEES. THE TWELVE (12) EMPLOYER TRUSTEES WILL BE DESIGNATED AS FOLLOWS: SIX BY THE AGC OF MINNESOTA; ONE (1) BY THE MINNESOTA MECHANICAL CONTRACTORS ASSOCIATION (MMCA); ONE (1) BY THE NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION (NECA) CHAPTERS IN MINNESOTA; ONE (1) BY THE CARPENTRY CONTRACTORS ASSOCIATION (CCA); ONE (1) BY THE MINNESOTA DRYWALL AND PLASTERERS ASSOCIATION (MDPA); ONE (1) BY THE SHEET METAL, AIR CONDITIONING & ROOFING CONTRACTORS ASSOCIATION (SMARCA); AND ONE (1) BY THE MINNESOTA CONCRETE & MASONRY CONTRACTORS ASSOCIATION (MCMCA). IF AN ENTITY ENTITLED TO APPOINT A TRUSTEE FAILS TO DO SO WITHIN 60 DAYS AFTER THE TRUST NOTIFIES IT OF THE NEED TO MAKE AN APPOINTMENT, THE BOARD OF TRUSTEES MAY APPOINT A RESPONSIBLE INDIVIDUAL WHO IS EMPLOYED BY A PARTICIPATING EMPLOYER THAT IS A MEMBER IN GOOD STANDING OF THE ENTITY THAT FAILED TO APPOINT A TRUSTEE. THE TWELVE (12) UNION TRUSTEES WILL BE DRAWN FROM EITHER A LOCAL UNION OR AN INTERMEDIATE LABOR ORGANIZATION THAT IS PARTICIPATING IN THIS TRUST AS EVIDENCED BY A PARTICIPATION AGREEMENT THAT HAS BEEN SIGNED AND FILED WITH THE ADMINISTRATOR OF THIS TRUST. THE APPOINTMENT OF A UNION TRUSTEE WILL BE EVIDENCED BY WRITTEN APPOINTMENT FROM THE MOST-SENIOR LEADER OF THE LOCAL UNION OR INTERMEDIATE LABOR ORGANIZATION. THE TWELVE (12) UNION TRUSTEES WILL BE DESIGNATED AS FOLLOWS: A. THE SIX (6) LOCAL UNIONS OR INTERMEDIATE LABOR ORGANIZATIONS THAT HAVE THE HIGHEST NUMBER OF MEMBERS PARTICIPATING IN THE TRUST WILL BE GIVEN THE FIRST OPPORTUNITY TO APPOINT A TRUSTEE. B. THE REMAINING (6) UNION TRUSTEES WILL BE APPOINTED FROM ANY OF THE OTHER PARTICIPATING LOCAL UNIONS OR INTERMEDIATE LABOR ORGANIZATION. IF AN ENTITY ENTITLED TO APPOINT A TRUSTEE FAILS TO DO SO WITHIN 60 DAYS AFTER NOTICE FROM THE TRUST OF THE VACANCY, THE BOARD OF TRUSTEES MAY FILL THE VACANCY BY APPOINTING A RESPONSIBLE INDIVIDUAL WHO IS EITHER SERVING IN A LEADERSHIP POSITION FOR, OR IS EMPLOYED BY, A PARTICIPATING LOCAL UNION OR INTERMEDIATE LABOR ORGANIZATION.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	WHEN THE AUDITOR HAS PREPARED THE FORM 990, IT IS GIVEN TO THE AUDIT COMMITTEE AND THE BOARD OF TRUSTEES FOR REVIEW. THE TRUSTEES ARE ALLOWED TIME IN WHICH TO EXAMINE THE FORM 990 AND COMMUNICATE WITH THE ADMINISTRATOR IN THE EVENT THE TRUSTEE HAS ANY QUESTIONS OR COMMENTS. AT THE REQUEST OF ANY TRUSTEE, OR IF THERE ARE QUESTIONS OR COMMENTS THAT CANNOT BE ADEQUATELY AND FULLY ADDRESSED, THE ADMINISTRATOR WILL ARRANGE A CONFERENCE CALL FOR ALL TRUSTEES TO DISCUSS THE FORM 990 AND WHETHER OR NOT REVISIONS ARE NEEDED BEFORE IT IS FINALIZED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>1. AT THE FIRST MEETING OF THE BOARD OF TRUSTEES OF THE UCCWCF HELD EACH YEAR, A COPY OF THE CONFLICTS OF INTEREST POLICY IS DISTRIBUTED TO THE TRUSTEES. IN ADDITION, A DISCLOSURE STATEMENT IS DISTRIBUTED TO EACH TRUSTEE. THE DISCLOSURE STATEMENT HAS BEEN PREPARED IN COMPLIANCE WITH THE CONFLICTS OF INTEREST POLICY. FUND COUNSEL EXPLAINS TO THE BOARD THE OPERATION OF THE CONFLICTS OF INTEREST POLICY, WHAT TYPES OF INTERESTS HAVE TO BE DISCLOSED AND THE ADMINISTRATIVE PROCEDURES FOR ADVISING THE ORGANIZATION REGARDING INTERESTS TO BE DISCLOSED. TRUSTEES ARE ASKED AT THAT MEETING TO COMPLETE THE DISCLOSURE FORM AND RETURN IT TO THE ADMINISTRATOR. THE FORM IS COMPLETED BY EACH OF THE BOARD OF TRUSTEES AND ANY SENIOR STAFF OF WILSON-MCSHANE CORPORATION WORKING ON THE UCCWCF. 2. THE FUND ADMINISTRATOR REVIEWS THE CONFLICT DISCLOSURES WHEN RETURNED, AND REFERS ANY WITH CONFLICTS FOR FURTHER REVIEW. 3. ANY CONFLICTS THAT ARE DISCLOSED ARE REVIEWED BY THE FUND CO-CHAIRS IN CONJUNCTION WITH FUND COUNSEL. ANY TRUSTEE THAT HAS DISCLOSED A CONFLICT OF INTEREST WOULD BE PROHIBITED FROM PARTICIPATING IN ANY DISCUSSION OR VOTING ON ANY MOTION REGARDING THE MATTER THAT GAVE RISE TO THE CONFLICT OF INTEREST.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
UNION CONSTRUCTION CRAFTS WORKERS'
COMPENSATION FUND

Employer identification number

41-1835606

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) ASSOCIATED GENERAL CONTRACTORS OF MINNESOTA INC							
(2) LOCAL NO 512 OF THE INTERNATIONAL ASSOCIATION OF BRIDGE AND STRUCTURAL IRON							
(3) LOCAL NO 49 OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS							
(4) NORTH CENTRAL STATES REGIONAL COUNCIL OF CARPENTERS (FKA LAKES AND PLAINS)							
(5) MINNESOTA CONSTRUCTION CONFERENCE OF TEAMSTERS							

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

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

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

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

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)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	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
o Sharing of paid employees with related organization(s)	1o	No
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q	No
r Other transfer of cash or property to related organization(s)	1r	Yes
s Other transfer of cash or property from related organization(s)	1s	Yes

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

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

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference	Explanation

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
ON CALL PAVEMENT SWEEPING INC									
SOWLES CO									
SUNRISE PAINTING & WALLCOVERING INC									
WINBERG COMPANIES LLC									
MINNESOTA TOTAL REFRIGERATION & HVAC SYSTEMS LLC									
SOUTH-TOWN INC									
ST CLOUD REFRIGERATION INC									
FRIDA DRYWALL SYSTEMS LLC									
HENNEPIN DRYWALL I LLC									
TWIN CITY MECHANICAL INC									