Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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

	ш	GO TO MANUSCHOOL	regimeso for instructions an	u uje jates	Cimornauon.	Taran artisbeernous at
A	or th	e 2017 calendar year, or tax year beginning	and	ending		
В	Check if	C Name of organization			D Employer identifi	cation number
_ 6	pplicab	WASHINGTON GAS LIGHT O	OMDANY MANAGEME	יתיתי		
1	Addro	MADILLIOION GAD DIGHT C	OMINATION THAT IN	14.1	1	
ہے	∐chang ∐Nome					
<u>_</u>	cnan@	Doing business as			13-7	024160
	_Initial _return	Number and street (or P.O. box if mail is not de	livered to street address)	Room/suite	E Telephone numbe	er .
	Final			7TH FI	· ')624-6055
	return termir atod	Garage and a second as a second		1/ 444 4 4		
_	⊒Amen		ZIP or foreign postal code		G Gross receipts \$	53,406,486.
\vdash	_Jretum	WASHINGTON, DC 20024			H(a) Is this a group re	
L_	Applic	F Name and address of principal officer		_	for subordinates	3? Yes X No
	pondi	500 GRANT ST, STE. 151-	1362. PITTSBURG	H PA	H(b) Are all subordinates i	ncluded? Yes No
1 7	Tay.av		(insert no.) 4947(a)(1)			list (see instructions)
			(IIISELT 110.) 4947(a)(1)	01 L 321	٦ ٠٠٠٠, ٠٠٠٠٠	•
		te: ► N/A			H(c) Group exemption	
			ssociation Other	L Year	of formation: 1993	M State of legal domicile: DC
P	art I	Summary	<u> </u>	1		
_	1	Briefly describe the organization's mission or mos	t significant activities: THE	MASTE	R TRUST PROV	IDES
Governance	'	POSTRETIREMENT BENEFITS T				
ĕ	١.					
ē	1	Check this box if the organization disco		sed of mon	e than 25% of its net as	ssets
<u>8</u>	3	Number of voting members of the governing body	r (Part VI, line 1a)		<u>3</u>	5
9	4	Number of independent voting members of the go	overning body (Part VI, line 1b)		. 4	l o
8		Total number of individuals employed in calendar			5	0
Activities &						<u> </u>
₹	ı	Total number of volunteers (estimate if necessary)			<u>6</u>	0
Ş	7 a	Total unrelated business revenue from Part VIII, co	olumn (C), line 12			10,445,818.
	Ь	Net unrelated business taxable income from Form	990-T, line 34			9,158,082.
					Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)			0.	0.
Revenue	ì			-		
ē	9	Program service revenue (Part VIII, line 2g)			9,385,416.	4,211,404.
ۅٙ	10	Investment income (Part VIII, column (A), lines 3, 4	l, and 7d)		9,184,717.	10,445,818.
Œ	11	Other revenue (Part Vill, column (A), lines 5, 6d, 8d	c. 9c. 10c. and 11e)	[0.	0.
	1	Total revenue - add lines 8 through 11 (must equa			18,570,133.	14,657,222.
						
	13	Grants and similar amounts paid (Part IX, column	• • •	<u></u>	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	L	7,406,036.	5,494,407.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1	215,242.	186,736.
જુ		Professional fundraising fees (Part IX, column (A),		" F	0.	0.
Expenses	1			0.		<u>~~</u>
តី		Total fundraising expenses (Part IX, column (D), lin		- ∪ .		
_		Other expenses (Part IX, column (A), lines 11a-11d		<u> </u>	2,800,000.	7,798,794.
	18	Total expenses Add lines 13-17 (must equal Part	IX, column (A) line 25)	L_	10,421,278.	13,479,937.
	19	Revenue less expenses. Subtract line 18 from line	12 DEGE		8,148,855.	1,177,285.
58			TEGE	MFA	ginning of Current Year	
흜		T. 1	100			End of Year
SSE	ı	Fotal assets (Part X, line 16)	% NO∀ 21	. 2	25,079,489.	253,939,612.
ڄڃ		Total liabilities (Part X, line 26)	NO∀ 9.1	2040	0 604,172.	558,626.
Ž Ž	22	Net assets or fund balances. Subtract line 21 from	line 20	2018	24.475,317.	253,380,986.
Pa	irt II	Signature Block			SF	
		lities of perjury, I declare that I have examined this return,	including accordance of the state of the sta	and otaling		v kasuladas and bakat din
					1	y knowledge and belief, it is
ırve,	correc	t, and complete. Declaration of preparer (other than office	er) is based on air information of the	nich blebatei	has any knowledge.	
					1/12/1	¥
Sigi	١ ١	Signature of officer Brent Heintzeln	200		Date	
Her		Vice President, The Bank of		stee		
1161		Type or print name and title	10. 10. 10. 17. 17.			
					<u> </u>	
		Print/Type preparer's name	Preparer's signature	, .	Date/ _ Check	PTIN
Paid		JOANN WOODSON	Solmo Wood	som i	1 115/18 self-employe	P01293745
	arer	Firm's name CALIBRE CPA GROU			J. J	
-				00	Firm's EIN	47-0900880
use	Only	Firm's address > 7501 WISCONSIN A		UU WE	ST	
		BETHESDA, MD 208	14		Phone no 20	2-331-9880
May	the IF	RS discuss this return with the preparer shown abo	ove? (see instructions)			X Yes ' No
	1 11-2					Form 990 (2017)
, 5201		ATT CONTRAPENSION REQUESTION ACTIVONS	e, see uie separate instructi	いいる。		rum 330 (2017)

01111	990 (2017) VEBA		<u>13-7024160 Page 2</u>
Par	t III Statement of Program Se	ervice Accomplishments	
	Check if Schedule O contains a r	esponse or note to any line in this Part III	
1	Briefly describe the organization's miss	sion:	
	THE MASTER TRUST PRO	OVIDES POSTRETIREMENT BENE	FITS TO RETIREES.
2	Did the organization undertake any sig-	nificant program services during the year which we	re not listed on the
_	prior Form 990 or 990 EZ?	•	
	If "Yes," describe these new services of		
2		, or make significant changes in how it conducts, a	ny program services?
3			ny program services? Lates (22) No
	If "Yes," describe these changes on Sc		Lauranian and the same and business and
4		ervice accomplishments for each of its three largest	
		ations are required to report the amount of grants a	and allocations to others, the total expenses, and
	revenue, if any, for each program service		
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$
	BENEFIT PAYMENTS		
	•		
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$
		······································	
	······································		
4c	(Code.) (Expenses \$	including grants of \$) (Revenue \$
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4c	(Codo) (Expenses \$	including grants of \$) (Revenue \$
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) (Revenue \$
		chedule O)	(Revenue \$

13-7024160

Form 990 (2017) VEBA
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		<u>X</u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		_X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	ŀ		ĺ
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	_8_	ļ	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			1
	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_	ļ	<u> </u>
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"	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	3 2 3 3		7
	as applicable	- 1	`` :	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		İ	v
.	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	446		х
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		<u> </u>
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
ч	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	110	· · · · ·	
٠	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			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		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
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		i ¯	
	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	ļ	X
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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If *Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		1	
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			12
	complete Schedule G, Part III	19	000	X (2247)
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	t IV. Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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		Х
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		Х
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	1		
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
. с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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	1		
	Schedule L, Part I	25b		
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,"			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	, .	- j-2-	
-	instructions for applicable filing thresholds, conditions, and exceptions):		-	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?		l	
	If "Yes," complete Schedule N, Part I	31	<u>L</u>	Х
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		Х
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		Х
34	Was the organization related to any tax exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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		<u></u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	L	Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
_	Note. All Form 990 filers are required to complete Schedule O	38	Х	L
		Form	990	(2017)

		 -	
B	A		

Par	Check if Schedule O contains a response or note to any line in this Part V				
	Check it Schedule O Corkains a response of hote to any line in this rait v			V	<u> </u>
4.	1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	ia I 0		Yes	No
_			lou. Jou.		ļ
b	Section 1997 And 1997		7 12		
C	(gambling) winnings to prize winners?	ortable gaming	1c	-	
22	2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	i i		1.1	-
Lu		_{2a} 0	` د ځا		
h	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns		2b		ĺ
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		, , ,	1,1	-3, :
За	3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	• ••	3a	X	-
	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	Х	
	4a At any time during the calendar year, did the organization have an interest in, or a signature or other au	thority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial acc	•	4a	'	Х
b	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 Acc	ounts (FBAR).		l. '	١٠.
5a	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
þ	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ion?	5b		X
C	c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	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		X
b	b If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or gifts			
	were not tax deductible?		6b	<u> </u>	<u> </u>
7	7 Organizations that may receive deductible contributions under section 170(c).			-	
а		ces provided to the payor?	7a	<u> </u>	
b			7b	 	ļ
С	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	required			1
	to file Form 8282?	· ₁ · · ·	7c	 	
d	- · · · · · · · · · · · · · · · · · · ·	7d	ľ		
е			7e	├	-
f			7 <u>f</u>	<u> </u>	
9		· ·	7g	├	
h			7h	-	
8		y tne		1	
_	sponsoring organization have excess business holdings at any time during the year?		8	┼	╁
9		•	9a		
a b		-	9b	 	
10		• • •	30		
а		10a			
b		Ob	1		ļ
11			1		
а		1a			
b		-	1		
	amounts due or received from them)	11b			
12a	12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	041?	12a		ł
		2b		-	
13					<u></u>
а	a Is the organization licensed to issue qualified health plans in more than one state?		13a		
	. Note. See the instructions for additional information the organization must report on Schedule O.				
b	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	3b	1		
С	c Enter the amount of reserves on hand	13c	<u> </u>	<u> </u>	<u> </u>
14a	14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	<u> </u>	X
b	b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule Company of the second	<u>o</u>	14b	<u> </u>	<u> </u>
			Forn	n 990	(2017

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Part VI Governance. Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a 'No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes 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 Nο 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 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? 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? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? X 5 Did the organization have members or stockholders? X 6 . .. 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X 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 Х persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a X b 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 Yes X 10a Did the organization have local chapters, branches, or affiliates? 10a ____ 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 X 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. X 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 c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Х 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official Х 15a Х b Other officers or key employees of the organization 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 X taxable entity during the year? 16a 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 X Upon request Own website Another's website Other (explain in Schedule O) 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 15258 BNY MELLON CENTER, 500 GRANT ST, STE. 151-1362, PITTSBURGH, PA

Form 990 (2017)

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rain 99 <u>0 (</u> 2	2017)	VEDA					<u> </u>
Part VII	Compensation	of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated
	Employees, and	d independe	ent Contra	ctors			

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

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (do not check more the box, unless person is officer and a director/			e than one		(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 trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organization
) THE BANK OF NEW YORK MELLON USTEE	1.00		x					186,736.	186,837.	
£						-				
								,		

		-								

Form 990 (2017)

186,736.

0.

d	Total (add lines 1b and 1c)			_ (
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			
			Yes	N
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_		<u> </u>
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		<u> 3</u>
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		>

. ▶

Section B. Independent Contractors

c Total from continuation sheets to Part VII, Section A

1b Sub-total

Farm 990 (2017)

(A)

Name and title

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
•	INVESTMENT CONSULTING	186,736.
•		
 Total number of independent contractors (including but not limited to those liste \$100,000 of compensation from the organization 	d above) who received more than	

Form 990 (2017)

0.

0

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13-7024160

Page 9

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 (C) Unrelated (B) Related or Total revenue exempt function business sections 512 - 514 revenue 1 a Federated campaigns 1a 1b **b** Membership dues c Fundraising events 10 d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f Business Code 2 a EMPLOYER CONTRIBUTIONS 525100 3,449,451 3,449,451 b EMPLOYEE CONTRIBUTIONS 525100 761,953 761,953 All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and 3 other similar amounts) 6 532 829 Income from investment of tax-exempt bond proceeds Royalties 5 (ı) Heaf (ii) Personal 6 a Gross rents b Less rental expenses .. c Rental income or (loss) d Net rental income or (loss) (ii) Other 7 a Gross amount from sales of (ı) Secunties assets other than inventory 42,662,253 b Less: cost or other basis and sales expenses 38,749,264 c Gain or (loss) 3,912,989 \triangleright d Net gain or (loss) 3,912,989 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **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 c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. 4 211 404. 10 445 818. 14 657 222.

732009 11-28-17

Form 990 (2017)

Form 990 (2017) VEBA
Part-IX Statement of Functional Expenses

Section	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 respon	se or note to any line in		<u>,, , , , , , , , , , , , , , , , , , ,</u>	X				
	ot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations				Server Bearing Tright Se				
	and domestic governments. See Part IV, line 21				(1) 13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
2	Grants and other assistance to domestic								
	ındividuals. See Part IV, line 22								
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign								
	individuals See Part IV, lines 15 and 16								
4	Benefits paid to or for members	5,494,407.	····		्रम्बङ्केष्ट्रास्ट्रहरू				
5	Compensation of current officers, directors,								
	trustees, and key employees	186,736.							
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			<u> </u>					
8	Pension plan accruals and contributions (include								
	section 401(k) and 403(b) employer contributions)								
9	Other employee benefits								
10	Payroll taxes .								
11	Fees for services (non-employees):								
а	Management								
b	Legal			-					
C	Accounting			-					
d	Lobbying								
е	Professional fundraising services. See Part IV, line 17		· · ·	· · · · · · · · · · · · · · · · · · ·					
f	Investment management fees								
g	Other. (If line 11g amount exceeds 10% of line 25,	2 700 704							
	column (A) amount, list line 11g expenses on Sch O.)	2,798,794.							
12	Advertising and promotion			-					
13	Office expenses	<u> </u>							
14	Information technology			 					
15	Royalties				 				
- 16	Occupancy								
17	Payments of travel or entertainment expenses				_				
18	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings								
20	Interest								
21	Payments to affiliates			 					
22	Depreciation, depletion, and amortization		·	<u> </u>					
23	Insurance			<u> </u>					
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 0.)	E 000 000	<u>-</u>	 					
а	UNRELATED BUSINESS TAX	5,000,000.		-	<u> </u>				
b		· · · · · · · · · · · · · · · · · · ·	<u> </u>						
C									
d	All all and a suppose			 					
	All other expenses	12 470 027							
<u>25</u>	Total functional expenses Add lines 1 through 24e	13,479,937.		 					
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)			<u></u>	1				

VEBA

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year Cash - non-interest-bearing 1 1 192,525. 209,963 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 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 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b Investments - publicly traded securities . . . 223,479,611 252,647,686. 11 11 12 Investments - other securities See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 1,389,915. 1,099,401. Other assets See Part IV, line 11 15 15 253,939,612. 225,079,489 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 604,172. 558,626. 17 Accounts payable and accrued expenses 17 Grants payable 18 18 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, 22 Liabilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 558,626. 604,172 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ X and complete lines 30 through 34. 224,475,317. 253,380,986. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 0. 31 0. 32 Retained earnings, endowment, accumulated income, or other funds 32 0. 224,475,317. Total net assets or fund balances 33 253,380,986. 33 225*.*079.489. 34 253,939,612. Total liabilities and net assets/fund balances

Form 990 (2017)

	990 (2017) VEBA	13-	7024160	Page	e 12
Pai	TXI Reconciliation of Net Assets			_	
	Check if Schedule O contains a response or note to any line in this Part XI			[
1	Total revenue (must equal Part VIII, column (A), line 12)	1	<u>14,65</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,47		
3	Revenue less expenses Subtract line 2 from line 1	3	1,17		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	224,47		
5	Net unrealized gains (losses) on investments	5	27,72	8,38	34.
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,	1 }			
	column (B))	10	253,38	10,98	<u> 36.</u>
Păi	Tinancial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>	<u>, </u>	<u></u>
			,	Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			1.5(1)	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	1250	1: 1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	1	<u>_X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:			12:4	
	Separate basis Consolidated basis Both consolidated and separate basis		* 14.7	255.1	` `
b	Were the organization's financial statements audited by an independent accountant?		. 2b	 	<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa-	te basis,			-,
	consolidated basis, or both:		è ;	: :	1.
	Separate basis Consolidated basis Both consolidated and separate basis			1. 1	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,	ı		
	review, or compilation of its financial statements and selection of an independent accountant?		<u>2c</u>	1	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch		1	1	
3a	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			-
	Act and OMB Circular A-133?	-	. <u>3a</u>	+	<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	iired aud			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	n 990 (2	2017)

SCHEDULE 0

Department of the Treasury Internal Revenue Service

(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.

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

OMB No 1545-0047 Open to Public

Name of the organization

WASHINGTON GAS LIGHT COMPANY MANAGEMENT **VEBA**

Employer identification number 13-7024160

FORM 990, PART VI, SECTION A, LINE 6:	
EMPLOYEES AND FORMER EMPLOYEES WHO ARE MEMBERS OF THE RETIREMENT PLAN ARE	<u> </u>
MEMBERS OF THE VEBA.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM AND REVIEWED F	3Y_
THE WASHINGTON GAS TAX DEPARTMENT.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES THESE DOCUMENTS AVAILABLE UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTING 2,517,98	31.
ADMINISTRATIVE 280,81	<u>L3.</u>
FOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 2,798,79	<u> 34.</u>
FORM 990, PART VI, SECTION A LINE 9'	
THE FUND'S TRUSTEE, THE BANK OF NEW YORK MELLON, CAN BE REACHED AT BNY	
MELLON CTR, 500 GRANT ST, STE. 151-1362, PITTSBURGH,	
PA 15258.	
·	

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

Schedule O (Form 990 or 990-EZ) (2017)

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.

2017 Open to Public

OMB No 1545-0047

WASHINGTON GAS LIGHT COMPANY MANAGEMENT

Employer identification number 13-7024160

Idenitification of Disregarded Entitles. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Partl

VEBA

Name of the organization Department of the Treasury Internal Revenue Service

Tail Identification of Districts dear Figure 5. Complete in the Organization and the Complete in the Complete						
(a)	(q)	(0)	(p)	(e)		(1)
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets		Direct controlling
of disregarded entity		foreign country)				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	ations. Complete if the organization	answered "Yes" on Form 990,	Part IV, line 34, be	cause it had one	or more related tax-exer	прt
(a)	(q)	(0)	(0	(e)	Θ	(g) Section 512(b)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	ge ge	Public chanty	Direct controlling	controlled
of related organization	•	foreign country)		501(c)(3))	,	Yes
WASHINGTON GAS LIGHT COMPANY UNION VEBA -						<u> </u>
13-3810146, 101 CONSTITUTION AVENUE, NW			_		WASHINGTON GAS	
WASHINGTON DC 20080	HEALTH AND WELFARE FUND	DISTRICT OF COLUMBIA 501(C)(9)	(6)(0)(0)		LIGHT COMPANY	×
				,		
						
	 					
					1	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ns for Form 990.	,			Schedule R (Schedule R (Form 990) 2017

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

732161 09-11-17 LHA

Schedule R (Form 990) 2017 VEBA

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. Part III

Page 2

13-7024160

(h) (l) (K)	Octobronging Code V-UBI General or Percentage amount in box managing ownership ovnership paring?	Yes No K-1 (Form 1065) Yes No	-						-	•	
(b) (J)	Share of total Share of income end-of-year	C DOOD									
(e)	t income related,	sections 512-514)									
ව	trolling /	-									
(3)	Legal domicile (state or	foreign country)									
(b)	Primary activity										
(a)	Name, address, and EIN of related organization	,			,			•			

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. Part IV

Organizations dealed as a corporation of these colonial trie tax year.	בווווק וווס נמע לסמו.								
(a)	(q)	(၁)	(p)	(e)		(6)	Ξ	<u> </u>	5
Name, address, and EIN of related organization	Primary activity	a r	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	512(b)(13) controlled entity?	5 <u>6</u> 92
		country)		or trust)		assets		Yes No	윈
WASHINGTON GAS LIGHT COMPANY - 53-0162882									
101 CONSTITUTION AVENUE, NW									
WASHINGTON DC 20080	PUBLIC UTILITY	DC	NA	C CORP					×
	ï								
	,								
							•		
				•					
				•					
			•						

Schedule R (Form 990) 2017

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732162 09-11-17

13-7024160 P

Schedule R (Form 990) 2017 VEBA

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	s No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed in	Parts II·IV?	- A	.,
a Receipt of (i) interest, (ii) annutties, (iii) royalties, or (iv) rent from a controlled entity				19	×
				2	×
	•			10	×
	: :::			7	>
d Loans or loan guarantees to or for related organization(s)	•	•		0	4:
e Loans or loan guarantees by related organization(s)		:		16	×
					` !!! !!!
6 Disciplands from related executiveticals				. ;	×
ד בואותפונס ווכונו ופומופת כולסמווילמוניון (כ)			-		;
g Sale of assets to related organization(s)				19	4
h Purchase of assets from related organization(s)				1 h	×
				!	×
באסומווקם סו מפפסים אותו ופומיפה סו פתווקים	•	•			>
J Lease of facilities, equipment, or other assets to related organization(s)				1	4
				, L. C. C.	÷ ;
k Lease of facilities, equipment, or other assets from related organization(s)	•			¥	×
	inization(s)			=	×
(a) Indicationary Date and antitational annihilation and antitation and an annihilation and antitation (a)	nization(e)			£	×
חו דיפווטווומווכים טו אפועוכים טויומוווטפואווין טו ועוועומאווען אפוויט אפועוכים טו אוועווען אפוויט וופוווטפואי	(6) (7)			,	 -
 Sharing of facilities, equipment, malling lists, or other assets with related organization(s) 	on(s)		:	5	4
 Sharing of paid employees with related organization(s) 				9	×
				مراد. د د د	
					×
	:			₹ .	;
q Reimbursement paid by related organization(s) for expenses				5	×
				: ? ; '	
r Other transfer of cash or property to related organization(s)				+	×
		:		×	
s Other transfer of cash or property from related organization(s)				2	
2 If the answer to any of the above is "Yes," see the instructions for information on w	who must complete the	information on who must complete this line, including covered re	relationships and transaction thresholds.		
1	3	(3)	€		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Nethod of determining amount involved	volved	
(3)					
(4)					
(5)					
ē,					
	16		oli bodos	Schodille B (Form 990) 2017	20, 2017
732163 09-11-17) 1		1137177	5 5 5 5	: ^ ' '

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue)

-	(h) (i) (ii) (k) Dispropor- Code V-UBI General or Percentage tonate, amount in box 20 managing ownership allocations? of Schedule K-1 Partner? Yes No (Form 1065) Yes No						
	General or managing partner?		_	,		 	
	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)						
	(h) Disproportionate allocations? Yes No						
	(g) Share of end-of-year assets						
	(f) Share of total		,				
	Are all partners sec 501 (c) (3) orgs 7						
., 	er soria A				•		
estment partnersnip	Predominant income in (related, unrelated, excluded from tax undersections 512-514)						
Sion for certain inve	(c) Legal domicile (state or foreign country)		,				
ructions regarding exclu	(b) Pnmary activity						
that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	(a) Name, address, and EIN of entry						

WASHINGTON GAS LIGHT COMPANY MANAGEMENT 13-7024160 Page 5 Schedule R (Form 990) 2017 VEBA Part VII: Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2017