DLN: 93493334007537

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

B Check if applicable

☐ Address change

 $\square$  Amended return

☐ Application pending

☐ Name change

☐ Initial return Fınal ☐eturn/terminated

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

2016 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private Open to Public ▶ Information about Form 990 and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a> Inspection A For the 2016 calendar year, or tax year beginning 05-01-2016 , and ending 04-30-2017 C Name of organization D Employer identification number Board Of Administration Carpenters' 23-1574984 Doing business as Number and street (or P O box if mail is not delivered to street address) Room/suite 1811 SPRING GARDEN STREET E Telephone number (215) 568-0430 City or town, state or province, country, and ZIP or foreign postal code PHILADELPHIA, PA  $\,$  19130  $\,$ **G** Gross receipts \$ 704,221,200

		F Name and address of principal officer JOHN BALLANTYNE	H(a)	Is this a group retu	urn for	□Yes <b>☑</b> No
		1803 SPRING GARDEN STREET PHILADELPHIA, PA 19130	H(b)	subordinates? Are all subordinate	es.	Yes No
Tax	-exe	mpt status	1 ` ´	included?  If "No," attach a lis	rt (coo	
14/	hei	te: ► N/A	H(c)	Group exemption r	•	•
***	:031	te.P IV/A	``	отобр охотрани.		•
Form	of o	organization ☐ Corporation ☑ Trust ☐ Association ☐ Other ►	<b>L</b> Year	of formation 1960	<b>M</b> State	of legal domicile PA
		<u></u>				
Pa		Summary				
liance		Briefly describe the organization's mission or most significant activities The Carpenters' Health and Welfare Fund of Philadelphia and Vicinity (the Plan) prov Metropolitan Regional Council of Philadelphia and Vicinity of the United Brotherhood carpenters employed primarily in southeastern Pennsylvania				
a dove	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of r Number of voting members of the governing body (Part VI, line 1a)	more tha	n 25% of its net as	sets	12
۱۲.	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	6
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)			5	0
7	6	Total number of volunteers (estimate if necessary)			6	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	0
	h	Net unrelated business taxable income from Form 990-T, line 34			7Ь	
	ט	The difficulties according to the control of the co		<u> </u>		1
		The discussion to the discussion of the discussi		Prior Year		Current Year
ā.		Contributions and grants (Part VIII, line 1h)		Prior Year	0	
<del>อ</del> กนอ				Prior Year 132,191,90	0	
Ravenue	8	Contributions and grants (Part VIII, line 1h)			0	Current Year
Ravenue	8 9 10	Contributions and grants (Part VIII, line 1h)		132,191,90 1,597,20 697,20	0 67 25 68	Current Year ( 134,231,021 3,274,949 2,575
Ravenue	8 9 10 11	Contributions and grants (Part VIII, line 1h)		132,191,90 1,597,2	0 67 25 68	Current Year ( 134,231,021 3,274,949
Ravenue	8 9 10 11 12	Contributions and grants (Part VIII, line 1h)		132,191,90 1,597,20 697,20	0 67 25 68	Current Year ( 134,231,021 3,274,949 2,575
Ravenue	8 9 10 11 12	Contributions and grants (Part VIII, line 1h)		132,191,90 1,597,20 697,20	0 67 25 68 60	Current Year ( 134,231,021 3,274,949 2,575
	8 9 10 11 12 13	Contributions and grants (Part VIII, line 1h)		132,191,9 1,597,2 697,2 134,486,40	0 67 25 68 60 0	Current Year  (134,231,021 3,274,949 2,575 137,508,545
	8 9 10 11 12 13 14 15	Contributions and grants (Part VIII, line 1h)		132,191,90 1,597,20 697,20 134,486,40 90,442,48	0 67 25 68 60 0	Current Year  (134,231,021 3,274,949 2,575 137,508,545 (109,459,151
	8 9 10 11 12 13 14 15 16a	Contributions and grants (Part VIII, line 1h)		132,191,90 1,597,20 697,20 134,486,40 90,442,48	0 67 25 68 60 0 54	Current Year  (134,231,021 3,274,949 2,575 137,508,545 (109,459,151
Expenses Ravanua	8 9 10 11 12 13 14 15 16a b	Contributions and grants (Part VIII, line 1h)		132,191,90 1,597,20 697,20 134,486,40 90,442,48	0 67 225 68 60 0 54 50	Current Year  (134,231,021 3,274,949 2,575 137,508,545 (109,459,151
	8 9 10 11 12 13 14 15 16a b	Contributions and grants (Part VIII, line 1h)		132,191,90 1,597,20 697,20 134,486,40 90,442,40 1,477,20	0 67 25 68 60 0 54 50	Current Year  (134,231,021 3,274,949 2,579 137,508,545 (109,459,151 1,260,089
Expenses	8 9 10 11 12 13 14 15 16a b 17 18	Contributions and grants (Part VIII, line 1h)		132,191,90 1,597,20 697,20 134,486,40 90,442,40 1,477,20	0 67 25 68 60 0 54 50 0	Current Year  (134,231,021 3,274,949 2,575 137,508,545 (109,459,151 1,260,089 (1,982,436
Expenses	8 9 10 11 12 13 14 15 16a b 17 18	Contributions and grants (Part VIII, line 1h)	Beg	132,191,90 1,597,20 697,20 134,486,40 90,442,40 1,477,20 2,046,20 93,965,90	0 67 225 68 60 0 54 550 0	Current Year  (134,231,02: 3,274,949 2,575 137,508,545 (109,459,15: 1,260,089 (1,982,436) 112,701,676
Expenses	8 9 10 11 12 13 14 15 16a b 17 18 19	Contributions and grants (Part VIII, line 1h)	Beg	132,191,90 1,597,20 697,20 134,486,40 90,442,40 1,477,20 2,046,24 93,965,90 40,520,5	0 67 25 68 60 0 54 50 0	Current Year  (134,231,021 3,274,949 2,575 137,508,545 (109,459,151 1,260,089 (1,982,436 112,701,676 24,806,869
Expenses	8 9 10 11 12 13 14 15 16a b 17 18 19	Contributions and grants (Part VIII, line 1h)	Beg	132,191,90 1,597,2: 697,20 134,486,40 90,442,4! 1,477,2: 2,046,20 93,965,91 40,520,5: inning of Current Ye	0 67 225 668 660 0 554 550 0	Current Year  (134,231,02: 3,274,949 2,579 137,508,549 (109,459,15: 1,260,089 (109,459,15:
	8 9 10 11 12 13 14 15 16a b 17 18 19	Contributions and grants (Part VIII, line 1h)	Beg	132,191,91 1,597,2: 697,2: 134,486,41 90,442,4! 1,477,2: 2,046,2: 93,965,9: 40,520,5: inning of Current Ye	0	Current Year  (134,231,021 3,274,949 2,575 137,508,545 (109,459,151 1,260,085 (1,982,436 112,701,676 24,806,865 End of Year

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

any knowledge 2017-11-30 Signature of officer

Sian Here ROBERT NAUGHTON LABOR TRUSTEE Type or print name and title Print/Type preparer's name Louis Verzella CPA reparer's signature Date 2017-11-29 Check  $\square$  if Louis Verzella CPA

Paid **Preparer Use Only** 

P00360279 self-employed Firm's EIN ► 61-1436956 Firm's name NOVAK FRANCELLA LLC Firm's address ► ONE PRESIDENTIAL BLVD SUITE 330 Phone no (610) 668-9400 BALA CYNWYD, PA 19004 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) .

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form **990** (2016)

	990 (2016)				Page <b>2</b>
Par	t III Staten	nent of Program Service Aco	complishments		
	Check If	f Schedule O contains a response or	note to any line in this Part III .		🗹
1	Briefly describe	the organization's mission			
Metr	opolitan Regional		and Vicinity (the Plan) provides heal of the United Brotherhood of Carpel ania		
2	Did the organiz	ation undertake any significant pro	gram services during the year which	were not listed on	
	the prior Form	990 or 990-EZ?			🗌 Yes 🗹 No
	If "Yes," descri	be these new services on Schedule	0		
3	Did the organiz	ation cease conducting, or make si	gnificant changes in how it conducts,	any program	
	services? .				🗌 Yes 🗹 No
	If "Yes," descri	be these changes on Schedule O			
4	Section 501(c)		nplishments for each of its three larg required to report the amount of gra ervice reported		
4a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	See Additional Da	ata			
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4d	(Expenses \$	<del>_</del> _	grants of \$	) (Revenue \$	)
<u>4e</u>	Total progran	n service expenses ▶			

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Form 990 (2016)

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or X as applicable

Section 501(c)(3) organizations.

1	Is the
2	Is the

			9
1	t IV Checklist of Required Schedules		
		Yes	No
L	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete		No

	Yes	
Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		
		1

Schedule A	1	
Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	
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	

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

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 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

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

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

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

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

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

b Was the organization included in consolidated, independent audited financial statements for the tax year?

14a Did the organization maintain an office, employees, or agents outside of the United States? . . . .

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

complete Schedule G, Part III

**b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . . . . . . . . .

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🛸 . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

Did the organization receive or hold a conservation easement, including easements to preserve open space,

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D. Part VII 🕏 . . . . . . . . . . .

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

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

assessments, or similar amounts as defined in Revenue Procedure 98-19?

Form 990 (2016) Page 4 Part IV Checklist of Required Schedules (continued) Yes 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . 20a No b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic Nο 21 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . . Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX. 22 Nο column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . . Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's Yes current and former officers, directors, trustees, key employees, and highest compensated employees, If "Yes," 23 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 **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . 🔧

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🔧

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Νo 24a 24b

Νo

Nο

Nο

Nο

Nο

Nο

Nο

Nο

No

Nο

Nο

Nο

24c

24d

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25b

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28a

28b

28c

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33

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35a

35h

36

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Yes

Yes

Form 990 (2016)

orm	990 (2016)			Page !
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1,524			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by			
	this return	и 2b		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
Ь	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		1,40
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9</b> b		
0	Section 501(c)(7) organizations. Enter			
а	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			
1	Section 501(c)(12) organizations. Enter			
а	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 )			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		ı ——

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Par	<b>TVI</b> Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	" respo	nse to li	nes
	Check if Schedule O contains a response or note to any line in this Part VI			<b>✓</b>
Se	ction A. Governing Body and Management	<del></del>	<u> </u>	
	ction At Governing Body and Hanagement		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 12			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent  1b 6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? •	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	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		No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	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?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records THE BOARD OF ADMINISTRATION 1811 SPRING GARDEN STREET PHILADELPHIA, PA 19130 (215) 568-0430			

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII . Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

compensated employees, and former such persons	
Check this box if neither the organization nor any related organization compensated any current of	fficer, director, or trustee

<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related		ne bo	ox, ι n of tor/t	t che unle: ficer rust	ss pers and a ee)	son	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
(1) FRANK T LUTTER  MGMT TRUSTEE	2 00	x						0	0	0
(2) JAMES R DAVIS	2 00									
MGMT TRUSTEE cO-CHAIR		Х						0	0	0
(3) ROBERT NAUGHTON	2 00	V							244.052	
LABOR TRUSTEE	60 00	Х						0	241,953	0
(4) PHILIP RADOMSKI	2 00	V							0	
MGMT TRUSTEE		Х						0	0	0
(5) JOSEPH CLEARKIN MGMT TRUSTEE	2 00	x						0	0	0
	2 00									
(6) JACK HEALY MGMT TRUSTEE	•••••	Х						0	0	0
(7) MICHAEL MORROW	2 00	V							440.450	
LABOR TRUSTEE	50 00	Х						0	149,458	0
(8) MICHAEL HAND  LABOR TRUSTEE	2 00	X						0	149,690	0
(9) THOMAS BRESLIN LABOR TRUSTEE	2 00	Х						0	149,690	0
(10) JOHN BALLANTYNE	50 00 2 00									
LABOR TRUSTEE CO-CHAIR	60 00	Х						0	309,106	0
(11) DAVE HAINES	2 00	x						0	221,644	0
LABOR TRUSTEE (12) BENJAMIN J CONNORS	60 00 2 00	Х						0	0	0
MGMT TRUSTEE	19.00						_			
(13) PETE TONIA	18 00					×		90,043	110,053	32,230
COORDINATOR OF BENEFITS	22 00 4 00			_	_					
(14) JOSEPH OBUCHOWICZ	4 00					x		11,726	105,536	30,410
ASST COORDINATOR OF BENEFITS	36 00									
										Form <b>990</b> (2016)
										1 OHH <b>330</b> (2010)

Name and Title

PNC FINANCIAL SERVICES GROUP INC

compensation from the organization ▶ 8

1600 Market Street PHILADELPHIA, PA 19103 JENNINGS SIGMOND PC

1835 MARKET STREET 2800 PHILADELPHIA, PA 19103

(B)

Average

Part VII

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

Page 8

	Name and Title	hours per week (list any hours	hours per week (list any hours for related   than one box, unless person week (list any hours for related   than one box, unless person   compensation   from the organization (Worganizations   2/1099-MISC)   2/1099-MISC   2/1099-MISC   2/1099-MISC							Reportable compensation from related organizations (\)	N-	compensation W- from the		
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1093	- Piloc)	2/1035-11130	,	relat organiz	:ed
		-												
		+												
		+												
c ·	Sub-Total	art VII, Section					<b>*</b>		1	.01,769	1,437,13	0		62,640
2	Total number of individuals (including of reportable compensation from the	g but not limited	to thos			bov		rece						<del>-</del>
													Yes	No
3	Did the organization list any <b>former</b> line 1a? <i>If "Yes," complete Schedule</i> .										employee on	7	Yes	
	line 1a? If "Yes," complete Schedule.  For any individual listed on line 1a, is	J for such individuals the sum of repo	<i>dual</i> . ortable o	comp	ensa	tion	and o	other	compens	sation from		3	Yes	No
	line 1a? If "Yes," complete Schedule.	J for such individual states of reports of the sum of reports of the states of the sta	<i>dual</i> . ortable o	comp	ensa	tion	and o	other	compens	sation from				
4	For any individual listed on line 1a, is organization and related organization individual  Did any person listed on line 1a recei	J for such individuals the sum of reports greater than \$	ortable of 150,000 or mpensat	comp 0? <i>If</i> tion fi	ensa "Yes om	itior ," co	and complete	other te Sc	compens chedule J i	sation from for such	the vidual for	3	Yes	
4 5	For any individual listed on line 1a, is organization and related organization individual	J for such individes the sum of reposes greater than \$  ive or accrue consists "Yes," complete the sum of the	ortable of 150,000 or mpensat	comp 0? <i>If</i> tion fi	ensa "Yes om	itior ," co	and complete	other te Sc	compens chedule J i	sation from for such	the vidual for			
4 5	For any individual listed on line 1a, is organization and related organization individual	J for such individes the sum of reports greater than \$  ive or accrue confirm for the such that the sum of the	ortable of 150,000 mpensat	comp 0? If tion fi	ensa "Yes rom : J fo	ation ," co any	and complete on and complete on and complete on an and complete on an analysis of the complete on an and complete on an analysis of the complete on an analysis of	other te Sc ated	compens chedule J i organizat	sation from for such	the  vidual for	4 5	Yes	No
4 5	For any individual listed on line 1a, is organization and related organization individual	J for such individual street in the sum of reports of the sum of reports of the sum of reports of the sum of t	ortable of 150,000 mpensate Sch	comp 0? If tion fi edule	ensa "Yes rom e J fo	any	an and complete unrelated unrelated to the perfectors	ther te So ated rson	compens	sation from for such tion or indi	the vidual for \$100,000 of con	4 5	Yes	No
4 5	For any individual listed on line 1a, is organization and related organization individual	J for such individual street in the sum of reports of the sum of reports of the sum of reports of the sum of t	ortable of 150,000 ortable of 15	comp 0? If tion fi edule	ensa "Yes rom e J fo	any	an and complete unrelated unrelated to the perfectors	ther te So ated rson	compens	sation from for such tion or indi	the vidual for \$100,000 of con	4 5	Yes	No No
5 <b>S</b> 6 1	For any individual listed on line 1a, is organization and related organization individual	J for such individual state of the sum of reposes greater than \$  ive or accrue con a rif "Yes," completors  nest compensate insation for the contact of the	ortable of 150,000 ortable of 15	comp 0? If tion fi edule	ensa "Yes rom e J fo	any	an and complete unrelated unrelated to the perfectors	ther te So ated rson	received i	sation from for such cion or indi more than rganization	\$100,000 of con's tax year	<b>4 5</b> mpen	Yes sation	No
<b>S6 S6 1</b> NDE	For any individual listed on line 1a, is organization and related organization individual	J for such individual state of the sum of reposes greater than \$  ive or accrue con a rif "Yes," completors  nest compensate insation for the contact of the	ortable of 150,000 ortable of 15	comp 0? If tion fi edule	ensa "Yes rom e J fo	any	an and complete unrelated unrelated to the perfectors	ther te So ated rson	received i	sation from for such cion or indi more than rganization	\$100,000 of content year  (B)  ription of services	<b>4 5</b> mpen	Yes sation	No No
5 Se 1	For any individual listed on line 1a, is organization and related organization individual	J for such individual state of the sum of reposes greater than \$  ive or accrue con a rif "Yes," completors  nest compensate insation for the contact of the	ortable of 150,000 ortable of 15	comp 0? If tion fi edule	ensa "Yes rom e J fo	any	an and complete unrelated unrelated to the perfectors	ther te So ated rson	r compens the dule J l	sation from for such cion or indi more than rganization	\$100,000 of con s's tax year  (B) ription of services AIMS ADMINISTRAT	<b>4 5</b> mpen	Yes sation (Compe	No No No sation
Se S	For any individual listed on line 1a, is organization and related organization individual	J for such individual state of the sum of reposes greater than \$  ive or accrue con a rif "Yes," completors  nest compensate insation for the contact of the	ortable of 150,000 ortable of 15	comp 0? If tion fi edule	ensa "Yes rom e J fo	any	an and complete unrelated unrelated to the perfectors	ther te So ated rson	r compens the dule J l	more than rganization	\$100,000 of con s's tax year  (B) ription of services AIMS ADMINISTRAT	<b>4 5</b> mpen	Yes sation (Compe	No No No sation
INDE	For any individual listed on line 1a, is organization and related organization individual	J for such individual state of the sum of reposes greater than \$  ive or accrue con a rif "Yes," completors  nest compensate insation for the contact of the	ortable of 150,000 ortable of 15	comp 0? If tion fi edule	ensa "Yes rom e J fo	any	an and complete unrelated unrelated to the perfectors	ther te So ated rson	received i	more than rganization  BENEFIT CLA	\$100,000 of con s's tax year  (B) ription of services AIMS ADMINISTRAT	4 5 npen	Yes sation (Compe	No No No ,119,060
SE S	For any individual listed on line 1a, is organization and related organization individual	J for such individual state of the sum of reposes greater than \$  ive or accrue con a rif "Yes," completors  nest compensate insation for the contact of the	ortable of 150,000 ortable of 15	comp 0? If tion fi edule	ensa "Yes rom e J fo	any	an and complete unrelated unrelated to the perfectors	ther te So ated rson	received i	more than rganization  BENEFIT CLA	\$100,000 of contist tax year  (B) Piption of services AIMS ADMINISTRAT	4 5 npen	Yes sation (Compe	No No

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

(C)

Position (do not check more

(D)

Reportable

INVESTMENT

ATTORNEY

CUSTODIAN/MANAGEMENT

(E)

Reportable

316,220

206,784

	90 (2016)						Page <b>9</b>
Part '							
	Check if Schedul	e O contains a resp	oonse or note to any l	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512-514
0 S	1a Federated campaign	ns 1a					
ons, Gifts, Grants Similar Amounts	<b>b</b> Membership dues	<b>1</b> b					
Gr.	c Fundraising events	1c					
ffs, r A	d Related organizatio	ns 1d	Ī				
<u>:</u>	e Government grants (co	ontributions) <b>1e</b>	1				
ns, Sim	f All other contributions,	, gifts, grants,					
Contributions, Gifts, Grants and Other Similar Amounts	and similar amounts nabove	ot included 1f					
tributio Other	g Noncash contribution						
Cont and (	ın lınes 1a-1f \$						
ع ت	h Total.Add lines 1a-1	lf	_				
H.			Business				
JeV-	2a EMPLOYER CONTRIBUTI					76,612	
Service Revenue	<b>b</b> PARTICIPANT COBRA CO	ONTRIBUTIONS		323100 6,3	6,3	76,612	
гис	<b>c</b>	_					
35	u						
ran	<b>f</b> All other program se						
Program	· -		134,2	31,021			
	gTotal.Add lines 2a-2f			<b>I</b>	1	1	
	<b>3</b> Investment income (in similar amounts) .	nciuaing aividenas,	Interest, and other	7,528,216	5		7,528,216
	4 Income from investme	ent of tax-exempt l	oond proceeds				
	<b>5</b> Royalties						
	Co Curre weeks	(ı) Real	(II) Personal				
	<b>6a</b> Gross rents						
	<b>b</b> Less rental expenses						
	c Rental income or						
	(loss)						
	<b>d</b> Net rental income o	r (loss)					
		(ı) Securities	(II) Other				
	7a Gross amount from sales of	562,459,38	8				
	assets other than inventory						
	<b>b</b> Less cost or						
	other basis and sales expenses	566,712,65	5				
	C Gain or (loss)	-4,253,26	7				
	d Net gain or (loss) .		<b>•</b>	-4,253,267	'		-4,253,267
a	<b>8a</b> Gross income from for (not including \$	undraising events of					
돐	contributions reporte See Part IV, line 18		.]				
eve	<b>b</b> Less direct expense.						
F.	c Net income or (loss)						
Other Revenue	9a Gross income from g	jaming activities					
0	See Part IV, line 19		.]				
	<b>b</b> Less direct expense:	s b					
	c Net income or (loss)						
	<b>10a</b> Gross sales of invent	tory, less					
	returns and allowand		 a				
	<b>b</b> Less cost of goods s		<b>1</b>				
	c Net income or (loss)						
	Miscellaneous		Business Code				
	11aOTHER INCOME		900099	2,575	5		2,575
	b		1		1		1
	с						_
	d All other revenue .				1		
	e Total. Add lines 11a	-11d	•	2,575			
	12 Total revenue. See	Instructions .	🛌	·			
				137,508,545	134,231,02	1	0 3,277,524 Form <b>990</b> (2016)

	TY Statement of Functional Function				rage 10
	Statement of Functional Expenses  501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	inizations must com	plete column (A)	
	Check if Schedule O contains a response or note to any	_			🗆
	of include amounts reported on lines 6b, p, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
	rants and other assistance to domestic organizations and omestic governments. See Part IV, line 21		·		
	rants and other assistance to domestic individuals. See Part /, line 22				
g	rants and other assistance to foreign organizations, foreign overnments, and foreign individuals. See Part IV, line 15 and 16				
<b>4</b> B	enefits paid to or for members	109,459,151			
	ompensation of current officers, directors, trustees, and				
de	ompensation not included above, to disqualified persons (as effined under section 4958(f)(1)) and persons described in ection 4958(c)(3)(B)				
<b>7</b> 0	ther salaries and wages	662,689			
	ension plan accruals and contributions (include section 401 (s) and 403(b) employer contributions)	284,817			
9 0	ther employee benefits	243,278			
<b>10</b> Pa	ayroll taxes	69,305			
<b>11</b> Fe	ees for services (non-employees)				
а М	anagement				
<b>b</b> Le	egal	228,812			
c A	ccounting	28,200			
<b>d</b> Lo	bbbying				
e Pi	rofessional fundraising services See Part IV, line 17				
<b>f</b> Ir	ivestment management fees	440,266			
g O	ther (If line 11g amount exceeds 10% of line 25, column A) amount, list line 11g expenses on Schedule O)	111,200			
<b>12</b> A	dvertising and promotion				
<b>13</b> 0	ffice expenses	215,829			
<b>14</b> Ir	oformation technology	264,095			
	oyalties				
<b>16</b> 0	ccupancy	120,385			
	ravel				
	ayments of travel or entertainment expenses for any ideral, state, or local public officials				
<b>19</b> C	onferences, conventions, and meetings	3,424			
<b>20</b> Ir	nterest				
<b>21</b> Pa	ayments to affiliates				
<b>22</b> D	epreciation, depletion, and amortization				
<b>23</b> Ir	surance	109,710			
m ex	ther expenses Itemize expenses not covered above (List illuscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
	REGULATORY FEES AND TAX	454,846			
b	ADMIN EXPENSE REIMB	5,669			
c					
d					
e	All other expenses				
25 T	otal functional expenses. Add lines 1 through 24e	112,701,676			
re ed	pint costs. Complete this line only if the organization eported in column (B) joint costs from a combined ducational campaign and fundraising solicitation				
С	heck here ► ☐ If following SOP 98-2 (ASC 958-720)				

	Check in Deficience of Containing a response of free to any line in this rate 12.		•	<u> </u>
		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing		1	
2	Savings and temporary cash investments	14,418,908	2	82,821,952
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	13,180,796	4	15,719,233
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	
6	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 $501(c)(9)$		_	

		II of Schedule L	edule L				
S	6 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 instructions) Complete Part II of Schedule L					6	
et	7	Notes and loans receivable, net	aceivable, net			7	
Assets	8	Inventories for sale or use	e or use			8	
A	9	Prepaid expenses and deferred charges			1,894,037	9	1,894,037
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	o			
	b	Less accumulated depreciation	10b		0	<b>10</b> c	
	11	Investments—publicly traded securities .	277,093,501	11	246,173,055		
	4.2	Tourseles at least accomplise Can Doub TV I long		43			

S		contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L			6		
et	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			8		
Ø	9	Prepaid expenses and deferred charges		1,894,037	9		
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	0			
	b	Less accumulated depreciation	10b		0	10c	
	11	Investments—publicly traded securities .			277,093,501	11	24
	12 Investments—other securities See Part IV, line 11					12	
	13	Investments—program-related See Part IV, line	e 11			13	
	14	Intangible assets			14		

16

17

18

19

20

21

23

24

25

26

27

28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

Other assets See Part IV, line 11 .

Grants payable . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

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

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

Capital stock or trust principal, or current funds . . . .

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

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

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

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

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

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

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

1,535,880

688,271

7.225.970

7,914,241

300,208,881

300,208,881

308,123,122

308,123,122

15

16

17

18

19

20

21

22 23

24

25

26

27

28

29

30

31

32

33

34

1.542.230

910,250

4.005.984

4,916,234

343,234,273

343,234,273

348.150.507

Form **990** (2016)

348,150,507

2c

3a

3b

Yes

No

Form 990 (2016)

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

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

Audit Act and OMB Circular A-133?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

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

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

## Additional Data

Software ID:

**EIN:** 23-1574984

Name: Board Of Administration Carpenters' Health &

Form 990, Part III, Line 4a:

Form 990 (2016)

vacation benefits Reference should be made to the summary plan description for specific details on eligibility and benefits

Software Version:

The Plan provides medical, hospital, dental, prescription, vision, weekly disability income and workers' compensation, death and accidental death and dismemberment, and

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D** 

(Form 990)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493334007537

OMB No 1545-0047

# **Supplemental Financial Statements**

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public **Inspection** 

Boa	ine of the organization rd Of Administration Carpenters' lth &			Employer identifica	ition num	bei
	irt I Organizations Maintaining Donor	r Advised Funds or Oth	or Similar Fund	23-1574984		
	Complete if the organization answer			is of Accounts.		
		(a) Donor advised fo	ınds	(b)Funds and other	accounts	
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor funds are the organization's property, subject to			r advised	☐ Yes	
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?				☐ Yes	□ No
Pa	rt III Conservation Easements. Comple	te if the organization ans	swered "Yes" on F	form 990, Part IV, line 7	7.	
1	Purpose(s) of conservation easements held by th	ne organization (check all tha	at apply) —			
	Preservation of land for public use (e g , red	creation or education)	Preservation of	f an historically important l	and area	
	Protection of natural habitat	ĺ	Preservation of	f a certified historic structu	re	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conservatio	n contribution in the	form of a conservation  Held at the E	nd of the	Year
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easemer			2b		
C	Number of conservation easements on a certified		` '	2c		
d	Number of conservation easements included in (o structure listed in the National Register	,		2d		
3	Number of conservation easements modified, tra tax year ►	insferred, released, extingui	shed, or terminated	by the organization during	the	
4	Number of states where property subject to cons	servation easement is locate	d <b>▶</b>	_		
5	Does the organization have a written policy rega and enforcement of the conservation easements		g, inspection, handli	ing of violations,	es 🗆 ı	No
6	Staff and volunteer hours devoted to monitoring.  •	, inspecting, handling of viol	ations, and enforcin	g conservation easements	during the	year
7	Amount of expenses incurred in monitoring, insp	ecting, handling of violation	s, and enforcing cor	nservation easements durin	g the year	
8	Does each conservation easement reported on li	ne 2(d) above satisfy the red	quirements of sectio	n 170(h)(4)(B)(ı)		
	and section 170(h)(4)(B)(II)?			□ <b>Y</b> e	es 🗌 I	No
9	In Part XIII, describe how the organization reporbalance sheet, and include, if applicable, the text the organization's accounting for conservation ea	t of the footnote to the orga				
Pai	Complete if the organization answer			Other Similar Assets.		
1a	If the organization elected, as permitted under S art, historical treasures, or other similar assets h provide, in Part XIII, the text of the footnote to i	ield for public exhibition, edi	ication, or research	in furtherance of public se		of
b	If the organization elected, as permitted under S historical treasures, or other similar assets held f following amounts relating to these items					
	i) Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$		
(	i)Assets included in Form 990, Part X			<b>▶</b> \$		<del>.</del>
2	If the organization received or held works of art, following amounts required to be reported under					
а	Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$		
b	Assets included in Form 990, Part X			<b>▶</b> \$		_
For	Paperwork Reduction Act Notice, see the Inst	ructions for Form 990.	Cat	No 52283D Schedule I	) (Form 9	90) 2016

Par	t III	Organizations Ma	aintaining Col	ections o	f Art, H	istori	cal Tr	eası	ıres, or	Other :	Similar <i>i</i>	Assets (	continued)	
3		g the organization's acq s (check all that apply)	uisition, accessior	, and other	records,	check a	any of	the fo	llowing tl	nat are a	significan	t use of it	s collection	
а		Public exhibition				d		Loan	or excha	nge prog	rams			
b		Scholarly research				е		Othe	er					
c		Preservation for future	e generations											
4	Provi Part	ide a description of the XIII	organızatıon's coll	ections and	explain h	now the	y furth	er the	e organız	atıon's ex	empt pur	pose in		
5		ng the year, did the orga ts to be sold to raise fur									ılar	□ <b>Y</b>	es 🗆 ı	No
Pa	rt IV	Escrow and Cust Complete if the ord X, line 21.			" on Forr	m 990	, Part	IV, lı	ine 9, or	reporte	d an am	ount on	Form 990	, Part
1a		e organization an agent ded on Form 990, Part )		an or other I	intermedi	ary for	contril	oution	s or othe	r assets r	not	□ <b>Y</b>	es 🗌 I	No
b	If "Y	es," explain the arrange	ement in Part XIII	and comple	te the fol	lowing	table		Γ			Amount		_
c	Begii	nnıng balance								1c				_
d	Addı	tions during the year								1d				
е	Dıstr	ributions during the year	r						ļ	1e				_
f	Endı	ng balance							L	1f				_
<b>2</b> a	Dıd t	the organization include	an amount on Fo	rm 990, Par	t X, line 2	21, for	escrow	or cu	ıstodıal a	ccount lia	bility?	□ Ye	es 🗆 I	No
b	If "Y	es," explain the arrange	ment in Part XIII	Check here	e if the ex	planati	on has	been	provided	l ın Part X	(III		🗆	
Pa	rt V	Endowment Fund												
			•	(a)Curren	t year	19 <b>(d)</b>	rıor yeaı	- [	(c)Two ye	ars back	(d)Three y	ears back	(e)Four year	ars back_
1a	Begini	ning of year balance .												
b	Contri	butions												
С	Net in	vestment earnings, gair	ns, and losses											
d	Grants	s or scholarships	•											
е		expenditures for facilitie rograms	es											
f	Admın	nistrative expenses .												
g	End of	f year balance												
2	Prov	ide the estimated percei	ntage of the curre	nt year end	balance	(line 1g	g, colur	nn (a	)) held as	5				
а	Boar	d designated or quasi-e	ndowment 🟲											
b	Perm	nanent endowment 🕨												
С	Tem	porarily restricted endov	wment 🟲											
	The	percentages on lines 2a	, 2b, and 2c shou	d equal 100	)%									
3a	orga	there endowment funds nization by	·	sion of the c	organızatı	on that	are he	eld an	ıd admını:	stered for	the		Yes	No
		inrelated organizations					•						a(i) a(ii)	<u> </u>
ь		related organızatıons     . es" on 3a(ıı), are the rel		s listed as r	equired o	n Sche	dule Ri	, .	• •				3b	<del>                                     </del>
4		ribe in Part XIII the inte	-					-	•			. Г		
Pa	rt VI													
		Complete if the or	ganization answ	ered 'Yes'				_			•			
	Descr	ription of property	(a) Cost or oth (investme		( <b>b)</b> Cost o	or other	basıs (o	ther)	(c)Accu	mulated de	epreciation		(d)Book valu	ıe
<b>1</b> a	Land													
b	Buildir	ngs												
c	Leasel	hold improvements												
d	Equip	ment												
e	Other													
Tota	I. Add	lines 1a through 1e (Co	olumn (d) must ed	ual Form 9	90, Part X	K, colun	nn (B),	line .	10(c)) .	. 1	<b>&gt;</b>			0

Part VII	<b>Investments—Other Securities.</b> Complete if the org See Form 990, Part X, line 12.			vered 'Yes' on		
	<ul><li>(a) Description of security or category (including name of security)</li></ul>		( <b>b)</b> Book value	Cos	(c)Method of v t or end-of-year	
(1)Financial (2)Closely-h (3)Other	derivatives	<u>:</u>				
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
	n (b) must equal Form 990, Part X, col (B) line 12 )	•				1704
Part VIII	<b>Investments—Program Related.</b> Complete if the or See Form 990, Part X, line 13.			swered 'Yes' o	n Form 990, P	art IV, line 11c.
		<b>(b)</b> Bo	ok value	Cos	(c) Method of to the contract of the contract	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Column	n (b) must equal Form 990, Part X, col (B) line 13 )		. 000 P-		C F 000 I	Doub Volume 4.5
	Other Assets. Complete if the organization answered 'Yes' (a) Description	OH FOIN	1 990, Pa	art IV, line IId	see Form 990, r	(b) Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	mn (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answer	red 'Ye	s' on Fo	orm 990, Part	IV, line 11e or	•  · 11f.
1.	See Form 990, Part X, line 25.  (a) Description of liability		<b>(b)</b> B	ook value		
(1) Federal II	ncome taxes					
	DI ITT			1 542 220		
ESCROW LIA				1,542,230		
due to carpenters pension & annuity fund				140,453		
DUE TO BRO (4)	KER			2,323,301		
(5)						
(6)						
(7)						
(8)						
(9)		$\perp$				
	- (h)	. 1				
	n (b) must equal Form 990, Part X, col (B) line 25 ) or uncertain tax positions In Part XIII, provide the text of the fo	• ootnote	to the or	4,005,984 ganızatıon's fina	<u> </u> ancıal statement	s that reports the
organization'	's liability for uncertain tax positions under FIN 48 (ASC 740)	Check he	ere If the	text of the foot	note has been p	rovided in Part XIII 🔽

Part XI

2

b

c

d

е

3

4

5

1

2

b

d

е 3

а

b

c

Part XIII

5

4

b

Part XII

Schedule D (Form 990) 2016

Page 4

18,218,523

441,616

137,508,545

112,260,060

112.260.060

441,616

112,701,676

Schedule D (Form 990) 2015

137,066,929

Donated services and use of facilities	٠	
Recoveries of prior year grants		
Other (Describe in Part XIII )		

Other (Describe in Part XIII ) . . . . . .

Total expenses and losses per audited financial statements .

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

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

Other (Describe in Part XIII ) . . . . .

Supplemental Information

Add lines 2a through 2d .

Subtract line 2e from line 1 .

Add lines 4a and 4b . . .

Donated services and use of facilities .

Prior year adjustments . . .

Other (Describe in Part XIII ) .

Add lines 2a through 2d .

Add lines 4a and 4b .

Return Reference

See Additional Data Table

Subtract line 2e from line 1 .

Other losses .

Net unrealized gains (losses) on investments .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . . .

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . . .

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Amounts included on Form 990, Part VIII, line 12, but not on line 1

2c 2d Investment expenses not included on Form 990, Part VIII, line 7b. 4a 4b

> Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2a

2b

2a

2b

2c

2d

4a 4b

Explanation

18,218,523

440,266

1,350

2e

3

4c

2e

3

4c

5

440,266

1.350

Page <b>5</b>	Schedule D (Form 990) 2015
inued)	Part XIII Supplemental Information (co
Explanation	Return Reference

Schedule D (Form 990) 2016

## **Additional Data**

# Software ID: Software Version:

**EIN:** 23-1574984

Name: Board Of Administration Carpenters'

Health &

**Supplemental Information** 

Return Reference	Explanation
Part X, Line 2	Accounting principles generally accepted in the United States of America require Plan mana gement to evaluate tax positions taken by the Plan and recognize a tax liability if the Pl an has taken an uncertain position that, more likely than not, would not be sustained upon examination by the U.S. Federal, state, or local taxing authorities. The Plan is subject to routine audits by taxing jurisdictions, however, there are currently no audits for any tax periods in progress. Typically, plan tax years will remain open for three years, however, they may differ depending upon the circumstances of the Plan.

upplemental Information					
Return Reference	Explanation				
Part XI, Line 4b - Other Adjustments	LEGAL FEES REIMBURSEMENTS 1,350				

S

Supplemental Information	
Return Reference	Explanation
Part XII, Line 4b - Other Adjustments	LEGAL FEES REIMBURSEMENTS 1,350

### Schedule J (Form 990)

**Compensation Information** 

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Information about Schedule J (Form 990) and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No 1545-0047

DLN: 93493334007537

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization
Board Of Administration Carpenters'
Health & 23-1574984

	alth &		23-1574984			
Pa	rt I Questions Regarding Compensation	n	23 137 1301			
					Yes	No
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel		Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Г	Health or social club dues or initiation fees			
	□ Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement or provision of all of the expenses de			1b		
2	Did the organization require substantiation prior to r directors, trustees, officers, including the CEO/Exec			2		
3	Indicate which, if any, of the following the filing organization's CEO/Executive Director Check all thused by a related organization to establish compens	nat appl ation of				
	☐ Independent compensation consultant	•	Compensation survey or study			
	Form 990 of other organizations	•	Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, or a related organization	Part VI	II, Section A, line 1a with respect to the filing organizatio	n		
а	Receive a severance payment or change-of-control	paymer	nt?	4a		No
b	Participate in, or receive payment from, a supplemen	ntal non	nqualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-ba	ased co	ompensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	ovide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizat	tions m	ust complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A compensation contingent on the revenues of	, line 1	a, did the organization pay or accrue any			
а	The organization?			5a		
b	Any related organization?			5b		
	If "Yes," on line 5a or 5b, describe in Part III					
6	For persons listed on Form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1	a, did the organization pay or accrue any			
а	The organization?			6a		
b	Any related organization?			6b		
	If "Yes," on line 6a or 6b, describe in Part III					
7	For persons listed on Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes," d			7		
8	Were any amounts reported on Form 990, Part VII, subject to the initial contract exception described in in Part III					
9		e rebutt	table presumption procedure described in Regulations	9		

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

Instructions, on row (i) Do not list any individuals that are not listed on Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

4 PETE TONIA

COORDINATOR OF BENEFITS

90,043

110,053

(ii)

- The sum of columns (b)(i)	, (,	Tor cach havea marvia	ar mast equal the total			e ray applicable colar	Tim (B) and (E) amount	5 TOT CHAC MAINTAGA
(A) Name and Title		(B) Breakdown of	fW-2 and/or 1099-MIS	3C compensation	(C) Retirement and		(E) Total of columns	<b>(F)</b> Compensation in
		Base (i) compensation	(II) Bonus & Incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
1 ROBERT NAUGHTON LABOR TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	241,953	0	0	0	0	241,953	0
2 JOHN BALLANTYNE LABOR TRUSTEE CO-CHAIR	(i)	0	0	0	0	0	0	0
	(ii)	309,106	0	0	0	0	309,106	0
3 DAVE HAINES LABOR TRUSTEE	(i)	0	0	0	0	0	0	0
I	(ii)	221,644	0	0	0	0	221,644	0

5,495

6,715

9,009

11,011

104,547

127,779

Page 2

Return Reference	Explanation
Provide the information, explanation, or	descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information
Part IIII Supplemental Inform	nation
Schedule J (Form 990) 2015	Page <b>3</b>

Schedule J (Form 990) 2015

efile GRAPH	IC print - DO NOT PROCESS	As Filed Data -	DL	N: 93493334007537
SCHEDUL (Form 990 or EZ)	m 990 or 990-EZ o specific questions on ional informationEZ. iz) and its instructions is at	OMB No 1545-0047  2016 Open to Public Inspection		
Name of the org Board Of Administr Health & <b>990 Schedul</b>		on	Employer ide 23-1574984	ntification number
Return Reference		Explanation		
Form 990, Part VI, Section B,	ITS INDEPENDENT PUBLIC ACCO	LFARE FUND OF PHILADELPHIA A DUNTANT WHO THEN FORWARDS NISTRATOR THEN PRESENTS THE	THE RETURN TO THE FUND A	DMINISTRATOR

line 11b

FOR SIGNATURE AND FILING

Return Explanation
Reference

990 Schedule O, Supplemental Information

Form 990,
Part VI,
Section C,
Inne 19

Return Explanation Reference

990 Schedule O, Supplemental Information

FORM 990,	CARPENTERS' HEALTH AND WELFARE FUND OF PHILADELPHIA AND VICINITY'S BOARD OF TRUSTEES IS RE
PART XII.	SPONSIBLE FOR OVERSEEING THE FINANCIAL STATEMENT AUDIT AND SELECTION OF THE INDEPENDENT PU

LINE 2C BLIC ACCOUNTANT THAT PERFORMS THE AUDIT

Return Explanation

990 Schedule O, Supplemental Information

FORM 990,	CARPENTERS HEALTH AND WELFARE FUND OF PHILADELPHIA & VICINITY PAYS VACATION BENEFITS TO EL
PART V,	IGIBLE FUND PARTICIPANTS FOR THE TAX PERIOD ENDING 12/31/2016 THE FUND ISSUED 6,498 FORMS
LINE 2A/2B	W-2 THE FUND ALSO FILED ALL REQUIRED EMPLOYMENT TAX RETURNS

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** 

For Paperwork Reduction Act Notice, see the Instructions for 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.

OMB No 1545-0047

DLN: 93493334007537

Open to Public

Schedule R (Form 990) 2016

Department of the Treasury

(Form 990)

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

internal Revenue Service												
Name of the organization Board Of Administration Carpenters' Health &							'	loyer identifi 574984	ication	number		
Part I Identification of Disregarded Entities Complete if	the organ	ızatıon answer	ed "Yes	on Form 9	990, Part	IV, line 3	_	374304				
(a)  Name, address, and EIN (if applicable) of disregarded entity		<b>(b)</b> Primary acti	vity	(c) Legal domic or foreign	ıle (state	( <b>d)</b> Total inco	ome	<b>(e)</b> End-of-year as	sets	Direct co	<b>f)</b> ontrolling tity	
Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.	<b>ns</b> Comple	te if the orgar	nization	answered "	Yes" on F	orm 990,	Part I	/, line 34 bed	cause	it had one or	more	
(a) Name, address, and EIN of related organization	Prima	<b>(b)</b> ary activity	Legal do	(c) micile (state gn country)	Exempt Co	l) de section		(e) charity status ion 501(c)(3))	Dı	<b>(f)</b> rect controlling entity	Section (13) co ent	( <b>g)</b> n 512(b ontrolled tity?
(1)CARPENTERS' PENSION AND ANNUITY FUND OF PHILADELPHIA AND VICINITY 1811 SPRING GARDEN STREET	PENSION FU	JND		PA	401(A)/501	(A)					Yes	No No
PHILADELPHIA, PA 19130 23-1613018												
(2) CARPENTERS JOINT APPRECTICESHIP TRAINING FUND OF PHILADELPHIA & VICINITY 10401 DECATUR ROAD	EDUCATION FUND	I AND TRAINING		PA	501(C)(3)		170(B)(	1)(A)(II)				No
PHILADELPHIA, PA 19154 23-1518467												
(3)CARPENTERS SAVINGS PLAN OF PHILADELPHIA and vicinity 1811 SPRING GARDEN STREET PHILADELPHIA, PA 19130	PENSION FU	JND		PA	401(A)/501	(A)						No
23-2508131  (4)NORTHEAST REGIONAL COUNCIL OF CARPENTERS 91 FIELDCREST AVE 2ND FLOOR	LABOR UNIO	NC		PA	501(C)(5)							No
EDISON, NY 08837 22-3848173												
(5)GENERAL BUILDING CONTRACTORS ASSOCIATION PO BOX 15959	EMPLOYER A	ASSOCIATION		PA	501(C)(6)							No
PHILADELPHIA, PA 19103 23-0847495												
(6)UBC EDUCATION FUND 6801 PLACID STREET	TRAINING F	UND		NV	501(C)(3)							No
LAS VEGAS, NV 89119 52-6447063												$\perp$

Cat No 50135Y

(a) Name, address, and EIN of related organization		<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(H Disprop alloca	n) rtionate tions?	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana parti	ral or aging ner?	(k) Percentag ownershi
			-					Yes	No		Yes	No	-
			1 1		1		1	l			1	1 1	
IV Identification of Related Organia because it had one or more related						zation ansv	vered "Yes	" on Fo	orm 9	90, Part IV,	line	34	
		a corporati	on or trus  (c)  Legal  Imicile  or foreign	st during th	(d) controlling entity  Typ	(e)	vered "Yes  (f) Share of total income	Share	(g) of end- year assets	(1	ı) ntage	Se (1	(i) ection 512 3) control entity?
because it had one or more related ditional Data Table (a) Name, address, and EIN of	organizations treated as	a corporati	(c) .egal	st during th	(d) controlling entity  Typ	(e) e of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	ı) ntage	Se (1	<ol><li>control</li></ol>
because it had one or more related ditional Data Table (a) Name, address, and EIN of	organizations treated as	a corporati	on or trus  (c)  Legal  Imicile  or foreign	st during th	(d) controlling entity  Typ	(e) e of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	ı) ntage	Se (1	3) control entity?
because it had one or more related ditional Data Table (a) Name, address, and EIN of	organizations treated as	a corporati	on or trus  (c)  Legal  Imicile  or foreign	st during th	(d) controlling entity  Typ	(e) e of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	ı) ntage	Se (1	3) control entity?
because it had one or more related ditional Data Table (a) Name, address, and EIN of	organizations treated as	a corporati	on or trus  (c)  Legal  Imicile  or foreign	st during th	(d) controlling entity  Typ	(e) e of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	ı) ntage	Se (1	3) control entity?
because it had one or more related ditional Data Table (a) Name, address, and EIN of	organizations treated as	a corporati	on or trus  (c)  Legal  Imicile  or foreign	st during th	(d) controlling entity  Typ (C co	(e) e of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	ı) ntage	Se (1	3) control entity?
because it had one or more related ditional Data Table (a) Name, address, and EIN of	organizations treated as	a corporati	on or trus  (c)  Legal  Imicile  or foreign	st during th	(d) controlling entity  Typ (C co	(e) e of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	ı) ntage	Se (1	3) control entity?

Schedule R (Form 990) 2016		P.	age <b>3</b>
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			1
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	. 1a	1	No
<b>b</b> Gift, grant, or capital contribution to related organization(s)	. 1b	,	No
c Gift, grant, or capital contribution from related organization(s)	10	:	No
d Loans or loan guarantees to or for related organization(s)	. 10		No
e Loans or loan guarantees by related organization(s)	16	:	No
f Dividends from related organization(s)	11		No
g Sale of assets to related organization(s)	19	1	No
h Purchase of assets from related organization(s)	11	1	No
i Exchange of assets with related organization(s)	11		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	114	Yes	+
I Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1r	n	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	11	1 Yes	
o Sharing of paid employees with related organization(s)	10	Yes	
p Reimbursement paid to related organization(s) for expenses	. 11	Yes	+
q Reimbursement paid by related organization(s) for expenses	. 10		No
r Other transfer of cash or property to related organization(s)	. <u>1</u> r	,	No
s Other transfer of cash or property from related organization(s)	1s	;	No

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

type (a-s) (1)CARPENTERS' PENSION AND ANNUITY FUND OF PHILADELPHIA AND VICINITY 0 2,318,861 FMV (2)NORTHEAST REGIONAL COUNCIL OF CARPENTERS 120,385 FMV

Schedule R (Form 990) 2016

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	domicile	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) re all partners section 501(c)(3) rganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ite	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General c managin partner?	or g ?	<b>(k)</b> Percentage ownership
			514)	Yes	No	<u> </u>	<u> </u>	Yes	No		Yes	No	
										Schedul	e R (Form	1 990	D) 2016



(1)

(1)

(2)

23-1613018

23-1518467

23-2508131 (3)

EDISON, NY 08837 22-3848173 (4)

PHILADELPHIA, PA 19103

6801 PLACID STREET LAS VEGAS, NV 89119 52-6447063

PO BOX 15959

23-0847495 (5)

1811 SPRING GARDEN STREET PHILADELPHIA, PA 19130

1811 SPRING GARDEN STREET PHILADELPHIA, PA 19130

91 FIELDCREST AVE 2ND FLOOR

10401 DECATUR ROAD PHILADELPHIA, PA 19154

**Additional Data** 

(a)

Name, address, and EIN of related organization

EIN: 23-1574984 Name: Board Of Administration Carpenters'

(c)

Legal domicile

(state

or foreign country)

PΑ

PΑ

PA

PΑ

PA

NV

(d)

Exempt Code section

401(A)/501(A)

501(C)(3)

501(C)(5)

501(C)(6)

501(C)(3)

401(A)/501(A)

(e)

Public charity

status

(if section 501(c)

(3))

170(B)(1)(A)(II)

(f)

Direct controlling

entity

(g)

Section 512

(b)(13)

controlled

entity? Yes

No

No

No

No

No

No

No

Health &

(b)

Primary activity

PENSION FUND

**IEDUCATION AND** 

TRAINING FUND

PENSION FUND

LABOR UNION

TRAINING FUND

EMPLOYER ASSOCIATION

Software ID: **Software Version:** 

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust **(b)** Primary activity (c) (d) (e) (i) (f) (g) (h) Name, address, and EIN of Direct controlling Type of entity Legal Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, (b)(13)domicile entity ownership income year (state or foreign or trust) assets controlled country) entity? No Yes (1) 3C DRILLING (1) AJ BUILDERS INC (2) AV WOODWORK CO INC (3) ACE INTERIORS LLC (4) ACME MARKETS INC (5) ACOUSTICAL SERVICES INC (6) ACOUSTICS PLUS INC (7) ADDAX CONSTRUCTION COMPANY INC (8) A-DECK INC (9) ADIRONDACK SERVICES LLC (10) ADVANCED COMMERCIAL INTERIORS (11) ADVANCED CONSTRUCTION LLC (12) ADVANCED SPECIALTY CONTRACTORS (13) ADVANTAGE INDUSTRIAL SYSTEMS (14) AE ID LLC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (e) (i) (c) (f) (g) (h) Primary activity Name, address, and EIN of Direct controlling Legal Type of entity Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, domicile entity ownership (b)(13)income year (state or foreign or trust) assets controlled country) entity? No Yes (16) AG DEVELOPMENT MARINE LLC (1) AGA DRYWALL LLC (2) AGATE CONSTRUCTION CO INC (3) AGNES P INC (4) AIM MECHANICAL SERVICES (5) AIRPORT CONSTRUCTION SERVICES (6) ALL WALLS & CEILINGS INC (7) ALLACOUSTIC SOLUTIONS LLC (8) ALLEN ARCHITECTURAL METALS IN (9) ALLIANCE STORE FIXTURES INC (10) ALLIED CONSTRUCTION CO (11) ALLIED INTERIOR CONTRACTORS (12) ALLSPEC CONSTRUCTION INC (13) ALN CONSTRUCTION INC (14) AMBOY COMMERCIAL FLOORING

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (i) (c) (e) (f) (g) (h) Primary activity Name, address, and EIN of Direct controlling Legal Type of entity Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, domicile entity ownership (b)(13)income year (state or foreign or trust) assets controlled country) entity? Yes No (31) AMELIE CONSTRUCTION SUPPLY L (1) AMERICAN CONVENTION EXHIB SERV (2) AMERICAN DREAMS INC (3) AMERICAN FLOOR SYSTEMS INC (4) AMERICAN FLOORS INC (5) AMERICAN FURNITURE INSTALLATIO (6) AMERICAN INT CON AND BLINDS (7) AMERICAN MODULAR CONSTRUCTION (8) AMERICAN OVERHEAD DOOR (9) AMERICAN PILE & FOUNDATION LLC (10) AMI CONSTRUCTION CO INC (11) ANDERSEN INTERIOR CONTRACTING (12) ANDERSON CONSTRUCTION SERVICES (13) ANDERSON JAMES J CONSTR CO

(14) ANSKIS BILL COMPANY INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust **(b)** Primary activity (c) (d) (e) (i) (f) (g) (h) Name, address, and EIN of Direct controlling Legal Type of entity Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, domicile entity ownership (b)(13)income year (state or foreign or trust) assets controlled country) entity? No Yes (46) ANVIL CONSTRUCTION CO INC (1) AP CONSTRUCTION INC (2) APIAIMM PHILA INSTALLATIONS (3) APPLIED CONSTR SERVICES LLC (4) ARATA EXPOSITIONS INC (5) ARCADIA HOME BUILDERS LLC (6) ARI PRODUCTS INC (7) ARLINE LLC (8) ARORA SYSTEMS GROUP LLC (9) ART GUILD INC (10) ARTISAN DISPLAY INC (11) ASHTON INTERIORS INC (12) ASSOCIATED SPECIALTY CONTRACTG (13) ATHENA CONTRACTING INC (14) ATLANTIC COAST CARP & DRYWALL

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust **(b)** Primary activity (c) (d) (e) (i) (f) (g) (h) Name, address, and EIN of Direct controlling Type of entity Percentage Legal Share of total Share of end-of-Section 512 related organization (C corp, S corp, domicile entity ownership (b)(13)income year (state or foreign or trust) assets controlled country) entity? No Yes (61) ATLANTIC EXPO (1) ATLANTIC PACIFIC FLOORING LLC (2) ATLANTIC PLANT MAINTENANCE (3) ATLANTIC SUBSEA INC (4) BK ENT INC STRONGSTOWN (5) BAMCO INC (6) BCT WALLS AND CEILINGS INC (7) BEDWELL COMPANY (8) BERKEL CO (9) BERM STUDIOS INC (10) BFC LTD (11) BIDDLE ANTHONY CONTRACTORS INC (12) BIGELOW BROTHERS LLC (13) BITTENBENDER CONSTRUCTION (14) BLACKROCK CONSTRUCTION LLC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (e) (i) (c) (f) (g) (h) Primary activity Name, address, and EIN of Direct controlling Legal Type of entity Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, domicile entity ownership (b)(13)income year (state or foreign or trust) assets controlled country) entity? No Yes (76) BLASZ CONSTRUCTION (1) BLUE COLLAR BUILDERS (2) BMG ENTERPRISES OF UPSTATE NY (3) BOCK CONSTRUCTION INC (4) BOCK ERNEST SONS INC (5) BOWEN INC (6) BOYLE CONSTRUCTION INC (7) BRAMSON HOUSE INC (8) BRAND ENERGY SERVICES LLC (9) BRANDYWINE INTERIORS (10) BRAYMAN CONSTR CORP (11) BRIDG-IT FABRICATORS INC (12) BRIGHTLINE CONSTRUCTION INC (13) BROCK INDUSTRIAL SERVICES

(14) BROWN J M ASSOCIATES INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust **(b)** Primary activity (c) (d) (e) (i) (f) (g) (h) Name, address, and EIN of Legal Direct controlling Type of entity Percentage Share of total Share of end-of-Section 512 related organization (C corp, S corp, ownership domicile entity (b)(13)income year (state or foreign or trust) assets controlled country) entity? No Yes (91) BRUNSWICK BOWLBILL (1) BRYN MAWR FLOORING (2) BUCK CONSTRUCTION LLC (3) BUCKLEY CO (4) BUILDERS INC (5) BUILDING TRADES (6) BUILDING TRADES HW FUND (7) BUTZ ALVIN H INC (8) BVF CONSTRUCTION CO INC (9) C&D RIGGING INC (10) CH INDUSTRIAL SERVICES INC (11) CALVITTI JOHN CO (12) CAMERON & ASSOC 8 HAGEN CONSTR (13) CAMERON CONCRETE INC (14) CANUSO JORDEN

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust **(b)** Primary activity (c) (d) (e) (i) (f) (g) (h) Name, address, and EIN of Direct controlling Type of entity Legal Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, domicile entity ownership (b)(13)income year (state or foreign or trust) assets controlled country) entity? No Yes (106) CAPITAL FLOORS LLC (1) CARNEY THOMAS P INC (2) CARPENTERS FOR HIRE (3) CARSON CONCRETE CORPORATION (4) CARUSONE CONSTR INC (5) CBI SERVICES INC (6) CDP HARDWARE (7) CEILINGS INC (8) CENTEX ENVIRONMENTS INC (9) CENTRAL CONSTRUCTION CO INC (10) CENTRE POINT CONTRACTING INC (11) CENTURY CARPET INC (12) CERTIFIED INSTALL SERVICES LLC (13) CFM VR TESCO LLC (14) CHADWICK AT CO INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (e) (i) (c) (f) (g) (h) Primary activity Name, address, and EIN of Direct controlling Percentage Legal Type of entity Share of total Share of end-of-Section 512 related organization (C corp, S corp, ownership domicile entity (b)(13)income year (state or foreign or trust) assets controlled country) entity? No Yes (121) CHOATES GENERAL CONTRACTING (1) CIRCLE WALL COVERINGS (2) CITY BUILT INC (3) CITY FLOORING LLC (4) CJ DRILLING INC (5) CLEARKIN JAMES J INC (6) CLEARWATER CONCRETE MASONRY (7) CLEARWATER CONSTRUCTION (8) CLEMENS CONSTR CO INC (9) CM TOWERS INC (10) CNM CONSTRUCTION (11) CNS CONSTRUCTION CORP (12) COASTAL INSTALLATION LLC (13) COBRA CONSTRUCTION CO (14) COLES MILL CONSTRUCTION INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (c) (e) (f) (g) (h) (i) Primary activity Name, address, and EIN of Direct controlling Legal Type of entity Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, domicile entity ownership (b)(13)income year (state or foreign or trust) assets controlled country) entity? Yes No (136) COLONIAL MILLWORK & INSTLTNS (1) COMMERCE CONSTRUCTION CORP (2) COMMERCIAL FLOORING SYSTEMS (3) COMPLETE SCAFFOLD INC (4) COMPONENT ASSEMBLY SYSTEMS INC (5) COMPUTER FLOORS INC (6) CONNECTICUT STATE-WIDE PENSION (7) CONSOLIDATED CONTRACTORS (8) CONSTRUCTION MAINTENANCE PLUS (9) CONSTRUCTION RESOURCES CORP (10) CONTI ENTERPRISE INC (11) CONTRACT CARPETS INC (12) COPELAND SURVEYING INC (13) CORNERSTONE DETENTION PRODUCTS (14) CORRADO AMERICAN

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust **(b)** Primary activity (c) (d) (e) (i) (f) (g) (h) Name, address, and EIN of Direct controlling Type of entity Legal Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, (b)(13)domicile entity ownership income year (state or foreign or trust) assets controlled country) entity? No Yes (151) COSTANZO LR CO INC (1) CPB INC DBA TRADE IMAGES (2) CPM LLC (3) CPR FURNITURE INSTALLATION LLC (4) CRAFTSOURCE INC (5) CRAMER M ASSOC (6) CREAMER ENVIRONMENTAL INC (7) CREAMER FLETCHER J SON INC (8) CREATIVE FLOORING CONTRACTORS (9) CREATIVE SURFACES INC (10) CRESSWELL BROTHERS (11) CUNNINGHAM MARIE ENT (12) CURRAN JJ SON (13) CURTAINWALL INSULATION SYSTEMS (14) CYMA CARPENTRY CO

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (e) (i) (c) (f) (g) (h) Primary activity Name, address, and EIN of Direct controlling Legal Type of entity Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, ownership domicile entity (b)(13)income year (state or foreign or trust) assets controlled country) entity? No Yes (166) CZARNOWSKI DISPLAY (1) D JARMER FLOORING LLC (2) DALE CONSTRUCTION CO INC (3) DAMAN INDUSTRIAL SERVICES (4) DANDREA BROS CONCRETE CO INC (5) DANGELO BROS INC (6) DC ELECTRIC INC (7) DEFELICE CONSULTING (8) DEGLER-WHITING INC (9) DEGOL BROTHERS (10) DELAWARE RIVER WATERFRONT CORP (11) DELCON CONTRACTORS INC (12) DETAILZ CONSTRUCTION LLC (13) DG SALES LLC (14) DGC CAPITAL CONTRACTING CORP

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (e) (i) (c) (f) (g) (h) Primary activity Name, address, and EIN of Direct controlling Percentage Legal Type of entity Share of total Share of end-of-Section 512 related organization (C corp, S corp, ownership domicile entity (b)(13)income year (state or foreign or trust) assets controlled country) entity? No Yes (181) DGI-MENARD INC (1) DHH CONSTRUCTION INC (2) DIMENSION WALL CEILING INC (3) DISABATINO ERNEST SONS INC (4) DJN SOLUTIONS LLC (5) DN TANKS INC (6) DOCK SERVICES INC (7) DOLENTE LOUIS SONS (8) DOMUS ENTERPRISES INC (9) DONNELLY EP INC (10) DOUD CONSTRUCTION (11) DOUGHERTY JOHN J SONS INC (12) DOVELIN ENTERPRISES (13) DPO BUILDING MAINT & CONSTR

(14) DRESSER-RAND FIELD SUPPORT SER

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (e) (i) (c) (f) (g) (h) Primary activity Name, address, and EIN of Direct controlling Legal Type of entity Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, domicile entity ownership (b)(13)income year (state or foreign or trust) assets controlled country) entity? No Yes (196) DRISCOLL CONSTR CO INC (1) DRISCOLL LF CO (2) DRISCOLL-PIERSON JOINT VENTURE (3) DRYDEN DIVING CO INC (4) D'S OVERHEAD DOOR SERVICES (5) DUGGAN MARCON INC (6) DUPUY CONSTR SERVICES INC (7) DZWIL JOHN H MASONRY CONTR (8) EA MECHANICAL SERVICES (9) EK CONSTRUCTION LLC (10) EAGLE MANAGEMENT GROUP INC (11) EAGLES STADIUM (12) EASTERN MILLWRIGHT REGIONAL CO (13) EASTERN SCAFFOLDING SHORING (14) EBS MILLWORK INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (c) (d) (e) (i) (f) (g) (h) Primary activity Name, address, and EIN of Direct controlling Legal Type of entity Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, domicile entity ownership (b)(13)income year (state or foreign or trust) assets controlled country) entity? No Yes (211) ECONOMY DECORATORS INC (1) EDA CONSTRUCTION CO (2) EGJ INC (3) ELLIOTT LEWIS SPECIALTIES INC (4) EMLYN CONSTRUCTION COMPANY INC (5) ENGINEERING REFRIGERATION (6) ERICKSON C SONS INC (7) ESPINOSA GROUP INC (8) ETHOS ENERGY FIELD SERVICES (9) ETNA CORPORATION INC (10) EVENTS BY SCOTT MIRKIN INC (11) EXCEL FLOORING OF TRI-STATE (12) EXTERIOR ERECTING SERVICE INC (13) F4 INSTALLATIONS (14) FACILITY SERVICES GROUP

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust **(b)** Primary activity (c) (d) (e) (i) (f) (g) (h) Name, address, and EIN of Direct controlling Legal Type of entity Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, domicile entity ownership (b)(13)income year (state or foreign or trust) assets controlled country) entity? No Yes (226) FAST BREAK ATHLETIC COURTS (1) FASTRACK BUILDERS INC (2) FAY CO JOSEPH B (3) FIRST DAVIS CORP (4) FIVE STAR BUILDERS INC (5) FIVE STAR INSTALLATION CORP (6) FLATIRON BLDG CO INC (7) FLORIDA UBC HEALTH FUND (8) FLORKOWSKI TOM BUILDERS INC (9) FLUOR CONSTRUCTORS INC (10) FLUOR MECHANICAL SERVICE (11) FORCE DRILLING (12) FOSS COMPANY (13) FOUNDATION STRUCTURES INC (14) FOURTH DIMENSION DOOR CO

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust **(b)** Primary activity (c) (d) (e) (i) (f) (g) (h) Name, address, and EIN of Direct controlling Type of entity Percentage Legal Share of total Share of end-of-Section 512 related organization (C corp, S corp, domicile entity ownership (b)(13)income year (state or foreign or trust) assets controlled country) entity? No Yes (241) FOWLER WM FLOOR COVERING (1) FRED M SCHIAVONE CONSTR INC (2) FREEMAN EXPOSITIONS INC (3) FROMKIN BROTHERS INC (4) FURNETECH INC (5) GA CARPENTRY (6) GT ERECTORS LLC (7) G2 INC (8) GALWAY DEVELOPMENT CORP (9) GAROZZO SCIMECA CONSTR INC (10) GASPER FLOORING (11) GENERAL ASPHALT PAVING CO (12) GENERAL EXPOSITIONS SERV INC (13) GENTILE D CONCRETE (14) GEORGE YOUNG MECHANICAL

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (e) (i) (c) (f) (g) (h) Primary activity Name, address, and EIN of Direct controlling Legal Type of entity Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, domicile entity ownership (b)(13)income year (state or foreign or trust) assets controlled country) entity? No Yes (256) GERMAN AMERICAN MARKETING INC (1) GIFFIN INTERIOR FIXTURE CO (2) GILL SS CO (3) GLEESON POWERS INC (4) GLOBAL EXPERIENCE SPECIALISTS (5) GLOBAL INSTALLATION RESOURCES (6) GLOBAL SPECTRUM (7) GOEBEL FIXTURE CO (8) GOETTLE RICHARD INC (9) GRABOYES COMMERCIAL WINDOW CO (10) GRANGER CONTRACTING CO INC (11) GRANROTH BUILDERS INC (12) GREAT LAKES ENVIROMENTAL & (13) GROSSO CONSTRUCTION INC (14) GROUND PENETRATION

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (b) Primary activity (d) (e) (i) (c) (f) (g) (h) Name, address, and EIN of Direct controlling Percentage Legal Type of entity Share of total Share of end-of-Section 512 related organization (C corp, S corp, ownership domicile entity (b)(13)income year (state or foreign or trust) assets controlled country) entity? No Yes (271) GUIDI EP INC (1) GYM TEK INC (2) H&M INSTALLATIONS INC (3) HAAS PETERS CONSTRUCTION GRP (4) HAGEN CONSTRUCTION INC (5) HAINES KIBBLEHOUSE INC (6) HAMPSHIRE JOHN H INC (7) HANOVER RS LTD PARTNERSHIP (8) HARDCOURTS LLC (9) HARGROVE INC (10) HARRIS ENVIRONMENTAL SYSTEMS (11) HAVERSTICK-BORTHWICK CO (12) HAYWARD BAKER INC (13) HEALTH SCIENCES CONSTRUCTION (14) HEALY LONG JEVIN INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust **(b)** Primary activity (c) (d) (e) (i) (f) (g) (h) Name, address, and EIN of Direct controlling Type of entity Legal Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, domicile entity ownership (b)(13)income year (state or foreign or trust) assets controlled country) entity? No Yes (286) HEARTWOOD BLDG GROUP INC (1) HECHT'S MACY'S (2) HELBLING BROS INTERIORS (3) HENDERSON CONSTRUCTORS INC (4) HENKELS MCCOY INC (5) HENRY ARTHUR INC (6) HERITAGE FLOORING LLC (7) HI TECH DATA FLOORS INC (8) HI TECH FLOORING INC (9) HK PANEL SYSTEMS (10) HMS INTERIORS INC (11) HOLLY-WOOD III CONSTRUCTION IN (12) HOOKE INSTALLATIONS (13) HOVERMILL BW CO INC

(14) HUNEKE ASSOCIATES

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (c) (d) (e) (i) (f) (g) (h) Primary activity Name, address, and EIN of Direct controlling Legal Type of entity Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, domicile entity ownership (b)(13)income year (state or foreign or trust) assets controlled country) entity? No Yes (301) HUNTER ROBERTS CONSTR GROUP (1) HUTCHINSON CABINETS LLC (2) HYDRO-MARINE CONSTR CO INC (3) IDF INC (4) IEW CONSTRUCTION GROUP (5) IJS INC (6) ILLINOIS CHICAGO NORTHEAST (7) INDEPENDENCE WOODWORK CO INC (8) INDEPENDENT CONTRACT FLOORING (9) INDUSTRIAL MILLWRIGHTS (10) INSTASPACE LLC (11) INSULATION CONTRACTORS INC (12) INTECH CONSTRUCTION INC (13) INTEGRITY INSTALLATION INC (14) INTEGRITY INTERIORS INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust **(b)** Primary activity (c) (d) (e) (i) (f) (g) (h) Name, address, and EIN of Direct controlling Type of entity Legal Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, domicile entity ownership (b)(13)income year (state or foreign or trust) assets controlled country) entity? No Yes (316) INTERIOR INSTLTN SERVICES INC (1) ISIGN (2) J & J LAND MANAGEMENT INC (3) J ANTHONY EQUIPMENT CO (4) J DYLAN CONCRETE (5) JB WELDING INC (6) JG ACOUSTICAL CO INC (7) JM CARPENTRY BUILDERS INC (8) JM INTERIORS INC (9) J2 CONSTRUCTION SRVCS (10) JACKSON INSTALLATIONS LLC (11) JAFCO INDUSTRIES LLC (12) JAMES FLOOR CO (13) JANNEY MONTGOMERY SCOTT LLC

(14) JAVIN INSTALLERS INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (c) (d) (e) (i) (f) (g) (h) Primary activity Name, address, and EIN of Direct controlling Legal Type of entity Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, domicile entity ownership (b)(13)income year (state or foreign or trust) assets controlled country) entity? No Yes (331) JC WATSONS CONSTRUCTION INC (1) JG CONTRACTING LLC (2) JH KELLY (3) JINGOLI JOSEPH SON INC (4) JONES M R LLC (5) JPC GROUP INC (6) JSL KELLY PILE FOUNDATION INC (7) KATZIANER CONSTRUCTION CO INC (8) KAY SONS DRAPERIES (9) KAZIMAR INDUSTRIAL SVS INC (10) KEATING BUILDING CORPORATION (11) KEATING DANIEL J COMPANY (12) KEWAUNEE SCIENTIFIC EQUIP (13) KIEWIT POWER CONSTRUCTORS (14) KIMBALL CONSTRUCTION CO INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (e) (i) (c) (f) (g) (h) Primary activity Name, address, and EIN of Direct controlling Legal Type of entity Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, domicile entity ownership (b)(13)income year (state or foreign or trust) assets controlled country) entity? No Yes (346) KIRK ERECTORS INC (1) KJMK CONSTRUCTION INC (2) KORESH JOHN INSTALLATIONS (3) KORZ CONSTRUCTION INC (4) KRAUS DRAPERIES INSTALLATION (5) KREITZ MORRIS SONS INC (6) KSK CONSTRUCTION LLC (7) LABOR RENTAL COMPANY (8) LAFATA CONTRACT SERVICES (9) LAMARRA FRANK R INC (10) LAMBS MOBILE HOME SERVICE (11) LANKFORD CONSTRUCTION CO (12) LAWRENCE JOHN D INC (13) LEAKS CONSTRUCTION (14) LENICK CONSTRUCTION INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust **(b)** Primary activity (c) (d) (e) (i) (f) (g) (h) Name, address, and EIN of Direct controlling Type of entity Legal Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, (b)(13)domicile entity ownership income year (state or foreign or trust) assets controlled country) entity? No Yes (361) LEWIS AJ CONTRACTING CORP (1) LEXI INTERIORS INC (2) LIBERTY DOOR SYSTEMS (3) LIBERTY FLOORING (4) LINDE-GRIFFITH CONST CO (5) LMR CONSTRUCTION GROUP LLC (6) LONG GUY C INC (7) LORENZON BROS CO (8) LOUISIANA CARP LU#1098 (9) LUTTER T FRANK INC (10) LVI ENVIRONMENTAL SERVICES INC (11) MH CONSTRUCTION & DESIGN INC (12) MJ CEILINGS INC (13) MADISON CONSTRUCTION CO

(14) MAGNUM INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust **(b)** Primary activity (c) (d) (e) (i) (f) (g) (h) Name, address, and EIN of Direct controlling Type of entity Share of total Legal Share of end-of-Percentage Section 512 related organization (C corp, S corp, (b)(13)domicile entity ownership income year (state or foreign controlled or trust) assets country) entity? No Yes (376) MAIN LINE EXPO (1) MANDREL CONSTRUCTION CO INC (2) MANION TJ CO (3) MANN J-FINLEY R INC (4) MARBRO INC (5) MARIN BROTHERS INC (6) MARLEY COOLING TOWER CO (7) MARTIGNETTI CONSTR CO INC (8) MASON BUILDING GROUP THE (9) MASSA CONSTRUCTION CORP (10) MASSIMINO BLD CORP (11) MASTERKEY CONSTRUCTION INC (12) MATRIX SME INC

(13) MAXUM EXPO SERVICES

(14) MAYES LLC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (e) (i) (c) (f) (g) (h) Primary activity Name, address, and EIN of Direct controlling Legal Type of entity Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, domicile entity ownership (b)(13)income year (state or foreign or trust) assets controlled country) entity? No Yes (391) MCCARLS INC (1) MCCOLGAN PROJ MGT INC (DCK) (2) MCCROSSIN FOUNDATIONS LLC (3) MCCROSSIN GM INC (4) MCDONALD BUILDING CO (5) MCILVAIN ALAN CO (6) MCKISSACK GROUP INC (7) MCMANUS JOHN S INC (8) MCSHANE CONSTRUCTION LLC (9) MECO CONSTRUCTORS INC (10) MEGA CONCRETE INC (11) METAL STRUCTURES INC (12) METRO DECORATORS INC (13) METRO INTERIORS CONSTRUCTION (14) METRO OFFICE FURNITURE INSTALL

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(14) MJB DRYWALL & INTERIORS INC

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Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust **(b)** Primary activity (c) (d) (e) (i) (f) (g) (h) Name, address, and EIN of Legal Direct controlling Type of entity Percentage Share of total Share of end-of-Section 512 related organization (C corp, S corp, domicile entity ownership (b)(13)income year (state or foreign or trust) assets controlled country) entity? No Yes (451) NORTHWOOD CONST CO (1) NOTTINGHAM CONSTRUCTION INC (2) NOVINGERS INC (3) Nth DEGREE (4) NU FLOORS LLC (5) NURMINEN CONSTRUCTION CORP (6) NYLEVE BRIDGE CORP (7) O'BARR CONSTRUCTION LLC (8) OCP CONTRACTORS INC (9) OFFICE PARTITION INC (10) OLD CITY MILLWORK (11) ON LOCATION INC (12) ON SITE DRAPERY CLEANING INC (13) ON THE LEVEL INSTALLATION (14) ORION INTERIORS INC

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Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust **(b)** Primary activity (c) (d) (e) (i) (f) (g) (h) Name, address, and EIN of Direct controlling Type of entity Percentage Legal Share of total Share of end-of-Section 512 related organization (C corp, S corp, domicile entity ownership (b)(13)income year (state or foreign or trust) assets controlled country) entity? No Yes (511) QUALITY FLOORING WORKROOM (1) QUINN CONSTRUCTION INC (2) R&D CREATIONS (3) RJ INSTALLERS (4) RP CONSTRUCTION OF NJ INC (5) RR CEILINGS INC (6) RADOMSKI FRANK V SONS INC (7) RAILROAD CONSTRIRON BRIDGE JV (8) RAM JACK (9) REAL CONSTRUCTION LLC (10) REBER FRIEL COMPANY (11) REDEVELOPMENT AUTH OF PHILA (12) REIDER EDWARD INC (13) RENAISSANCE MANAGEMENT INC (14) RESOURCE NEW JERSEY

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust **(b)** Primary activity (c) (d) (e) (i) (f) (g) (h) Name, address, and EIN of Direct controlling Type of entity Legal Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, (b)(13)domicile entity ownership income year (state or foreign or trust) assets controlled country) entity? No Yes (526) RESTALL PAUL CO INC (1) RETAIL FIXTURE INSTALLATION (2) RICKBORN INDUSTRIAL SRV & EREC (3) RIFF GROUP (4) RIGGS DISTLER CO INC (5) RITTER CONTRACTING INC (6) ROCHINSKI ENTERPRISES (7) ROCKPORT CONSTRUCTION CO INC (8) ROE FABRICATORS INC (9) ROUTE 52 CONTRACTORS (10) ROYAL CON INDUSTRIES (11) RP CONCRETE INC (12) RUSCO FIXTURE CO (13) RUSS KELLY & ASSOCIATES (14) RW DAKE CO INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust **(b)** Primary activity (c) (d) (e) (i) (f) (g) (h) Name, address, and EIN of Direct controlling Type of entity Legal Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, domicile entity ownership (b)(13)income year (state or foreign or trust) assets controlled country) entity? No Yes (541) SC INSTALLATION SERVICES INC (1) SP CONSTRUCTION CO INC (2) SABOSIK ME ASSOCIATES INC (3) SAFESPAN PA LLC (4) SAFWAY SERVICES INC (5) SALERNO JA SONS INC (6) SALVO CONSTRUCTION INC (7) SAMAP USA CORP (8) SAMUEL S GRAHAM INC (9) SCHECK MECHANICAL CORPORATION (10) SCHIAVONE CONST CO (11) SCHNABEL FOUNDATION (12) SCHULTZ WILMER R INC (13) SCHWERTNER CH SON INC

(14) SDK ASSOCIATES LLC

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(14) STEPHEY AL CONTR BLDG

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust **(b)** Primary activity (c) (d) (e) (i) (f) (g) (h) Name, address, and EIN of Direct controlling Type of entity Legal Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, domicile entity ownership (b)(13)income year (state or foreign or trust) assets controlled country) entity? No Yes (601) STEPNOWSKI BROTHERS INC (1) STOKES EQUIPMENT CO (2) STONE & WEBSTER CONSTRUCTION (3) STRUCTURAL SERVICES INC (4) SULLIVAN INC (5) SUMMIT DRYWALL LLC (6) SUPERIOR SCAFFOLD (7) SUPREME CEILINGS INC (8) SURFACE SPECIALIST (9) SW FRANKS COMPANY (10) SWEENEY HT SON INC (11) T&G CONSTRUCTION OF STILLWATER (12) TAB STOREFORCE INC (13) TAD INSTALLATIONS INC (14) TALLEY BROTHERS INC

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