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 07-01-2022 , and ending 06-30-2023

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

C Name of organization
SHEET METAL WORKERS LOCAL 73
WELFARE FUND

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
4530 W ROOSEVELT ROAD

City or town, state or province, country, and ZIP or foreign postal code
HILLSIDE, IL 60162

D Employer identification number
36-2145881

E Telephone number
(708) 449-7373

G Gross receipts $ 110,963,491

F Name and address of principal officer:
RAYMOND SUGGS
4530 W ROOSEVELT ROAD
HILLSIDE,IL 60162

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.SM73FUNDS.ORG

K Form of organization: ☐ Corporation ☑ Trust ☐ Association ☐ Other ▶

L Year of formation: 1950

M State of legal domicile: IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
PROVIDE HEALTH BENEFITS

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)	**3**	6
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	3
5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	**5**	76
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	299,500	0
9	Program service revenue (Part VIII, line 2g)	55,086,060	59,826,424
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,639,156	4,964,269
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,727	18,630
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	58,026,443	64,809,323
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)	57,956,884	58,193,272
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,784,078	1,940,456
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)	1,736,727	1,808,244
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	61,477,689	61,941,972
19	Revenue less expenses. Subtract line 18 from line 12	-3,451,246	2,867,351

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	98,200,346	99,871,910
21	Total liabilities (Part X, line 26)	2,079,928	1,117,355
22	Net assets or fund balances. Subtract line 21 from line 20	96,120,418	98,754,555

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: 2024-04-19

RAYMOND SUGGS TRUSTEE
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2024-04-19		P01456734

Firm's name ▶ LEGACY PROFESSIONALS LLP — Firm's EIN ▶ 32-0043599

Firm's address ▶ 4 WESTBROOK CORPORATE CTR STE 700
WESTCHESTER, IL 60154 — Phone no. (312) 368-0500

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:

PROVISION OF HEALTH BENEFITS TO MEMBERS.

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 $)

TO PROVIDE HEALTH, DENTAL AND LIFE BENEFITS TO ELIGIBLE PARTICIPANTS AND BENEFICIARIES.

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*	1		No
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions.	2		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*	3		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*	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		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	6		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*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		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*	9		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*	10		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	11a	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*	11b	Yes	
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*	11c		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*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	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*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
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 valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		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*	15		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*	16		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.	17		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*	18		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*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		No

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,* Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	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
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	18		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	

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

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	76		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			**3b**	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			**4a**	No
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			**7f**	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			**9b**	
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			**14b**	
15	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.			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			**16**	No
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.			**17**	

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

				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.	**1a**	6		
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?				No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?				No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?				No
6	Did the organization have members or stockholders?				No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?				No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?			Yes	
b	Each committee with authority to act on behalf of the governing body?				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*				No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**		No
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

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.

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶PATRICK LUDVIGSEN 4530 W ROOSEVELT ROAD HILLSIDE,IL 60162 (708) 449-7373

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) RAYMOND SUGGS TRUSTEE	3.00 40.00	X						0	229,491	134,616
(2) MIKE VITTORIO TRUSTEE	3.00 40.00	X						0	193,018	121,917
(3) DAN AHERN TRUSTEE	3.00 40.00	X						0	197,989	122,881
(4) JAMES S BILLARD TRUSTEE	3.00	X						0	0	0
(5) WILLIAM BEUKEMA TRUSTEE	3.00	X						0	0	0
(6) TONY ADOLFS TRUSTEE	3.00	X						0	0	0
(7) PATRICK LUDVIGSEN ADMINISTRATOR	30.00 10.00			X				191,685	0	91,446
(8) DONNA PARZYNSKI DIRECTOR OF OPERATIONS	26.00 14.00					X		122,711	0	30,981
(9) DIANA MASLANKA WELFARE DEPARTMENT MANAGER	40.00					X		108,419	0	41,825
(10) JAMES FEINBERG ASSISTANT ADMINISTRATOR	35.00 5.00					X		107,501	0	44,203

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			
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								530,316	620,498	587,869

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 ▶ 4

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		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? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		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
BLUE CROSS BLUE SHIELD 300 EAST RANDOLPH CHICAGO, IL 60601	PPO PROVIDER	1,211,391
EXPRESS SCRIPTS INC 1 EXPRESS WAY ST LOUIS, MO 63121	RX BENEFIT MANAGER	635,324
BRIDGEWAY BENEFIT TECHNOLOGY 3700 KOPPERS STREET SUITE 400 BALTIMORE, MD 21227	COMPUTER SOFTWARE	262,211
MORGAN LEWIS & BOCKIUS LLP 77 WEST WACKER DRIVE CHICAGO, IL 60601	LEGAL	214,174
THE SEGAL COMPANY CHURCH ST STATION PO BOX 4092 NEW YORK, NY 102614095	ACTUARIAL	174,220

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 ▶ 6

Part VIII Statement of Revenue

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and Other Similar Amounts				
1a Federated campaigns . . 1a				
b Membership dues . . 1b				
c Fundraising events . . 1c				
d Related organizations 1d				
e Government grants (contributions) 1e				
f All other contributions, gifts, grants, and similar amounts not included above 1f				
g Noncash contributions included in lines 1a - 1f:$ 1g				
h **Total.** Add lines 1a-1f . . . . . ▶				
Program Service Revenue	Business Code			
2a EMPLOYER CONTRIBUTIONS	900099	52,313,411	52,313,411	
b RETIREE CONTRIBUTIONS	900099	4,816,986	4,816,986	
c REIMBURSED ADMINISTRAT	900099	1,200,307	1,200,307	
d MEDICARE PT. D REBATES	900099	1,105,579	1,105,579	
e COBRA CONTRIBUTIONS AN	900099	390,141	390,141	
f All other program service revenue.				
g **Total.** Add lines 2a–2f. . . . . ▶	59,826,424			
3 Investment income (including dividends, interest, and similar amounts)		1,833,776		1,833,776
4 Income from investment of tax-exempt bond proceeds ▶				
5 Royalties . . . . . ▶				
	(i) Real	(ii) Personal		
6a Gross rents 6a				
b Less: rental expenses 6b				
c Rental income or (loss) 6c				
d Net rental income or (loss)				
	(i) Securities	(ii) Other ▶		
7a Gross amount from sales of assets other than inventory 7a	49,284,661			
b Less: cost or other basis and sales expenses 7b	46,154,168			
c Gain or (loss) 7c	3,130,493			
d Net gain or (loss) . . . . . ▶		3,130,493		3,130,493
8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . 8a				
b Less: direct expenses 8b				
c Net income or (loss) from fundraising events . . ▶				
9a Gross income from gaming activities. See Part IV, line 19 . . . 9a				
b Less: direct expenses 9b				
c Net income or (loss) from gaming activities . . ▶				
10a Gross sales of inventory, less returns and allowances . . 10a				
b Less: cost of goods sold . . 10b				
c Net income or (loss) from sales of inventory . . ▶				
Other Revenue	Business Code			
11a MISCELLANEOUS INCOME	900099	18,630		18,630
b				
c				
d All other revenue				
e **Total.** Add lines 11a–11d . . . . . ▶		18,630		
12 **Total revenue.** See instructions . . . . ▶		64,809,323	59,826,424	0 4,982,899

OtherRevenueMiscAmt

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	58,193,272			
5 Compensation of current officers, directors, trustees, and key employees	296,031			
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	1,070,483			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	166,371			
9 Other employee benefits	303,024			
10 Payroll taxes	104,547			
11 Fees for services (non-employees):				
a Management				
b Legal	281,058			
c Accounting	164,350			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	205,309			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	171,140			
12 Advertising and promotion				
13 Office expenses	192,915			
14 Information technology	382,434			
15 Royalties				
16 Occupancy	189,153			
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	29,918			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	114,509			
23 Insurance	54,023			
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 FEES MANDATED BY ACA	23,435			
b				
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	61,941,972			
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

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		5,009,262	1	1,660,531
	2	Savings and temporary cash investments		2,286,322	2	499,606
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		3,876,103	4	4,405,959
	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		106,497	9	105,875
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,240,353			
	b	Less: accumulated depreciation	10b 932,335	363,247	10c	308,018
	11	Investments—publicly traded securities		62,053,577	11	32,173,949
	12	Investments—other securities. See Part IV, line 11		21,279,523	12	58,007,597
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		3,225,815	15	2,710,375
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		98,200,346	16	99,871,910
Liabilities	17	Accounts payable and accrued expenses		140,437	17	186,311
	18	Grants payable			18	
	19	Deferred revenue			19	
	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		1,939,491	25	931,044
	26	**Total liabilities.** Add lines 17 through 25		2,079,928	26	1,117,355
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☐ 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 ▶ ☑ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		0	29	0
	30	Paid-in or capital surplus, or land, building or equipment fund		0	30	0
	31	Retained earnings, endowment, accumulated income, or other funds		96,120,418	31	98,754,555
	32	Total net assets or fund balances		96,120,418	32	98,754,555
	33	Total liabilities and net assets/fund balances		98,200,346	33	99,871,910

Part XI Reconcilliation 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	64,809,323
2	Total expenses (must equal Part IX, column (A), line 25)	2	61,941,972
3	Revenue less expenses. Subtract line 2 from line 1	3	2,867,351
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	96,120,418
5	Net unrealized gains (losses) on investments	5	-233,214
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	10	98,754,555

Part XII Financial Statements and Reporting

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

			Yes	No
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?	2a		No
	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?	2b	Yes	
	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?	2c	Yes	
	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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		No
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.	3b		

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

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
SHEET METAL WORKERS LOCAL 73
WELFARE FUND

Employer identification number
36-2145881

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 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 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- **a** ☐ Public exhibition
- **b** ☐ Scholarly research
- **c** ☐ Preservation for future generations
- **d** ☐ Loan or exchange programs
- **e** ☐ Other .....

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. . . ☐ **Yes** ☐ **No**

Part IV Escrow and Custodial Arrangements.

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

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

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

		Amount
c Beginning balance	**1c**	
d Additions during the year	**1d**	
e Distributions during the year	**1e**	
f Ending balance	**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:

	Yes	No
(i) Unrelated organizations . . . . . **3a(i)**		
(ii) Related organizations . . . . . **3a(ii)**		

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? **3b**

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	**(a)** Cost or other basis (investment)	**(b)** Cost or other basis (other)	**(c)** Accumulated depreciation	**(d)** Book value
1a Land				
b Buildings				
c Leasehold improvements		16,502	15,079	1,423
d Equipment		1,223,851	917,256	306,595
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶				308,018

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) NIS HIGH YIELD QP FUND	1,152,269	F
(B) NHIT CORE PLUS FIXED INCOME TRUST	18,420,372	F
(C) BNY MELLON AFL-CIO SL	23,899,129	F
(D) BNY MELLON CF SL EX	4,628,467	F
(E) IFM GLOBAL INFRASTRUCTURE	5,467,769	F
(F) U.S. REAL ESTATE INVESTMENT FUND	4,439,591	F
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	58,007,597	

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)		
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)	
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	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	931,044

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	63,170,493
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	-233,214		
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	-233,214
3	Subtract line **2e** from line **1**			3	63,403,707
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	205,309		
b	Other (Describe in Part XIII.)	4b	1,200,307		
c	Add lines **4a** and **4b**			4c	1,405,616
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	64,809,323

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	60,536,356
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	60,536,356
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	205,309		
b	Other (Describe in Part XIII.)	4b	1,200,307		
c	Add lines **4a** and **4b**			4c	1,405,616
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	61,941,972

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
PART X, LINE 2:	ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE THE PLAN TO EVALUATE TAX POSITIONS TAKEN BY THE PLAN AND RECOGNIZE A TAX LIABILITY IF THE PLAN HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY TAX AUTHORITIES. THE PLAN IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	REIMBURSED ADMINISTRATIVE EXPENSES 1,200,307.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	REIMBURSED ADMINISTRATIVE EXPENSES 1,200,307.

Additional Data

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **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
SHEET METAL WORKERS LOCAL 73
WELFARE FUND

Employer identification number
36-2145881

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		
b	Any related organization?	**5b**		
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		
b	Any related organization?	**6b**		
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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.

(A) Name and Title		**(B)** Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
1 RAYMOND SUGGS TRUSTEE	**(i)**	0	0	0	0	0	0	0
	(ii)	225,944	0	3,547	106,008	28,608	364,107	0
2 DAN AHERN TRUSTEE	**(i)**	0	0	0	0	0	0	0
	(ii)	194,890	0	3,099	94,273	28,608	320,870	0
3 MIKE VITTORIO TRUSTEE	**(i)**	0	0	0	0	0	0	0
	(ii)	189,701	0	3,317	93,309	28,608	314,935	0
4 PATRICK LUDVIGSEN ADMINISTRATOR	**(i)**	191,685	0	0	59,542	31,904	283,131	0
	(ii)	0	0	0	0	0	0	0
5 DONNA PARZYNSKI DIRECTOR OF OPERATIONS	**(i)**	122,711	0	0	12,726	18,255	153,692	0
	(ii)	0	0	0	0	0	0	0
6 JAMES FEINBERG ASSISTANT ADMINISTRATOR	**(i)**	107,501	0	0	20,456	23,747	151,704	0
	(ii)	0	0	0	0	0	0	0
7 DIANA MASLANKA WELFARE DEPARTMENT MANAGER	**(i)**	108,419	0	0	18,078	23,747	150,244	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation

Additional Data

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Schedule L (Form 990)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **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
SHEET METAL WORKERS LOCAL 73
WELFARE FUND

Employer identification number
36-2145881

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	**(a)** Name of disqualified person	**(b)** Relationship between disqualified person and organization	**(c)** Description of transaction	**(d)** Corrected? Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958.

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ $ ▶

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	**(b)** Relationship with organization	**(c)** Purpose of loan	**(d)** Loan to or from the organization? To	From	**(e)** Original principal amount	**(f)** Balance due	**(g)** In default? Yes	No	**(h)** Approved by board or committee? Yes	No	**(i)** Written agreement? Yes	No
Total ▶ $												

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of assistance	**(d)** Type of assistance	**(e)** Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SHEET METAL WORKERS INT'L ASSOCIATION LOCAL NO 73	COMMON TRUSTEES / OFFICERS	176,551	OFFICE LEASE		No

Part V Supplemental Information

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

Return Reference	Explanation

Additional Data

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Software ID:

Software Version:

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
SHEET METAL WORKERS LOCAL 73
WELFARE FUND

Employer identification number
36-2145881

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 8B	THERE ARE NO COMMITTEES THAT HAVE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS PROVIDED TO THE ENTIRE BOARD OF TRUSTEES WHO REVIEW AND APPROVE THE RETURN BEFORE IT IS FILED.
FORM 990, PART VI, SECTION B, LINE 12C	COMPLIANCE WITH THE POLICIES ARE REVIEWED AND MONITORED THROUGH DISCUSSION AT THE TRUSTEES' MEETINGS.
FORM 990, PART VI, SECTION B, LINE 15B	THE SALARY OF THE FUND ADMINISTRATOR IS DETERMINED AND APPROVED BY THE BOARD OF TRUSTEES.
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION PROVIDES THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS TO PARTICIPANTS AT THE FUND OFFICE UPON THEIR REQUEST.
FORM 990, PART VII, LINE 1A	THE ADMINISTRATOR, DIRECTOR OF OPERATIONS AND ASSISTANT ADMINISTRATOR HOLD THE SAME POSITIONS WITH TWO RELATED ENTITIES. THE REPORTING ORGANIZATION IS REIMBURSED BY THESE ENTITIES FOR THEIR ALLOCATED PORTION OF THEIR SALARY, FRINGE BENEFITS AND PAYROLL TAXES.

Additional Data

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Software ID:

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **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
SHEET METAL WORKERS LOCAL 73
WELFARE FUND

Employer identification number
36-2145881

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	(g) No
(1) SMW LOCAL 73 PENSION FUND 4530 W ROOSEVELT ROAD HILLSIDE, IL 60162 51-6126221	PROVIDE PENSION BENEFITS TO MEMBERS	IL	401(A)		N/A		No
(2) SMW LOCAL UNION 73 4550 ROOSEVELT ROAD HILLSIDE, IL 60162 36-1764263	ORGANIZE WORKERS FOR ECONOMIC, MORAL AND SOCIAL ADVANCEMENT	IL	501(C)5		N/A		No
(3) SMW LOCAL 73 APR FUND AND JOURNEYMEN'S TRNG FUND 2701 WEST VAN BUREN BELLWOOD, IL 60104 36-6127341	PROVIDE FOR SUPPORT, MAINTENANCE AND ADMINISTRATION OF APPR TRAINING PROGRAM	IL	501(C)5		N/A		No
(4) INT'L ASSOC OF SMART LOCAL NO 73 LMCC TRUST FUND 4550 ROOSEVELT ROAD HILLSIDE, IL 60162 32-6445729	LABOR MANAGEMENT COOPERATIVE COMMITTEE	IL	501(C)5		N/A		No
(5) SMW LOCAL 73 ANNUITY FUND 4530 W ROOSEVELT ROAD HILLSIDE, IL 60162 20-5002115	PROVIDE ANNUITY BENEFITS TO MEMBERS	IL	401(A)		N/A		No
(6) SMACNA GREATER CHICAGO 1415 W 22ND ST STE 1200 OAKBROOK, IL 60523 46-4927322	CONTRIBUTING EMPLOYER	IL	501(C)(6)		N/A		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) AT MECHANICAL LLC	CONTRIBUTING EMPLOYER							No			No	
(2) INTERACTIVE BUILDING SOLUTIONS LLC	CONTRIBUTING EMPLOYER							No			No	
(3) NATIONS ROOF NORTH LLC	CONTRIBUTING EMPLOYER							No			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	(i) No
(1)A & H SHEET METAL INC	CONTRIBUTING EMPLOYER								No
(2)A-1 ROOFING COMPANY	CONTRIBUTING EMPLOYER								No
(3)AARON ENVIRONMENTAL SERVICES	CONTRIBUTING EMPLOYER								No
(4)ADMIRAL HEATING INC	CONTRIBUTING EMPLOYER								No
(5)ADVANCE MECHANICAL SYSTEMS INC	CONTRIBUTING EMPLOYER								No
(6)AERO SERVICE TEST & BALANCING	CONTRIBUTING EMPLOYER								No
(7)AIR COMFORT CORPORATION	CONTRIBUTING EMPLOYER								No
(8)AIR CON REFRIGERATION	CONTRIBUTING EMPLOYER								No
(9)AIR DESIGN SYSTEMS INC	CONTRIBUTING EMPLOYER								No
(10)AIR RITE HTG LATR CORP	CONTRIBUTING EMPLOYER								No
(11)AIR SUPPLY	CONTRIBUTING EMPLOYER								No
(12)ALL AMERICAN COMM ROOFING INC	CONTRIBUTING EMPLOYER								No
(13)ALL MECHANICAL INDUSTRIES	CONTRIBUTING EMPLOYER								No
(14)ALLOY ARCHITECTURAL SOLUTIONS	CONTRIBUTING EMPLOYER								No
(15)ALLOY WELDING INC	CONTRIBUTING EMPLOYER								No
(16)ALTHOFF INDUSTRIES	CONTRIBUTING EMPLOYER								No
(17)AMBER MECHANICAL CONTRACTORS	CONTRIBUTING EMPLOYER								No
(18)AMERICAN SHEET METAL FABRICAT	CONTRIBUTING EMPLOYER								No
(19)AMS MECHANICAL	CONTRIBUTING EMPLOYER								No
(20)ANCHOR MECHANICAL INC	CONTRIBUTING EMPLOYER								No
(21)ANTHONY ROOFING LTD	CONTRIBUTING EMPLOYER								No
(22)ANY TEMPERATURE INC	CONTRIBUTING EMPLOYER								No
(23)ARCHITECTURAL METAL ERECTORS	CONTRIBUTING EMPLOYER								No
(24)ARCHITECTURAL PANEL SYS INC	CONTRIBUTING EMPLOYER								No
(25)ARCTIC ENGINEERING CO INC	CONTRIBUTING EMPLOYER								No
(26)ARNOLD HTG CLG & SHEETMETAL	CONTRIBUTING EMPLOYER								No
(27)ATOMATIC MECHANICAL SERVICES	CONTRIBUTING EMPLOYER								No
(28)B & B SHEET METAL COMPANY INC	CONTRIBUTING EMPLOYER								No
(29)BENNETT & BROSSEAU SHEET METAL LLC	CONTRIBUTING EMPLOYER								No
(30)BLACKHAWK HVAC INC	CONTRIBUTING EMPLOYER								No
(31)BOSWELL BUILDING CONTRACTORS	CONTRIBUTING EMPLOYER								No
(32)BR PRODUCTIONS INC	CONTRIBUTING EMPLOYER								No
(33)BUILDERS HEATING INC	CONTRIBUTING EMPLOYER								No
(34)BURKE ROOFING & SHEET METAL	CONTRIBUTING EMPLOYER								No
(35)C ACITELLI HEATING & PIPING	CONTRIBUTING EMPLOYER								No
(36)CEMCO	CONTRIBUTING EMPLOYER								No
(37)CES MECHANICAL SERVICES INC	CONTRIBUTING EMPLOYER								No
(38)CHICAGO PIPE & BOILER COVERING CO	CONTRIBUTING EMPLOYER								No
(39)CHICAGO SWITCHBOARD CO INC	CONTRIBUTING EMPLOYER								No
(40)CLEAT'S MFG CO	CONTRIBUTING EMPLOYER								No
(41)CLIMATE MASTER MECHANICAL CONT	CONTRIBUTING EMPLOYER								No
(42)CMC JOINT VENTURE LLC	CONTRIBUTING EMPLOYER								No
(43)COLUMBIA SM WORKS	CONTRIBUTING EMPLOYER								No
(44)COMBINED MECHANICAL INDUSTRIES	CONTRIBUTING EMPLOYER								No
(45)COMBINED ROOFING SERVICES LLC	CONTRIBUTING EMPLOYER								No
(46)COMBINED SERVICES HVAC INC	CONTRIBUTING EMPLOYER								No
(47)COMFORT TEMP INC	CONTRIBUTING EMPLOYER								No
(48)COMMAND VENTILATION GROUP LLC	CONTRIBUTING EMPLOYER								No
(49)COMMERCIAL SPECIALTIES INC	CONTRIBUTING EMPLOYER								No
(50)COMPETITIVE PIPING SYSTEMS INC	CONTRIBUTING EMPLOYER								No
(51)COMPLETE MECHANICAL PIPING LLC	CONTRIBUTING EMPLOYER								No
(52)CONTROLLED ENVIRONMENT	CONTRIBUTING EMPLOYER								No
(53)COOLING EQUIPMENT SERVICE	CONTRIBUTING EMPLOYER								No
(54)CORLISS WILLIAMS CONSTRUCTION LLC	CONTRIBUTING EMPLOYER								No
(55)COTTAGE SHEET METAL	CONTRIBUTING EMPLOYER								No
(56)CRAFT MECHANICAL LLC	CONTRIBUTING EMPLOYER								No
(57)CRITICAL ENV PROFESSIONALS	CONTRIBUTING EMPLOYER								No
(58)CROWN CORR CONSTRUCTION	CONTRIBUTING EMPLOYER								No
(59)CROWTHER RFG CO & S M	CONTRIBUTING EMPLOYER								No
(60)CT MECHANICAL	CONTRIBUTING EMPLOYER								No
(61)D & K SHEET METAL INC	CONTRIBUTING EMPLOYER								No
(62)D & P MECHANICAL INC	CONTRIBUTING EMPLOYER								No
(63)DEKALB MECHANICAL	CONTRIBUTING EMPLOYER								No
(64)DEKAYO CORP DBA ORTIZ CONTRACTING	CONTRIBUTING EMPLOYER								No
(65)DELTA HEATING & AIR CONDITION	CONTRIBUTING EMPLOYER								No
(66)DEMCO INC	CONTRIBUTING EMPLOYER								No
(67)DENNING INC	CONTRIBUTING EMPLOYER								No
(68)DES PLAINES GLASS CO	CONTRIBUTING EMPLOYER								No
(69)DOMAIN CORP	CONTRIBUTING EMPLOYER								No
(70)DOORNBOS ACQUISITION LLC	CONTRIBUTING EMPLOYER								No
(71)DUSABLE CONSTRUCTION CO INC	CONTRIBUTING EMPLOYER								No
(72)E E INSTALLATIONS INC	CONTRIBUTING EMPLOYER								No
(73)EAST MOLINE SHEET METAL CO	CONTRIBUTING EMPLOYER								No
(74)EDWARDS ENGINEERING INC	CONTRIBUTING EMPLOYER								No
(75)ELENS & MAICHINS ROOFING & SHEE	CONTRIBUTING EMPLOYER								No
(76)EMCOR SERVICES TEAM MECHANICAL	CONTRIBUTING EMPLOYER								No
(77)ENCLOSURE SOLUTIONS & FACADES	CONTRIBUTING EMPLOYER								No
(78)ENGINEERED WALL SYSTEMS MIDWEST LLC	CONTRIBUTING EMPLOYER								No
(79)ENVIRONMENT MECH SERVICES	CONTRIBUTING EMPLOYER								No
(80)EOS MECHANICAL	CONTRIBUTING EMPLOYER								No
(81)ERICKSON ELECTRICAL	CONTRIBUTING EMPLOYER								No
(82)EXCEL MECHANICAL SERVICES LLC	CONTRIBUTING EMPLOYER								No
(83)EXCELLENCE & QUALITY SHEET	CONTRIBUTING EMPLOYER								No
(84)FAB-RITE SHEET METAL	CONTRIBUTING EMPLOYER								No
(85)FE MORAN INC	CONTRIBUTING EMPLOYER								No
(86)FE MORAN MECHANICAL SERVICES	CONTRIBUTING EMPLOYER								No
(87)FLO TECH MECHANICAL SYSTEMS	CONTRIBUTING EMPLOYER								No
(88)FORECAST HEATING & COOLING INC	CONTRIBUTING EMPLOYER								No
(89)G T MECHANICAL PROJ & DEIGN	CONTRIBUTING EMPLOYER								No
(90)GE MATHIS CO	CONTRIBUTING EMPLOYER								No
(91)GENERAL REFRIG SERVICE CORP	CONTRIBUTING EMPLOYER								No
(92)GHC MECHANICAL INC	CONTRIBUTING EMPLOYER								No
(93)GLASS MANAGEMENT SERVICE DBA	CONTRIBUTING EMPLOYER								No
(94)GUS BERTHOLD ELEC	CONTRIBUTING EMPLOYER								No
(95)HM WHITE LLC	CONTRIBUTING EMPLOYER								No
(96)HARTWIG PLUMBING & HEATINGINC	CONTRIBUTING EMPLOYER								No
(97)HAYES COMMERCIAL LLC	CONTRIBUTING EMPLOYER								No
(98)HEMINGWAY CHIMNEY LLC	CONTRIBUTING EMPLOYER								No
(99)HENNESSY SHEET METAL INC	CONTRIBUTING EMPLOYER								No
(100)HIGHLAND PARK MECHANICAL INC	CONTRIBUTING EMPLOYER								No
(101)HILL MECHANICAL CORP	CONTRIBUTING EMPLOYER								No
(102)INDEPENDANT MECHANICAL INDUSTRI INC	CONTRIBUTING EMPLOYER								No
(103)IN-STALL INC	CONTRIBUTING EMPLOYER								No
(104)INTERIOR CONCEPTS INC	CONTRIBUTING EMPLOYER								No
(105)INTERNATIONAL TEST & BALANCE	CONTRIBUTING EMPLOYER								No
(106)J & A SHEET METAL	CONTRIBUTING EMPLOYER								No
(107)J P HEATING INC	CONTRIBUTING EMPLOYER								No
(108)J2 MECHANICAL LLC	CONTRIBUTING EMPLOYER								No
(109)JAS D AHERN CO	CONTRIBUTING EMPLOYER								No
(110)JENSEN PLUMBING &HTG IN	CONTRIBUTING EMPLOYER								No
(111)JOHN J RICKHOFF SHEET METAL CO	CONTRIBUTING EMPLOYER								No
(112)JOHN MAIER CO	CONTRIBUTING EMPLOYER								No
(113)JONES & CLEARY SM CO IN	CONTRIBUTING EMPLOYER								No
(114)JONES ARCHITECTURAL METALS	CONTRIBUTING EMPLOYER								No
(115)KEY WEST METAL INDUSTRIES INC	CONTRIBUTING EMPLOYER								No
(116)KIRBY SHEET METAL WORKS INC	CONTRIBUTING EMPLOYER								No
(117)KIRK AND BLUM	CONTRIBUTING EMPLOYER								No
(118)KNICKERBOCKER SM CO INC	CONTRIBUTING EMPLOYER								No
(119)L MARSHALL INC	CONTRIBUTING EMPLOYER								No
(120)MW POWELL COMPANY	CONTRIBUTING EMPLOYER								No
(121)MADON SHEET METAL LLC	CONTRIBUTING EMPLOYER								No
(122)MAGIC INSTALLATIONS IN	CONTRIBUTING EMPLOYER								No
(123)MARTIN PETERSEN COMPANYINC	CONTRIBUTING EMPLOYER								No
(124)MAY-AIRE HEATING & COOLINGINC	CONTRIBUTING EMPLOYER								No
(125)MCCAULEY MECHANICAL CONSTRUCT	CONTRIBUTING EMPLOYER								No
(126)MCDONOUGH MECHANICAL SERV INC	CONTRIBUTING EMPLOYER								No
(127)MECHANICAL CONCEPTS OF IL INC	CONTRIBUTING EMPLOYER								No
(128)MECHANICAL INC	CONTRIBUTING EMPLOYER								No
(129)MECHANICAL SOLUTIONS INC	CONTRIBUTING EMPLOYER								No
(130)MECHANICAL TEST & BALANCING	CONTRIBUTING EMPLOYER								No
(131)METAL EDGE	CONTRIBUTING EMPLOYER								No
(132)METAL WORKS OF CHICAGO INC	CONTRIBUTING EMPLOYER								No
(133)METALMASTERROOFMASTER	CONTRIBUTING EMPLOYER								No
(134)MG MECHANICAL CONTRACTING INC	CONTRIBUTING EMPLOYER								No
(135)MIDWEST MECHANICAL HOLDINGS CO	CONTRIBUTING EMPLOYER								No
(136)MK INDUSTRIES INC	CONTRIBUTING EMPLOYER								No
(137)MORTENSON ROOFING	CONTRIBUTING EMPLOYER								No
(138)MURPHY & MILLER INC	CONTRIBUTING EMPLOYER								No
(139)NATIONAL HEAT & POWER CORP	CONTRIBUTING EMPLOYER								No
(140)NORTHERN WEATHERMAKERS HVAC	CONTRIBUTING EMPLOYER								No
(141)OCHOA MECHANICAL GROUP LLC	CONTRIBUTING EMPLOYER								No
(142)O'HARE ENGINEERING INC	CONTRIBUTING EMPLOYER								No
(143)O'HARE MECHANICAL CONTRACTORS	CONTRIBUTING EMPLOYER								No
(144)P&MMERCURY MECH CORPORATION	CONTRIBUTING EMPLOYER								No
(145)PASQUESI PLUMBING HTG	CONTRIBUTING EMPLOYER								No
(146)PERFECT TEMPERATURE CONTROL	CONTRIBUTING EMPLOYER								No
(147)PETERSON ELECTRICAL PANEL MFG	CONTRIBUTING EMPLOYER								No
(148)PRO PRECISION STALLS INC	CONTRIBUTING EMPLOYER								No
(149)PROGRESSIVE DYNAMICS INC	CONTRIBUTING EMPLOYER								No
(150)QUALITY MECHANICAL INC	CONTRIBUTING EMPLOYER								No
(151)QU-BAR INC	CONTRIBUTING EMPLOYER								No
(152)QUICKSILVER MECHANICAL INC	CONTRIBUTING EMPLOYER								No
(153)R B HAYWARD COMPANY	CONTRIBUTING EMPLOYER								No
(154)R J OLMEN CO	CONTRIBUTING EMPLOYER								No
(155)RGH HEATING & COOLING INC	CONTRIBUTING EMPLOYER								No
(156)RAM MECHANICAL SERVICES LLC	CONTRIBUTING EMPLOYER								No
(157)RAPTOR MECHANICAL	CONTRIBUTING EMPLOYER								No
(158)RAVINIA PLUMBING & HEATING	CONTRIBUTING EMPLOYER								No
(159)RD'S HVAC INC	CONTRIBUTING EMPLOYER								No
(160)REYES PROFESSIONAL INSTALLATION INC	CONTRIBUTING EMPLOYER								No
(161)ROBERTS ENVIROMENTAL CONTROL	CONTRIBUTING EMPLOYER								No
(162)ROOFS INC	CONTRIBUTING EMPLOYER								No
(163)ROYAL SHEET METAL	CONTRIBUTING EMPLOYER								No
(164)S MECHANICAL	CONTRIBUTING EMPLOYER								No
(165)SCHMIDT STEEL INC	CONTRIBUTING EMPLOYER								No
(166)SHEET METAL WERKS INC	CONTRIBUTING EMPLOYER								No
(167)SHERMAN MECHANICAL INC	CONTRIBUTING EMPLOYER								No
(168)SOUTH CHICAGO HEATING	CONTRIBUTING EMPLOYER								No
(169)SOUTH EASTERN MECHANICAL INC	CONTRIBUTING EMPLOYER								No
(170)SOUTH SUBURBAN HEATING SM	CONTRIBUTING EMPLOYER								No
(171)SOUTH TOWN REFRIGERATION LLC	CONTRIBUTING EMPLOYER								No
(172)SPECIALTY CONSTRUCTION LLC	CONTRIBUTING EMPLOYER								No
(173)STAINLESS EQUIP INSTALL LLC	CONTRIBUTING EMPLOYER								No
(174)STANTON MECHANICAL INC	CONTRIBUTING EMPLOYER								No
(175)STATE MECHANICAL SERVICES LLC	CONTRIBUTING EMPLOYER								No
(176)STERLING COMMERCIAL ROOFING	CONTRIBUTING EMPLOYER								No
(177)STEVENS ENGINEERS & CONSTRUCTORS I	CONTRIBUTING EMPLOYER								No
(178)STRAIGHT LINE ERECTORS	CONTRIBUTING EMPLOYER								No
(179)SULLIVAN ROOFING INC	CONTRIBUTING EMPLOYER								No
(180)SUMMIT MECHANICAL GROUP	CONTRIBUTING EMPLOYER								No
(181)SUMMIT SHEET METAL SPECIALIST	CONTRIBUTING EMPLOYER								No
(182)SUN MECHANICAL SYSTEMS INC	CONTRIBUTING EMPLOYER								No
(183)SUN RAY HTG INC	CONTRIBUTING EMPLOYER								No
(184)SUPERIOR SHEET METAL & HEATING INC	CONTRIBUTING EMPLOYER								No
(185)SUPERIOR TEST & BALANCE INC	CONTRIBUTING EMPLOYER								No
(186)SYNERGY MECHANICAL INC	CONTRIBUTING EMPLOYER								No
(187)SYSTEMS MECHANICAL INC	CONTRIBUTING EMPLOYER								No
(188)TAL-MAR CUSTOM METAL FAB	CONTRIBUTING EMPLOYER								No
(189)TEMPCO HEATING & AIR CONDITIONING	CONTRIBUTING EMPLOYER								No
(190)TEMPERATURE SERVICE COMPANY	CONTRIBUTING EMPLOYER								No
(191)THE HEAT ENGINEERING COMPANY	CONTRIBUTING EMPLOYER								No
(192)THE STONE GROUP	CONTRIBUTING EMPLOYER								No
(193)TISC LLC	CONTRIBUTING EMPLOYER								No
(194)TRICO MECHANICAL INC	CONTRIBUTING EMPLOYER								No
(195)TRIMARK MARLINN LLC	CONTRIBUTING EMPLOYER								No
(196)TUSCHALL ENGINEERING CO INC	CONTRIBUTING EMPLOYER								No
(197)V J KILLIAN COMPANY	CONTRIBUTING EMPLOYER								No
(198)VALUE PRO MECH INC	CONTRIBUTING EMPLOYER								No
(199)VANS INDUSTRIAL INC	CONTRIBUTING EMPLOYER								No
(200)VENT PRODUCTS CO	CONTRIBUTING EMPLOYER								No
(201)VENTRIC MECHANICAL SYSTEMS INC	CONTRIBUTING EMPLOYER								No
(202)WESTSIDE MECH DESIGNBUILD	CONTRIBUTING EMPLOYER								No
(203)WHITED BROTHERS INC	CONTRIBUTING EMPLOYER								No
(204)WIESBROOK SHEET METAL	CONTRIBUTING EMPLOYER								No
(205)YOUNA MECHANICAL INC	CONTRIBUTING EMPLOYER								No

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

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

			Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	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	Yes	
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	Yes	
o	Sharing of paid employees with related organization(s)	1o	Yes	
p	Reimbursement paid to related organization(s) for expenses	1p	Yes	
q	Reimbursement paid by related organization(s) for expenses	1q	Yes	
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 VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

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

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version: