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.

▶ Information about Form 990 and its instructions is at www.lrs.gov/form990.

Open to Public ...

| A | For the | 2016 calendar year, or tax year beginning and | ending | | |
|-------------------------|--------------------------|---|--------------|------------------------------|-------------------------------|
| В | Check if applicable | C Name of organization | VT | D Employer identific | ation number |
| Г | Addres | s | .,_ | | |
| | change Name change | | - | 13-70 | 024160 |
| | Initial return | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | | |
| | Final Final | TAX DEPT, 101 CONSTITUTION AVE, NW | | (202 |)624-6075 |
| | termin ated | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 58,964,429. |
| | Ameno | washington, DC 20080 | | H(a) Is this a group re | turn |
| Γ | Application | F Name and address of principal officer: | | for subordinates | ? Yes X No |
| | pendin | 9 500 GRANT ST, STE. 151-1362, PITTSBURGE | H, PA | H(b) Are all subordinates in | |
| $\overline{}$ | Taxexe | impt status: 501(c)(3) X 501(c) (9) | | 7 | list. (see instructions) |
| | | e: N/A | | H(c) Group exemption | • |
| | | organization: | L Year | | State of legal domicile; DC |
| | art I | Summary | 12 1001 | Ottormation, 2233 of it | |
| .=, | | Briefly describe the organization's mission or most significant activities: THE | МАЅФЕ | R TRIIST PROV | IDES |
| 8 | ' | POSTRETIREMENT BENEFITS TO RETIREES. | THI CITE | t IRODI IROV | |
| an | _ ' | Check this box if the organization discontinued its operations or dispose | end of mor | a than 25% of its not as | cate |
| Ver | 2 | | | 1 1 | 5 |
| Ĝ | 3 | | | | 0 |
| م ق | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | | 0 |
| Ë | 5 | Total number of individuals employed in calendar year 2016 (Part V, line 2a) | | | 0 |
| Activities & Governance | 6 | Total number of volunteers (estimate if necessary) | | | 9,184,717. |
| Ą | 7a | Total unrelated business revenue from Part VIII, column-(C), line-12 | | 7a | |
| _ | b | Net unrelated business taxable income from Form 990-T, line 30 EIVED | | | 8,078,675. |
| | 1_ | φ (α) | S - | Prior Year 0 • | Current Year 0. |
| ě | 8 | Contributions and grants (Part VIII, line 1h) | 8 | 9,787,929. | 9,385,416. |
| en /e | 9 | Program service revenue (Part VIII, line 2g) | | | |
| Revenue | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | <u>'.</u> | 9,869,812. | 9,184,717. |
| | 111 | Other revenue (Part VIII, column (A), lines 5, 6d, 8d, 9c, 10c and 11e) | <u></u> | 0. | 0. |
| | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 19,657,741. | 18,570,133. |
| | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | · · · · · - | 0. | 7 400 030 |
| | | Benefits paid to or for members (Part IX, column (A), line 4) | | 6,664,114. | 7,406,036. |
| 8 | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 191,857. | 215,242. |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. |
| Ž | b | Total fundraising expenses (Part IX, column (D), line 25) | | 2 224 251 | 0.000.000 |
| ш | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 3,824,361. | 2,800,000. |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 10,680,332. | 10,421,278. |
| _ | 19 | Revenue less expenses. Subtract line 18 from line 12 | | 8,977,409. | 8,148,855. |
| 50 | <u> </u> | | | eginning of Current Year | End of Year |
| Set | g 20 | Total assets (Part X, line 16) | | <u>205,146,348.</u> | |
| ₹ | 21 | Total liabilities (Part X, line 26) | | 637,416. | |
| Wet Assets or | 22 | Net assets or fund balances. Subtract line 21 from line 20 | <u> </u> | <u>204,508,932.</u> | 224,475,317. |
| | art II | Signature Block | | | |
| | | alties of perjury, I declare that I have examined this return, including accompanying schedule | | | y knowledge and belief, it is |
| tru | e, corre | ct, and complete. Declaration of preparer (other than officer) is based on all information of w | hich prepare | er has any knowledge. | |
| | | In 2 tue | | 11/14/ | 17 |
| Si | gn | Signature of officer | | Date | |
| Не | ere | VP Bank of New Mellon Truster | | | |
| | | Type or print name and title! | | | |
| | | Print/Type preparer's name Preparer's signature | | Date Check | PTIN |
| Pa | id | JOANN WOODSON DOWN WOODSON | ν <u></u> | 11/13/17 sett-employ | |
| Pr | eparer | Firm's name CALIBRE CPA GROUP PLLC | | Firm's EIN | 47-0900880 |
| Us | e Only | Firm's address 7501 WISCONSIN AVENUE, SUITE 12 | 00 W | EST | |
| | | BETHESDA, MD 20814 | | Phone no. 2 0 | 2-331-9880 |
| M | ay the I | RS discuss this return with the preparer shown above? (see instructions) | | | X Yes No |
| | | | | | - ^^^ |

WASHINGTON GAS LIGHT COMPANY MANAGEMENT 13-7024160 Page 2 Form 990 (2016) **VEBA** Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: THE MASTER TRUST PROVIDES POSTRETIREMENT BENEFITS TO RETIREES. Did the organization undertake any significant program services during the year which were not listed on the If "Yes," describe these new services on Schedule O. If "Yes," describe these changes on Schedule O. 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. including grants of \$ ______) (Revenue \$ _____ _) (Expenses \$ _ BENEFIT PAYMENTS (Code. ______) (Expenses \$ _____ including grants of \$ _______) (Revenue \$ ______ (Code: _____) (Expenses \$ ____ including grants of \$ ____) (Revenue \$ _____

632002 11-11-16

Form 990 (2016)

4e Total program service expenses

Other program services (Describe in Schedule O.)

including grants of \$

| Form | 990 (2016) VEBA 13-7024 | 160 | p, | age 3 |
|------|--|----------------|----------------|-------------|
| | tily Checklist of Required Schedules | 100 | | age o |
| .E. | | | Yes | No |
| 4 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | 1 63 | 140 |
| 1 | | 1 1 | i | X |
| _ | If "Yes," complete Schedule A | 2 | | X |
| 2 | | ┝╩┤ | | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | X |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | 1 . 1 | 1 | |
| _ | 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 | | | v |
| _ | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | <u> </u> |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | 7.7 |
| _ | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| - 7_ | Did the organization receive or hold a conservation easement, including easements to preserve open space, | l _ ' | | 77 |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | - 7 | | <u>-X</u> _ |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | _ | | *** |
| | Schedule D, Part III | 8 | | <u>X</u> |
| 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 | | X |
| 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 | 2 3 12 | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X | | 74.5 | - <u>1</u> |
| | as applicable. | | 1.11 | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | - | X |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | | 1 | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 1tb | - | X |
| С | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | { | 1 | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | [| l |
| | Schedule D, Parts XI and XII | 12a | ↓ | X |
| 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 | ↓ | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | —— | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | ↓ | X |
| þ | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | İ | 1 | İ |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | 1 | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | ļ | <u> </u> |
| 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 | | İ | Ì |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | <u> </u> |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | 1 | 1_ |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, |] | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | 1 | | 1 |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | ļ | X_ |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | 1 |
| | complete Schedule G, Part III | 19 | | <u> </u> |
| | | Fort | n 990 | (2016) |

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| ZVa | bid the digalization operate the or more hospital facilities? If Tes, complete objection? | 200 | | |
|-----|--|--|--|------------------|
| 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 17 if "Yes," complete Schedule I, Parts I and II | 21 | | X |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete |] | | |
| | Schedule K. If "No", go to line 25a | 24a | | X |
| | Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? | 24b | | |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| ď | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | <u> </u> | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | |
| h | 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? // "Yes," complete | | | |
| | Schedule L, Part I | 25b | | ł |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or | | _ | _ |
| | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," | | | |
| | annualista Cala dista I. Bank II | 26 | | х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | 20 | | |
| ۲, | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | ĺ | | |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | - | | - |
| 23 | instructions for applicable filing thresholds, conditions, and exceptions): | \\ \- \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \ | - 1 . | ٠, |
| | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | , -, | x |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | X |
| | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | 200 | | ^ - |
| G | D | 28c | | x |
| 00 | | 29 | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 20 | | |
| 30 | | 30 | | x |
| ^4 | contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? | 30 | | ^ - |
| 31 | The second secon | 24 | | x |
| 00 | If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | 31 | | <u> </u> |
| 32 | | 200 | | x |
| | Schedule N, Part II | 32 | - | ^ - |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | - | ļ | x |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | ├^- |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | ١ | | ł |
| | Part V, line 1 | 34 | X | x |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | ^ |
| ь | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | } | ŀ |
| | 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-chantable 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 | | | 1. |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | ├ | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | 7.5 | |
| | Note. All Form 990 filers are required to complete Schedule O | 38 | 990 | <u> </u> |
| | | | | - / I T 6 |

| Check if Schedule O contains a response or note to any los in the Part V 1a Enter the number reported in Box 3 of Form 1008. Enter -0 if not applicable 19 0 b Life the number of Forms W 26 included in line 1a. Enter -0 if not applicable 19 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) without more reported on the payment of the complex o | Pai | | | | |
|---|-----------|---|-------------|--|----------------------|
| te Enter the number of Forms VSQ Functions in its a Enter of Find cappicable 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | Check if Schedule O contains a response or note to any line in this Part V | <u></u> | | |
| b Enter the number of Forms W-26 included in line 1s. Enter O-If not applicable | | | | Yes | No |
| c Did the organization comply with backup withholding rules for reportable yamments to vendors and reportable gaming (gambling) winnings to pitza winners? 25 Enter the number of employees reported on Form W/3, Transmittal of Wage and Tax Statements, fled for the calendar year ending with on which the year covered by this return 36 If all least ones is reported on line 2a, did the organization flee all required federal employment tax returns? 26 Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 38 If Wes, *has it filed a Form 9901 for this year? If *No,* to file 30, provide an explanation in Schedule O 39 If Wes, *has it filed a Form 9901 for this year? If *No,* to file 30, provide an explanation in Schedule O 30 If Wes, *has it filed a Form 9901 for this year? If *No,* to file 30, provide an explanation in Schedule O 30 If Wes, *has it filed a Form 9901 for this year? If *No,* to file 30, provide an explanation in Schedule O 30 If *Yes,* to file the organization for FincEN Form 114, Report of Foreign Bank and Financial account(?) 40 If *Yes,* to file the organization for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF), 51 If *Yes,* to file the organization for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF), 52 If *Yes,* to file the organization that it was or is a party to a prohibited tax shetter transaction? 53 If *Yes,* to file the organization that it was or is a party to a prohibited tax shetter transaction? 54 If *Yes,* to file the organization to include with every solicitation an exposes statement that such contributions or grifts were not tax deductible? 54 If *Yes,* to file the organization the include with every solicitation an exposes statement that such contributions or grifts were not tax deductible? 55 If *Yes,* to file the organization that inverse of the value of the goods of excess provided? 55 If Yes,* file the organization contribution of qualified intelligent property, of th | 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | 2.25 | The d |
| gambing) winnings to prize winners? 2 | b | | | | 9 |
| 2a Enter the number of employees reported on Form W.S. Transmittal of Wage and Tax Statements, Red for the calendar year ending with or within the year covered by this return. b If at least one is reported on Inn 2a, did the organization file all required federal employment tax returns? Note. If the sum of Inne 1 and 2a are greater than 250, you may be required to a-file (see instructions) 3a IX | С | | 1c | ्री क्षेत्रके <u>त्र</u> X | A Ta |
| Bit at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines is and 2a is greater than 250, you may be required to e-fife (see instructions) 3a Dd the organization have unrelated business gross income of \$1,000 or more during the year? 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, or or their financial accountry) over, a financial account in a foreign country (such as a bank account, or or other financial accountry) over, a financial account in a foreign country (such as a bank account, or or other financial accountry) over, a financial account in a foreign country (such as a bank account, or or other financial accountry) over, a financial accountry (such as a bank account, or other financial accountry) over, a financial accountry (such as a bank account in a foreign account in a foreign accountry (such as a bank account or other financial accountry) over, a financial accountry (such as a bank account in a foreign accountry (such as a bank account or other discounts) over a financial accountry (such as a bank account or other accounts (FBAF). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Uf 1*Yes, or did the organization that it was or is a party to a prohibited tax shelter transaction? 5c Uf 1*Yes, or did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization accide any contributions that were not tax deductible? 6c Uf 1*Yes, organization receive annual gross receipts that are normally greater than \$100,000, and did the organization accide the party of the property of the organization receive apparent in excess of \$75 made party as a contribution of contributions or girts were not tax deductible? 7c Organizations that may receive deductible contributions ander section 17 | 2a | ! • | 76.6 | | 535 |
| b If a least one is reported on line 2e, aid the organization file all required federal employment tax returns? 2b. Note: If the sum of lines 1e and 2e is greater than 250, you may be required to e-file (see instructions) 3c. Did the organization have unrelated business gross income of \$1,000 or more during the year? 3c. X 3d. X 3d. At any time during the celandary year, did the organization have an inferest 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 accountly? 4d. At any time the reame of the foreign country. 5d. If Yes, in other the name of the foreign country. 5d. If Yes, in other the name of the foreign country. 5d. If Yes, in other the name of the foreign country (such as a bank account, securities account, or other financial account)? 5d. If Yes, in other the name of the foreign country. 5d. If Yes, in other the name of the foreign country. 5d. If Yes, in other the name of the foreign country (such as a bank account, securities account, or other financial account)? 5d. If Yes, in other the name of the foreign country (such as a bank account, securities account, or other financial accountry? 5d. If Yes, in other the name of the foreign country (such as a pray to a prohibited tax shelter transaction? 5d. If Yes, in other the security of the organization that If was or is a party to a prohibited tax shelter transaction? 5d. If Yes, in other the organization in entangles as charable contributions? 6d. If Yes, in other the organization in outder the variety solicitation an express statement that such contributions or gifts were not tax deductible? 6d. If Yes, in other the organization nectify were yeal clitation an express statement that such contributions or gifts were not tax deductible? 6d. If Yes, in other the organization nectify and year payment in excess of 455 raide party as a contribution of 70(0). 6d. If Yes, indicate the number of Forms 8282 filed during the year of the year | | | | 2 72-c4 | 12.4 |
| Note. If the sum of Ines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 34 Did the organization have unrelated business gross income of \$1,000 or more during the year? 35 If 1'Yes,* has it filled a Form 990-1 for this year? If 1'No,* To line 30, provide an explanation in Schedule O 36 X 37 A 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, level as a bank account, experiments or fine CRIS Form 114, Report of Foreign Bank and Financial accountry (see that the name of the foreign country, level as a bank account, or other financial accountry (FBAR). 38 X 39 X 30 X 30 X 30 X 30 X 31 Yes,* the during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountry or the second in a country of the calendar year. 48 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 59 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 50 Did any texable party notify the organization file Form 88867? 51 If Yes, or the ines are 5th, did the organization file Form 88867? 52 Was 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 charatable contributions or or the secondary of the contributions or organizations and the experiment of the organization contribution or order the experiment of the organization contribution or order the value of the goods or services provided? 70 Organizations that may receive deductible contributions under section 170(c). 80 If Yes, indicate the number of Forms 8282 field during the year 71 If Yes, indicate the number of Forms 8282 field during the year 72 If Yes, indicate the number of Forms 8282 field during the year 73 If Yes, indicate the number of Forms 8282 field du | b | | 1 ! | | |
| 3a X | _ | | 4.472 | 1745 | E |
| b If "Yes," has it flied a Form 990T for this year? If "No," to fine 3b, provide an explanation in Schedule O A 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 fornigin country (such as a bank account, securities account)? 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), See his requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), See his requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), See his requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), See his requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), See his requirements of FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), See his requirements of the financial Accounts (FBAR), See his requirements of FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), See his requirements of FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), See his requirements of FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), See his requirements of FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), See his requirements of FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), See his requirements of FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), See his requirements of Form 8866 77 See his requirements of Foreign Bank and Financial Accounts (FBAR), See his requirements of the Care of Foreign Bank and Financial Accounts (FBAR), See his requirements on the requirements of the See and See | 3a | | 1 | | |
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| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 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? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make acess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12. b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 601(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. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 13c 13c 13c 13c 13d 13e 13e 13e 14a 17e 17e 17e 17e 17e 17e 17e 17 | | to file Form 8282? | 7c | L | <u> </u> |
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| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Section 501(c)(12) organizations. Enter: a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b if "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(X29) 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. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b If the organization is a contribution of the services and the services during the tax year? 14b If the organization is an ontribution of the services and explanation in Schedule O. | е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | <u> </u> |
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| c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | b | land the second | 1 | } ' | 1' |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | | | 4 | 1 | 1 |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | | + | ' | - |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule U | | | | | ^ |
| | <u></u> b | If "Yes," has it filed a Form 720 to report these payments? If "IVo," provide an explanation in Schedule O | | , 000 | (2016) |

WASHINGTON GAS LIGHT COMPANY MANAGEMENT

Form 990 (2016) 13-7024160 VEBA Part M Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes 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 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 0. b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Ō, officer, director, trustee, or key employee? 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Dld the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? X 8a Each committee with authority to act on behalf of the governing body? 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 X 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 Other officers or key employees of the organization X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 1<u>6a</u> X 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶_ NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 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. Other (explain in Schedule O) Own website Another's website X Upon request 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. State the name, address, and telephone number of the person who possesses the organization's books and records: THE BANK OF NEW YORK MELLON - (412) 234-3076 BNY MELLON CENTER, 500 GRANT ST, STE. 151-1362, 15258

Form **990** (2016)

632006 11-11-16

WASHINGTON GAS LIGHT COMPANY MANAGEMENT

| Form 990 (2016) VEBA | 13-7024160 | Page 7 |
|--|---------------------------------------|--------|
| Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highe | est 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 -O in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

| Check this box if neither the organization (A) Name and Title | (B) Average hours per week | (do | not c | Posi heck s | tion | | one han | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other |
|---|--|--------------------------------|-----------------------|----------------|--------------|---------------------------------|------------|--|--|--|
| | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustes | Officer | Key employse | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| 1) THE BANK OF NEW YORK MELLON RUSTEE | 1.00 | | х | | | | | 215,242. | 212,236. | 0 |
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Form 990 (2016)

632008 11-11-16

Form 990 (2016)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections
512 - 514 (C) Related or Total revenue Unrelated exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns b Membership dues 1<u>b</u> c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above Q Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f Business Code Program Service Revenue 2 a EMPLOYER CONTRIBUTIONS 525100 8,695,849 8,695,849 EMPLOYEE CONTRIBUTIONS 525100 689,567 689,567 All other program service revenue Total. Add lines 2a-2f 9 385 416 Investment income (including dividends, interest, and other similar amounts) 6,134,000 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses Rental income or (loss) d Net rental income or (loss) . Gross amount from sales of (i) Securities (ii) Other assets other than inventory 43,445,013 b Less: cost or other basis and sales expenses 40.394.296 c Gain or (loss) 3.050.717 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 a b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances . .. b Less: cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue Total. Add lines 11a-11d Total revenue. See instructions. Form 990 (2016)

632009 11-11-16

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 (D) Fundraising **(B)** (A) Total expenses Do not include amounts reported on lines 6b. Program service Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 7,406,036 Benefits paid to or for members 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) 215,242. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes Fees for services (non-employees): Management Accounting d Lobbying Professional fundraising services, See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 12 Office expenses Information technology 14 15 Royalties Occupancy 16 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 Interest 20 21 Depreciation, depletion, and amortization ... 22 23 Insurance 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.) 2,800,000 UNRELATED BUSINESS TAX d e All other expenses 10,421,278. Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. If following SOP 98-2 (ASC 958-720) Check here

632010 11-11-16

Form 990 (2016)

13-7024160 Page 11

| | | Check if Schedule O contains a response or note to any line in this Part X | (A) | 11 11 11 | (B) |
|----------------------------------|----------|---|---------------------------------------|----------|--|
| | | | Beginning of year | | End of year |
| 1 | | Cash - non-interest-bearing | | 1 | |
| 2 | | Savings and temporary cash investments | 221,034. | 2 | 209,963 |
| 3 | 3 | Pledges and grants receivable, net | | _ 3 | |
| 4 | | Accounts receivable, net | | 4 | |
| 5 | | Loans and other receivables from current and former officers, directors, | | | |
| | | trustees, key employees, and highest compensated employees. Complete | | | |
| | | Part II of Schedule L | | 5 | |
| l e | | Loans and other receivables from other disqualified persons (as defined under | | | |
| | | section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing | | | |
| | | employers and sponsoring organizations of section 501(c)(9) voluntary | | | |
| - | _ | employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | |
| 7 | | Notes and loans receivable, net | | 7 | |
| 7 | | Inventories for sale or use | | 8 | |
| و ا | <u>.</u> | Prepaid expenses and deferred charges | <u> </u> | 9 | |
| 1 * | | Land, buildings, and equipment: cost or other | 3 2 - 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | - | |
| ' | | basis. Complete Part VI of Schedule D 10a | | | |
| ĺ | | Less: accumulated depreciation 10b | | | The state of the same of the s |
| ۱., | | | 203,625,452. | 10c | 223, 479,611 |
| 11 | | Investments - publicly traded securities | 203,023,432. | 11 | 223,419,011 |
| 12 | | Investments - other securities. See Part IV, line 11 | | 12 | |
| 13 | | Investments · program-related. See Part IV, line 11 | | 13 | <u> </u> |
| 14 | 4 | Intangible assets | 1 200 062 | 14 | 1 200 015 |
| 15 | | Other assets. See Part IV, line 11 | 1,299,862. | 15 | 1,389,915 |
| 16 | _ | Total assets. Add lines 1 through 15 (must equal line 34) | 205,146,348. | 16 | 225,079,489 |
| 17 | | Accounts payable and accrued expenses | 637,416. | 17 | 604,172 |
| 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 | land of the same of the same of the |
| 22 | | Loans and other payables to current and former officers, directors, trustees, | | 7: - | |
| | | key employees, highest compensated employees, and disqualified persons. | | | |
| 22 | | Complete Part II of Schedule L | | 22 | |
| ' 23 | 3 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| 24 | 4 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| 25 | 5 | 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 | 6 | Total liabilities. Add lines 17 through 25 | 637,416. | 26 | 604,172 |
| J | | Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and | 1 | | - |
| : | | complete lines 27 through 29, and lines 33 and 34. | | | |
| 27 | | Unrestricted net assets | | 27 | |
| 28 | | Temporarily restricted net assets | | 28 | |
| 29 | | Permanently restricted net assets | | 29 | |
| ; | | Organizations that do not follow SFAS 117 (ASC 958), check here ►X | | [' | |
| ; | | and complete lines 30 through 34. |] |] | - |
| 30 | O | Capital stock or trust principal, or current funds | 204,508,932. | 30 | 224, 475,317 |
| 27 28 29 30 31 32 | | Paid-in or capital surplus, or land, building, or equipment fund | 0. | 31 | (|
| 32 | | Retained earnings, endowment, accumulated income, or other funds | 0. | | (|
| 33 | | Total net assets or fund balances | 204,508,932. | - | 224, 475,317 |
| j | | | 205,146,348. | | 225,079,489 |
| 34 | <u>+</u> | Total liabilities and net assets/fund balances | 1 20217401240. | | Form 990 (20 |

WASHINGTON GAS LIGHT COMPANY MANAGEMENT

| Form | 990 (2016) VKBA | 13- | <u>7024160</u> | Page 12 |
|------|--|---------------|----------------|--|
| Pai | TXI Reconciliation of Net Assets | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | <u></u> | |
| | | | - | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 18,57 | 0,133. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 10,42 | 1,278. |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 8,14 | 8,855. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 204,50 | 8,932. |
| 5 | Net unrealized gains (losses) on investments | 5 | 11,81 | 7,530. |
| 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 33, | [| | |
| | column (B)) | 10 | 224,47 | <u>5,317.</u> |
| Pai | t XII Financial Statements and Reporting | | | |
| | Check of Schedule O contains a response or note to any line in this Part XII | _ · <u>·</u> | | <u></u> _ |
| | | | | Yes No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | Ο. | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | i on a | 1 4 | |
| | separate basis, consolidated basis, or both: | | * | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | <u> </u> | - 연료(항확) |
| þ | Were the organization's financial statements audited by an independent accountant? | | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat | e basıs, | [] | 25.00 |
| | consolidated basis, or both: | | - 25 | : : <u>: 5</u> |
| | Separate basis Consolidated basis Both consolidated and separate basis | | £ 8 4 | |
| C | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | | | |
| - | 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 Sch | | 1 3 | |
| 3а | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | ngle Aud | .it | 1 12 |
| | Act and OMB Circular A-133? | | <u>3a</u> | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi | ired aud | it | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | . | 3b | ــــــــــــــــــــــــــــــــــــــ |
| | | | Form | 990 (2016 |

SCHEDULE O

(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Information about Schedule Q (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 WASHINGTON GAS LIGHT COMPANY MANAGEMENT

| Name of the organization | WASHINGTON GAS VEBA | S LIGHT COMPA | NY MANAGEMENT | Employer identification number 13-7024160 |
|--------------------------|------------------------|--|--|---|
| FORM 990, PART | VI, SECTION A, | LINE 6: | | |
| EMPLOYEES AND E | ORMER EMPLOYEE | S WHO ARE MEM | BERS OF THE RET | TIREMENT PLAN ARE |
| MEMBERS OF THE | VEBA. | | | |
| FORM 990, PART | VI, SECTION B, | LINE 11B: | | |
| THE FORM 990 IS | PREPARED BY A | N INDEPENDENT | ACCOUNTING FIR | RM AND REVIEWED BY |
| THE WASHINGTON | GAS TAX DEPARTI | MENT. | | |
| FORM 990, PART | VI, SECTION C, | LINE 19: | | |
| THE ORGANIZATION | ON MAKES THESE | DOCUMENTS AVA | ILABLE UPON REG | QUEST. |
| FORM 990, PART | VI, SECTION A | LINE 9 | E | 1 |
| THE FUND'S TRUS | STEE, THE BANK | OF NEW YORK M | ELLON, CAN BE I | REACHED AT BNY |
| MELLON CTR, 500 | GRANT ST, STE | . 151-1362, P | ITTSBURGH, | |
| PA 15258. | | | | |
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2016)

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

▼ Attach to Form 990.

WASHINGTON GAS LIGHT COMPANY MANAGEMENT

VEBA

Name of the organization

Department of the Treasury Internal Revenue Service

Open to Public 2016

OMB No 1545-0047

Employer identification number 13-7024160

(g) Section 512(b)(13) controlled 2 × entity? Direct controlling Yes 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. Direct controlling VASHINGTON GAS IGHT COMPANY End-of-year assets status (if section 501(c)(3)) • Public charity Total income Exempt Code 9 section DISTRICT OF COLUMBIA 501(C)(9) ত্ত Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or foreign country) foreign country) HEALTH AND WELFARE PUND Primary activity Primary activity MASHINGTON GAS LIGHT COMPANY UNION VEBA 13-3810146, 101 CONSTITUTION AVENUE, NW Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity WASHINGTON, DC 20080 Part II Part

14

Schedule R (Form 890) 2016

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

WASHINGTON GAS LIGHT COMPANY MANAGEMENT VEBA

Schedule R (Form 990) 2016

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. 13-7024160

Page 2

| organizations treated as a partnership during the tax year | irtnersnip dumig me | ax year. | | | | | | _ | | | | |
|--|----------------------|--------------------------------------|-------------------------------|---|-------------------------------------|---------------------------------|--|---------------------------------|--|---|--------------------------------|--|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (C) Lagal domicile (state or foreign | (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 | Okspropo Allocat | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | General or managing partner? | (I) (k) Concret or Percentage managing ownership parined Yesi 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. | ganizations Taxable | as a Corporation the tax | wation or Trust, Co | omplete if the | organization s | inswered "Yes" | on Form 990 |), Part IV, lir | не 34 Бесац | se it had or | ne or mo | e related |
| (a) Name, address, and EiN of related organization | N. c | Prim | (b) Primary activity | (C) Legal domicile (state or foreign country) | (d) Direct controlling entity | (C corp, S corp, or trust) | | (f) Share of total income | (9) Share of end-of-year assets | | (h) Percentage ownership | Section \$12(b)(13) controlled entity? |
| WASHINGTON GAS LIGHT COMPANY 101 CONSTITUTION AVENUE, NW WASHINGTON, DC 20080 | 53-0162882 | PUBLIC UTILITY | ILITY | DC | МА | C CORP | | | | | | |
| | | | | - | | | | | | | | |
| | | | | - | | | | | | | | |
| | | | | | | | | | | | | |
| 632182 09-08-16 | | | | 15 | | | | <u> </u> | | Schedule | R (Form | Schedule R (Form 990) 2016 |

WASHINGTON GAS LIGHT COMPANY MANAGEMENT Schedule R (Form 990) 2016 VEBA

13-7024160

| Part V Transactions With Related Organizations. Complete if the organization ansi | swered "Yes" on Fom | ne organization answered "Yes" on Form 980, Part IV, line 34, 35b, or 36 | 36. | | | |
|--|----------------------------|--|---|----------------------------|--|--------|
| Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | - | | | | Yes | 2 |
| 1 Dunng the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | s with one or more re | lated organizations listed in F | arts II-IV? | | | . 45 |
| a Receipt of (I) Interest, (II) annuties, (iii) royatties, or (iv) rent from a controlled entity | | | | 13 | | × |
| b Gift, grant, or capital contribution to related organization(s) | | | - | 4 | | × |
| <u></u> | - | | | ع ا | | × |
| Loans or loan quarantees to or for related organization(s) | - | | | P | | × |
| | : | | | - | | × |
| | | | | | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | |
| f Dividends from related organization(s) | | | | = | | × |
| (8 | | | _ | ţ | | × |
| h Purchase of assets from related organization(s) | | | | ŧ | | × |
| i Exchange of assets with related organization(s) | | , | | = | | × |
| related | | | | = | | × |
| | - | | | | | |
| k Lease of facilities, equipment, or other assets from related organization(s) | - 60 | | | ¥ | | × |
| l Performance of services or membership or fundraising solicitations for related organization(s) | anization(s) | | | = | | × |
| m Performance of services or membership or fundraising solicitations by related organization(s) | anization(s) | | | Ē | | × |
| a Shanna of facilities equipment malling lets or other assats with related organization(s) | المارة) | | _ | ş | | × |
| | /e)ı ıoı | | | | | 4> |
| o Sharing of paid employees with related organization(s) | | | | 2 | | 4 |
| | - | | _ | | | ا ا |
| | | | | 위 : | | × |
| q Reimbursement pald by related organization(s) for expenses | | | | \$ | _ | × |
| | = | | | | | Ξ. |
| r Other transfer of cash or property to related organization(s) | | | | = | | × |
| s Other transfer of cash or property from related organization(s) | | | | 15 | × | |
| | who must complete the | is line, including covered rela | tor 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 | t involved | | |
| (1) | | | | | | |
| (2) | | | | i | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (6) | - | | | | 3 | 1 |
| (6) | | | | <u>.</u> | | |
| 632163 09-06-16 | 16 | | Schedu | Schedule R (Form 990) 2016 | n 990) 2 | 5 |
| | | | _ | | | |

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WASHINGTON GAS LIGHT COMPANY MANAGEMENT

Schedule R (Form 990) 2016 VEBA

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

(h) (i) (k) (k) bispropor Code V-UBI General or Percentage bloate amount in box 20 managing ownership of Schedule K-1 partner? 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. Share of end-of-year assets <u>6</u> (f) Share of total income (c) (d) (e) the state of forming sections 512-514) (e) (e) the state of foreign excluded from tax under sections 512-514) (e) the state of the state of the sections 512-514) (e) the state of the state of the sections 512-514) (e) the state of the state Primary activity Name, address, and EIN

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Schedule R (Form 990) 2016

WASHINGTON GAS LIGHT COMPANY MANAGEMENT Schedule R (Form 990) 2016 13-7024160 Page 5 Part VII Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions.