Form 990

# **Return of Organization Exempt From Income Tax**

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

2017

DLN: 93493135036889 OMB No 1545-0047

		of the Treasur enue Service	<ul> <li>Do not enter social security numbers on this form as it may be</li> <li>Information about Form 990 and its instructions is at </li></ul>
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Preparer's signature DENNIS W GROW CPA

Date 2019-05-14

PTIN

P00190259

Check  $\square$  if

self-employed

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Here

**Paid** 

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**Use Only** 

SUSAN FISHER VICE-CHAIRPERSON Type or print name and title

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Firm's name SCHAFFNER KNIGHT MINNAUGH & CO PC

Firm's address ► 1545 WEST 38TH STREET

Form	990 (2017)					Page <b>2</b>
Par	t IIII Statement	of Program Servi	ce Accomplis	hments		
	Check If Sche	dule O contains a resp	onse or note to	any line in this Part III		🗆
1	Briefly describe the o	organization's mission				
<u>TO P</u>	ROVIDE HEALTH, DEN	TAL, VISION, AND WE	LLNESS BENEFIT	S TO MEMBER EMPLOYEES	5	
_						
2	-			vices during the year which		
						🗌 Yes 🗹 No
_	•	ese new services on Sc				
3	<del>-</del>	<del>-</del> :	_	changes in how it conducts		☐ Yes ☑ No
						∟ Yes ⊻ No
		ese changes on Schedu				
4	Section 501(c)(3) an		ons are required	to report the amount of g	gest program services, as measi rants and allocations to others,	
4a	(Code	) (Expenses \$	44,045,095	including grants of \$	) (Revenue \$	45,209,948 )
	See Additional Data					
4b	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
	-					
	/G	\				
4c	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
4d	Other program servi	ces (Describe in Sched	lule O)			
	(Expenses \$	ınd	luding grants of	\$	) (Revenue \$	)
4e	Total program serv	vice expenses ▶	44,045,0	95		
						Form <b>990</b> (2017)

or X as applicable

**Checklist of Required Schedules** 

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,

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,"

ın Part X, line 16? *If "Yes," complete Schedule D, Part IX* 😼 . . . . . . . . . . . . . . . .

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

**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 . . . . . . . . . . . . .

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

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) . . . .

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

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?

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?

. No

Page 3

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11a

11b

11c

11d

11e

11f

12a

12b

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14a

14b

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Yes

Yes

Yes

Yes

Yes

Nο

Nο

Nο

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No

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No

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Nο

Νo

Nο

No

Nο

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Part IV	Checklist of Required Schedules (continued)

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

instructions for applicable filing thresholds, conditions, and exceptions)

	/			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	206		

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX.

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," 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

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 . . .

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

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . .

20b 21

22

23

24a

24b

24c

24d

25a

25b

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28a

28b

28c

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Yes

Yes

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Nο

Nο Νo

Nο

orm '	990 (2017)					Page
Par	Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part	٧.				
					Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	0	]		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to ve (gambling) winnings to prize winners?	endors •	and reportable gaming	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	2a		ا ا		
	If at least one is reported on line 2a, did the organization file all required federal employi <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (se			2b		
	Did the organization have unrelated business gross income of \$1,000 or more during the		•	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation	•		3b		110
	At any time during the calendar year, did the organization have an interest in, or a signal					
	financial account in a foreign country (such as a bank account, securities account, or other			4a		No
	If "Yes," enter the name of the foreign country ▶	d Finan	cial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during th	ne tax '	year <sup>?</sup>	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax		•	5b		No
				30		
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,00 solicit any contributions that were not tax deductible as charitable contributions?		d did the organization	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that su not tax deductible?	ıch con	tributions or gifts were	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 ar provided to the payor?	nd part •	ly for goods and services	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provide	ded?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property fo	or whic	h it was required to file			
	Form 8282?	1		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a perso	onal be	enefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal	benef	it contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organ	nizatior	n file Form 8899 as			
	required <sup>7</sup>			<b>7</b> g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did 1098-C?	the o	rganization file a Form	   7h		
	Sponsoring organizations maintaining donor advised funds.			-"		
	Did a donor advised fund maintained by the sponsoring organization have excess busines the year?	ss hold	ings at any time during	8		
۵-	Did the sponsoring organization make any taxable distributions under section 4966? .			9a		
	Did the sponsoring organization make any taxable distributions under section 49667.  Did the sponsoring organization make a distribution to a donor, donor advisor, or related	 Inerco	n?	9a 9b		
	bid the sponsoring organization make a distribution to a donor, donor advisor, or related Section 501(c)(7) organizations. Enter	i perso		90		
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a 10b				
	L Company of the Comp	100				
	Section 501(c)(12) organizations. Enter  Grace uncome from members or charabolders	44.1				
	Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	11b				
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 99	90 ın lı	eu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1				
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	12b				
	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> additional information the organization must report on Schedule O	See th	e instructions for	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
_	Enter the amount of reserves on hand	13c				
·				. 1		NI-
	Did the organization receive any payments for indoor tanning services during the tax yea	ar? .		14a		No

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Par	<b>t VI</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			✓
Se	ction A. Governing Body and Management		· ·	
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 54		Yes	No
	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  54			
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?	<b>8</b> b	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? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	⊋.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
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		
	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 on Calculula Contrattan (and if an incomplete or name day, and in a contrattance of the contratta			
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year  State the name, address, and telephone number of the person who possesses the organization's books and records			

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Part VII Compensation of Officer and Independent Contra	,	Truste	es, I	Key	En	ployees	, Highest Comp	ensated Employ	rees,
Check if Schedule O contains a	response or no	te to an	y line	ın t	his	Part VII .			$\square$
Section A. Officers, Directors, Tru	stees, Key E	mploy	ees,	, an	d H	lighest (	Compensated En	nployees	
<ul> <li>1a Complete this table for all persons requireges</li> <li>List all of the organization's current off compensation Enter -0- in columns (D), (</li> </ul>	icers, directors,	trustee	es (wh	neth	er ır	ıdıvıduals (	,		-
• List all of the organization's current key	., , ,	•					on of "kev emplove	e "	
<ul> <li>List the organization's five current high who received reportable compensation (Box organization and any related organizations</li> </ul>	est compensate 5 of Form W-2	d emplo and/or E	yees Box 7	(oth of F	ner t orm	han an off 1099-MIS	icer, director, truste SC) of more than \$1	e or key employee) 00,000 from the	
<ul> <li>List all of the organization's former office of reportable compensation from the organization</li> </ul>						pensated e	employees who rece	ived more than \$10	0,000
<ul> <li>List all of the organization's former directions</li> <li>preparation, more than \$10,000 of reportable</li> </ul>									9
List persons in the following order  individua compensated employees, and former such p		ectors, ı	ınstıtı	utior	nal t	rustees, of	fficers, key employe	es, highest	
☑ Check this box if neither the organizatio	n nor any relate	ed organ	nizatio	on co	omp	ensated ar	ny current officer, di	rector, or trustee	
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Highest Highest Institution or director				s person and a	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations

compensated employees, and former such persons												
Check this box if neither the organization	on nor any relate	d organ	ıızatıc	on co	omp	<u>ensat</u> e	d ar	y current officer, di	rector, or trustee			
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	Position than o	on (do one bo	(C) o not ox, u	) t che unles ficer	eck moss pers	ore son	(D) Reportable compensation from the organization (W-	<b>(E)</b> Reportable compensation from related organizations	(F) Estimated amount of other compensation from the		
	for related organizations below dotted line)	Individual trustee or director			2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations					
See Additional Data Table							$\Box$					
	+			$\vdash$	$\vdash$		$\vdash$					
			<u> </u>	H	Н		Н					
				Ш	Ш		Ш					
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(B) (D) (F) (A) (C) (E) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from related from the compensation any hours director/trustee) organization (Worganizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Individual trustee or director Highest compensated employee related organizations Institutional Trustee below dotted organizations employee line) See Additional Data Table  $\blacktriangleright$ c Total from continuation sheets to Part VII, Section A . ▶ d Total (add lines 1b and 1c) . 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > Yes No 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual. 3 Nο For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such ındıvıdual . 4 Nο Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for 5 services rendered to the organization? If "Yes," complete Schedule I for such person . . . 5 Nο Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (B) (C) (A) Description of services Name and business address Compensation

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

compensation from the organization >

Part		I Statement of Revenue	<u> </u>						rage <b>3</b>
		Check if Schedule O contain		onse or note to any	y line in this Part VIII				🗆
					<b>(A)</b> Total revenue	( <b>B)</b> Related exemp function	t n	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a	Federated campaigns	1a		<u> </u>	revenu	e		512-514
tributions, Gifts, Grants Other Similar Amounts		<b>b</b> Membership dues	1b						
3ra nou		c Fundraising events	1c						
S. ( An		d Related organizations	1d						
Giff ilar		e Government grants (contributions)		_					
S. III		F All other contributions, gifts, grants							
Contributions, Gifts, Grants and Other Similar Amounts	'	and similar amounts not included above	1f						
혈粪	,	Noncash contributions include							
Contr and C		ın lınes 1a-1f \$							
<u>ة</u> ك	_ <u> </u>	Total.Add lines 1a-1f		<u> </u>					
KILE				Busines					
Service Revenue	2a	INDEMNITY PLAN CONTRIBUTIONS			45,2	209,948	45,209,948		
ı, Ç	b								
rΜC	С								
32	d								
ıran.	e f	All other program service reven							
Program		Total.Add lines 2a-2f		45,	,209,948				
		Investment income (including di		nterest, and other	. 1	Τ			
	S	similar amounts)		,	457,19	5			457,196
		Income from investment of tax-6			<u> </u>				
	5	Royalties			<u>▶ </u>				
	6a	Gross rents	.eai	(II) Personal	$\dashv$				
	b	Less rental expenses							
	c	; Rental income or			-				
		(loss)			Ц				
	a	Net rental income or (loss) .				-			
	7a	Gross amount	urities	(II) Other	$\dashv$				
		from sales of assets other							
		than inventory							
	b	Less cost or other basis and							
	_	sales expenses			_				
		Gain or (loss)  Net gain or (loss)							
		Gross income from fundraising		<u> </u>					
ne		(not including \$	_ of						
æ		contributions reported on line 1 See Part IV, line 18							
Other Revenue	b	Less direct expenses	. ь						
er		: Net income or (loss) from fundi		ents 🕨	_				
Oth	9a	Gross income from gaming acti See Part IV, line 19	vities						
		,	а	1					
	b	Less direct expenses	. ь						
		: Net income or (loss) from gami	ng activit	les <b>&gt;</b>					
	10a	Gross sales of inventory, less returns and allowances							
			a						
	b	Less cost of goods sold	b						
	C	Net income or (loss) from sales	of invent						
	11	Miscellaneous Revenue  aGASB INCOME		Business Code	390,36	5			390,365
		GASB INCOME			350,50				330,303
	b	•			1				+
	_								
	c				1				+
	el.	All other revenue			1	1			+
		Total. Add lines 11a-11d .		<b>&gt;</b>	1				+
		Total revenue. See Instruction			390,36	5			+
				• • • •	46,057,509	9 45	5,209,948		847,561 Form <b>990</b> (2017)
									101111 タタザ(ムリエノ)

	n 990 (2017)				Page <b>10</b>
	rt IX Statement of Functional Expenses ion 501(c)(3) and 501(c)(4) organizations must complete all col	lumns All other orga	ınızatıons must comp	olete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX	<u></u>		🗆
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4	Benefits paid to or for members	40,426,808	40,426,808		
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
Ŀ	Legal				
c	: Accounting	8,850		8,850	
c	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	46,359		46,359	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,618,287	3,618,287		
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
	Royalties				
16	Occupancy				
	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O )				
	a				
	b				
	<u>c</u>				
	d All other conservations				
	e All other expenses				
	Total functional expenses. Add lines 1 through 24e	44,100,304	44,045,095	55,209	0
26	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation  Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

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Assets

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Liabilities 22

Fund Balances

Assets or 30

Net

3,553,807

2,225,273

16.929.275

1.302.500

24.010.855

3.175.907

3,175,907

20,834,948

20,834,948

24.010.855

Form **990** (2017)

(B)

End of year

Page **11** 

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

Accounts receivable, net .

Part II of Schedule L

Notes and loans receivable, net . Inventories for sale or use .

Prepaid expenses and deferred charges . 10a Land, buildings, and equipment cost or other

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 .

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

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

key employees, highest compensated employees, and disqualified

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

Investments—program-related See Part IV, line 11

basis Complete Part VI of Schedule D Less accumulated depreciation

Intangible assets . . . . .

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

Other assets See Part IV, line 11 .

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 .

1	Cash-non-interest-bearing					•				
2	Savings and temporary cash	ınv	estr	nen	ts					

Pledges and grants receivable, net . . . Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . . . . Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and

10a

10b

- contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete
- 297,191

(A)

Beginning of year

2,192,123

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18.514.010

1,302,500

22,305,824

2.980.569

2,980,569

19,325,255

19,325,255

22.305.824

10c

Page **12** 

20,834,948

No

No

No

Form 990 (2017)

Yes

Yes

Yes

2a

2b

2c

3a

3b

Form 990 (2017)

Part XII

Schedule O

3	Revenue less expenses Subtract line 2 from line 1	3	1,957,205
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	19,325,255
5	Net unrealized gains (losses) on investments	5	-447,512
6	Donated services and use of facilities	6	
-	Towards and armanage		

5	Net unrealized gains (losses) on investments	5	-447,51
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	

☐ Cash ☑ Accrual ☐ Other

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))

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

If the organization changed its method of accounting from a prior year or checked "Other," explain in

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

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

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

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

Consolidated basis

**b** Were the organization's financial statements audited by an independent accountant?

**Financial Statements and Reporting** 

**1** Accounting method used to prepare the Form 990

separate basis, consolidated basis, or both

Separate basis

consolidated basis, or both Separate basis

Audit Act and OMB Circular A-133?

### Additional Data

Software ID:

Software Version:

**EIN:** 25-1699509

Name: NORTHWESTERN REGION EMPLOYEE

BENEFIT TRUST

Form 990 (2017)

Form 990, Part III, Line 4a: THE TRUST WAS ORGANIZED AS A VOLUNTARY EMPLOYEE BENEFIT ASSOCIATION FOR THE PURPOSE OF SERVING AS A VEHICLE FOR THE PROVISION OR PURCHASE OF EMPLOYEE BENEFITS, SUCH AS (BUT NOT LIMITED TO) MEDICAL, HOSPITALIZATION, DENTAL, VISION, WELLNESS, AND LIFE INSURANCE BENEFITS THE TRUST IS NOT INTENDED TO FUNCTION AS AN INSURANCE COMPANY FOR THE MEMBERS RATHER, IT IS A MEANS OF COMBINING THE ADMINISTRATION OF CLAIMS, OF OBTAINING LOWER INSURANCE RATES, AND OF DEVELOPING A COMPREHENSIVE LOSS CONTROL PROGRAM

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any hours	and	a dir	ecto	r/tr	ustee	)	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	10	l۳	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
VALERIE TOPLOVICH CHAIRPERSON	0 50	×		×				0	0	0
SUSAN FISHER VICE-CHAIRPE	0 50	x		×				0	0	0
BARB DEJESUS TREASURER	0 50	Х		х				0	0	0

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SUSAN FISHER
VICE-CHAIRPE
BARB DEJESUS
TREASURER
ED BARNES
SECRETARY

.....

FRANK BIZJAK

GREG MAYLE

PAUL VANDUSEN

CHERYL KRACHKOWSKI

BRENDA CLABBATZ

CRAIG SUCHAR

TRUSTEE

TRUSTEE

**TRUSTEE** 

TRUSTEE

TRUSTEE

TRUSTEE

and Independent Contractors

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the from related compensation any hours and a director/trustee) from the

organization

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organizations

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

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**TRUSTEE** 

TRUSTEE

CAROL ELLIOTT

RANDY FEDEI

ERIC DUDA

DONNA ERDMAN

ROSANNE GANGEMI

	dily flours   and a director/trastee/						,	01941112441011	(14) 3 (4.000	and the	
	for related organizations below dotted line)		Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
JULIE BAUER TRUSTEE	0 50	×						0	0	0	
JEFF FOBES TRUSTEE	0 50	x						0	0	0	
CHRIS JORDAN TRUSTEE	0 50	×						0	0	0	

TRUSTEE		^			U	
CHRIS JORDAN	0 50				0	
TRUSTEE		^			9	
CHRIS KONDZIELSKI	0 50	l 🗸			0	
TRUSTEE		_ ^			0	
TERRI BIRCHARD	0 50					

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

SHANNON MCLALLEN

TRUSTEE

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TRUSTEE

**TRUSTEE** 

TRUSTEE

TRUSTEE

TRUSTEE

KARL DOLAK

DONNA MILLER

MIKE BRENNAN

MATTHEW MIKOVICH

KELLY CLARK

**DEBRA GROVE** 

JACOUELYNN DUTCHCOT

	any hours	and	l a dır	ecto	r/tr	ustee	)	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
ERIK KINCADE TRUSTEE	0 50	x						0	0	(
KIMBERLY HELLER	0 50	x						0	0	
TRUSTEE									_	

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(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless hours per compensation compensation week (list person is both an officer from the from related compensation

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

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**TRUSTEE** 

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**TRUSTEE** 

**TRUSTEE** 

DIANE PAULI

JAN BRABENDER

MARY ECKART

CHERYL HAMILTON

BARBARA VALIMONT

......

	any hours					ustee		organization	organizations	from the	
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Ů.	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
KELLY HESS TRUSTEE	0 50	x						0	0	0	
JAMES CROTTY TRUSTEE	0 50	х						0	0	0	
	0.50										

TRUSTEE		^			0	0	
JAMES CROTTY	0 50	x			0	0	
TRUSTEE		^			,	,	
JERRY FENNER	0 50	x			0	0	
TRUSTEE		_ ^			Ĭ	, and the second	

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JERRY FENNER	0.50						n	0	_
TRUSTEE		_ ^					0	0	
JON HUSTEAD	0 50						0	0	
TRUSTEE		^					U	U	
KIMBERLY SMITH	0 50								
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(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

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TRUSTEE

JULIE BISH

**TRUSTEE** 

TRUSTEE

JOHN BARTNICKI

**BRIAN TOTH** 

GINGER WILLIAMS

ROBIN ECHENOZ

TIMOTHY LAVAN

RANDALL SCHWABENBAUER

......

	any hours	and	a dır	ecto	r/tr	ustee	)	organization	organizations	from the	
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	10	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
SARA LAND	0 50	×						0	0	0	
TRUSTEE											
JEFFREY FOX	0 50	х						0	0	0	
TRUSTEE											
REGAN TANNER	0 50	l							0		
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and Independent Contractors

(A)
(B)
(C)
(D)
(E)
(E)
(Average Position (do not check more Reportable Reportable Estimates)

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	hours per week (list any hours	pers and	on is	both	n an	inless office ustee	er	compensation from the organization	compensation from related organizations	amount of other compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
VICKI BENDIG	0 50	x						0	0	0	
TRUSTEE		^							3		
PAM CARSON	0 50	×							0	0	
TRUSTEE		_ ^						ľ	U		
LORI HANNON	0 50	x						0	0	0	
TRUSTEE		_ ^							U		
PAT ADAMS	0 50										

**TRUSTEE** 

SCHEDULE D Supplemental Fina

## **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.

2017

DLN: 93493135036889 OMB No 1545-0047

> Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

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

Name of the organization **Employer identification number** NORTHWESTERN REGION EMPLOYEE BENEFIT TRUST 25-1699509 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 52283D Schedule D (Form 990) 2017

Par		Organizations Maintai	ning Collection	ons of Art,	, Histori	ical T	reas	ures, or	Other	Similar	· Assets (	contin	ued)	
3		the organization's acquisition (check all that apply)	, accession, and	other record	ds, check	any of	the f	ollowing t	hat are	a significa	nt use of it	s colle	ction	
а		Public exhibition			d		Loar	n or excha	ange pro	grams				
b		Scholarly research			e		Othe	er						
c		Preservation for future gener	ations											
4	Provide Part	de a description of the organiz KIII	ation's collection	s and explai	ın how th	ey furtl	her th	ne organız	ation's e	exempt pu	irpose in			
5		g the year, did the organizations to be sold to raise funds rati								mılar	□ <b>Y</b>	es	□ N-	0
Pai	rt IV	Escrow and Custodial Complete if the organiza X, line 21.			orm 990	), Part	IV,	line 9, or	report	ed an an	nount on	Form	990,	Part
1a		e organization an agent, truste ded on Form 990, Part X?	ee, custodian or o	other Interm	edıary for	contri	butio	ns or othe	er assets	not	□ <b>Y</b>	es	□ N	0
ь	If "Ye	es," explain the arrangement i	n Part XIII and c	omplete the	following	table					Amount			_
С	Begin	ning balance							1c					
d	Addıt	ions during the year							1d					
е	Dıstrı	butions during the year							1e					
f	Endın	ig balance							<b>1</b> f					_
<b>2</b> a	Dıd tl	ne organization include an am	ount on Form 99	0, Part X, lır	ne 21, for	escrov	v or c	ustodial a	ccount l	iability?	□ Y	es	□ N	0
b	If "Ye	s," explain the arrangement i	n Part XIII Chec	k here if the	explanat	ion has	s beer	n provided	d in Part	XIII				
Pa	rt V	Endowment Funds. Co	mplete if the c	rganızatıor	n answei	red "Y	es" c	n Form	990, Pa	ırt IV, lın	e 10.			
			(a)	Current year	(b)P	rıor yea	ır	(c)Two ye	ears back	(d)Three	years back	<b>(e)</b> Fo	ur year	s back_
	_	ing of year balance												
		outions												
		estment earnings, gains, and	losses											
		or scholarships												
е		expenditures for facilities ograms												
		strative expenses												
g	End of	year balance												
2		de the estimated percentage o	•	ar end balan	ce (line 1	g, colu	mn (a	a)) held a	s					
а		d designated or quasi-endowm	nent 🟲											
b		anent endowment 🟲												
c	Temp	orarily restricted endowment	<b>&gt;</b>											
_		percentages on lines 2a, 2b, ar												
3а		here endowment funds not in nization by	the possession o	t the organiz	zation tha	t are h	eld ai	nd admini	stered f	or the		Г	Yes	No
	-	nrelated organizations									3	a(i)	103	
	(ii) r	elated organizations									3	a(ii)		
b		es" on 3a(II), are the related o	-				? .					3b		
4	Descr	ribe in Part XIII the intended i	uses of the organ	ization's end	dowment	funds								
Pai	rt VI	Land, Buildings, and E		"Voo" on F	OOC	\ Dowt		11.	C 0 0 F 0	000	Dowt V. Ju	na 10		
	Descri	Complete if the organiza	Cost or other basi		ost or other	•				depreciatio		( <b>d)</b> Boo		<u> </u>
		parama proposa,	(investment)					ļ , ,						
1a	Land													
b	Buildin	gs						1						
С	Leaseh	old improvements												
d	Equipn	nent												
Tota	ıl. Add	lines 1a through 1e (Column (	(d) must equal F	orm 990, Pa	rt X, colui	mn (B)	, line	10(c)) .		<b>&gt;</b>				

Part VII Investments—Other Securities. Complete if the See Form 990, Part X, line 12.	he organization answ	ered "Yes" on Form	990, Part IV, line 11b.
(a) Description of security or category (including name of security)	(b) Book value		thod of valuation I-of-year market value
(1) Financial derivatives		Cost of effic	. J. year market value
(2) Closely-held equity interests	+		
(A) GOVERNMENT BONDS	9,774,616		F
(B) CERTIFICATES OF DEPOSIT (C)	7,154,659		F
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 )	16,929,275		
Part VIIII Investments—Program Related.  Complete if the organization answered 'Yes' on F	Form 990 Part IV Ju	ne 11c. See Form 99	0 Part X line 13
(a) Description of investment	(b) Book value	(c) Me	thod of valuation
(1)		Cost or end	l-of-year market value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			_
(9)			_
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )	<b>•</b>		
Part IX Other Assets. Complete if the organization answered	d 'Yes' on Form 990, Par	t IV, line 11d See For	m 990, Part X, line 15 (b) Book value
(1) RESERVE DEPOSIT			1,302,500
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)			1,302,500
<b>Part X Other Liabilities.</b> Complete if the organization a See Form 990, Part X, line 25.	answered 'Yes' on For	rm 990, Part IV, line	e lie or lif.
1. (a) Description of liability	<b>(b)</b> Bo	ook value	
(1) Federal income taxes  ESTIMATED CLAIMS PAYABLE		2,100,000	
MEMBER CLAIMS PAYABLE		1,039,739	
FEES PAYABLE		36,168	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )  2. Liability for uncertain tax positions In Part XIII, provide the text o	of the footnote to the arr	3,175,907	atements that reports the
organization's liability for uncertain tax positions and Part XIII, provide the text of organization's liability for uncertain tax positions under FIN 48 (ASC 7)			

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments . . . .

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 . . .

Supplemental Information

Donated services and use of facilities . . .

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

Subtract line 2e from line 1 . . . .

Add lines 2a through 2d . .

Return Reference

Part XI

2

b

1

2

c

d

3 4

b

5

Part XIII

Schedule D (Form 990) 2017

Page 4

-447,512 46,011,150

46,359

44,053,945

46,359

44.100.304

Schedule D (Form 990) 2017

d	Other (Describe in Part XIII )	2d				
е	Add lines <b>2a</b> through <b>2d</b>				2e	
3	Subtract line <b>2e</b> from line <b>1</b>				3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line ${f 1}$					
			ı			i

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

4a 46.359

-447.512

2a

2b

2c

2a 2b

2c

2d

4a

4b

Explanation

Investment expenses not included on Form 990, Part VIII, line 7b . 4b Add lines **4a** and **4b** . . . . . 4c 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . . . 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 

46,057,509 44,053,945

2e

3

4c

5

46,359

See Additional Data Table

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

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

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

Page <b>5</b>		chedule D (Form 990) 2017		
	ormation (continued)	Part XIII Supplemental Info		
	Explanation	Return Reference		

Schedule D (Form 990) 2017

## Additional Data

Software ID: Software Version:

**EIN:** 25-1699509

NORTHWESTERN REGION EMPLOYEE

BENEFIT TRUST

Explanation

Supplemental Information Return Reference

SCHEDULE D, PAGE 3, PART X

THE TRUST HAS ADOPTED ACCOUNTING STANDARDS AS THEY RELATE TO UNCERTAIN TAX POSITIONS AND H

Name:

AS EVALUATED ITS TAX POSITIONS TAKEN FOR ALL OPEN TAX YEARS (2014 TO PRESENT) ALL OPEN YE ARS ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, HOWEVER, THE TRUST IS NOT CURRENTLY UNDER AUDIT. NOR HAS THE TRUST BEEN CONTACTED BY ANY TAXING JURISDICTION. THE TR UST HAS NOT BEEN SUBJECT TO ANY INCOME TAX PENALTIES OR INTEREST FOR ALL OPEN TAX YEARS B ASED ON THE EVALUATION OF THE TRUST'S TAX POSITIONS AND ELECTIONS, MANAGEMENT BELIEVES THA T ALL TAX POSITIONS TAKEN AND THE TAX-EXEMPT STATUS OF THE TRUST WOULD BE UPHELD UNDER AN EXAMINATION THEREFORE. NO PROVISION FOR THE EFFECTS OF UNCERTAIN TAX POSITIONS OR THE REV OCATION OF THE TRUST'S TAX-EXEMPT STATUS HAS BEEN RECORDED AS OF OR FOR THE PERIOD ENDED J UNE 30, 2018

efile GRAPH	IIC print	t - DO NOT PROCESS As Filed Data -		DLN:	: 93493135036889						
SCHEDUL (Form 990 or EZ)	OMB No 1545-0047  2017  Open to Public Inspection										
Name of the ord Name of the ord NORTHWESTERN F BENEFIT TRUST 990 Schedul	ication number										
Return Reference		Explanation									
FORM 990, PAGE 6, PART VI, LINE 11B	THE FORM 990 IS PREPARED BY THE ORGANIZATION'S AUDITORS AT THIS TIME, THERE IS NOT A FOR AL PROCESS FOR REVIEWING THE RETURN PRIOR TO FILING										

Return Explanation
Reference

990 Schedule O, Supplemental Information

LINE 18

FORM 990, EACH REQUEST IS EVALUATED BY THE ORGANIZATION'S ATTORNEY AND, IF REQUIRED, THE REQUESTED PART VI.

Return Explanation
Reference

FORM 990, EACH REQUEST IS EVALUATED BY THE ORGANIZATION'S ATTORNEY AND, IF REQUIRED, THE REQUESTED PART VI.

990 Schedule O, Supplemental Information

LINE 19

efile GRAPHIC print - DC	NOT PROCESS As Filed Data -										DLN: 93493	135036	889	
SCHEDULE R (Form 990)	Related O  Complete if the organi	_					_		37.		20	1545-004 17	17	
Department of the Treasury Internal Revenue Service	► Information about S		➤ Attach to	Form <b>990.</b>	ı						Open to Public Inspection			
Name of the organization NORTHWESTERN REGION EMPLOYEE BENEFIT TRUST	:							'	loyer identifi 699509	ication	n number			
Part I Identification	of Disregarded Entities Complete if the	ne organ	ızatıon answ	ered "Yes	" on Form	990, Part	IV, line 3	3.						
Name, address, and	(a) EIN (If applicable) of disregarded entity		( <b>b)</b> Primary a		Legal dom	c) nicile (state n country)	(d) Total inco	ome	<b>(e)</b> End-of-year as	sets	<b>(f</b> Direct co ent	ntrolling		
related tax-exen	of Related Tax-Exempt Organizations onpt organizations during the tax year.	<b>S</b> Comple	ete if the org	anızatıon	answered	"Yes" on F	orm 990,	Part I\	/, line 34 be	cause	ıt had one or	more		
See Additional Data Table  Name, address, and	(a) d EIN of related organization	Prim	<b>(b)</b> Primary activity		(c) (d) micile (state gn country) Exempt Code se		de section   Public		(e) Public charity status (if section 501(c)(3))		<b>(f)</b> rect controlling entity	Section (13) cor enti	512(b) ntrolled ty?	
												Yes	No	
For Paparwork Poduction Ac	t Notice, see the Instructions for Form 99	<u> </u>			t No 5013	257				Sch	edule R (Form	990) 26	117	

(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) Predomir income(rel unrelate excluded tax und sections (514)	nant lated, ed, from der 512-	(f) Share of total income	(g) Share of end-of-year assets	Disprop alloca	tions?	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	parti	ral or iging ner?	(k) Percent owners
					<u> </u>				Yes	No		Yes	No	
		_												
Identification of Related Organi	zations Taxable as a (	 Corporation	or Trus	<b>t</b> Complete	l If the org	ganıza	ation ansv	 /ered "Yes	" on Fo	orm 99	90, Part IV,	line	34	
because it had one or more related	organizations treated a	s a corporati	on or tru		ne tax yea	ar.								
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign			(d) (e) Direct controlling Type of entity (C corp, S coror trust)		of entity Share of total p, S corp, income		( <b>g)</b> Share of end-o year assets		l-of- (h) Percentage ownership		Se (1	(ı) ection 5 13) conf entit
		со	untry)										\	Yes
														$\dashv$
														$\dashv$
														$\dashv$
									-					$\dashv$
						l			1					1

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.								
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No					
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?								
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No					
<b>b</b> Gift, grant, or capital contribution to related organization(s)	1b		No					
c Gift, grant, or capital contribution from related organization(s)	1c		No					
d Loans or loan guarantees to or for related organization(s)	1d		No					
e Loans or loan guarantees by related organization(s)	1e		No					
f Dividends from related organization(s)	1f		No					
g Sale of assets to related organization(s)	1g		No					
h Purchase of assets from related organization(s)	1h		No					
i Exchange of assets with related organization(s)	1i		No					
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No					
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No					
l Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes						
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No					
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No					

Page 3

Schedule R (Form 990) 2017

h Purchase of assets from related organization(s)	1	1h		No
i Exchange of assets with related organization(s)	[7	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	<b>3</b>	1j		No
	Γ			
k Lease of facilities, equipment, or other assets from related organization(s)	1	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	[	11	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	[:	1n		No
o Sharing of paid employees with related organization(s)	1	10		No
	Γ			
p Reimbursement paid to related organization(s) for expenses	7	1р		No

1q Yes **q** Reimbursement paid by related organization(s) for expenses . . . . . . . . . 1r No 1s 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) Name of related organization (b) (d) (c) Amount involved Method of determining amount involved Transaction type (a-s)

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

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

(a) Name, address, and EIN of entity	(b) Primary activity		(d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514)	Ar or	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total Income	end-of-year	(g) Share of end-of-year assets	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		of Disproprtionate allocations?		(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or x managing partner?		(k) Percentage ownership
İ			514)	Yes	No	ļ ,		Yes	No		Yes	No							
									_	Schedul	e R (Form	1 990	)) 2017						

Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017

Software ID: **Software Version:** 

**EIN:** 25-1699509

Name: NORTHWESTERN REGION EMPLOYEE

BENEFIT TRUST

Form 990, Schedule R, Part II - Identification of Related T			ريد <u>)</u>	1 (2)	(5)	<i>(-</i> )
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state	(d) Exempt Code section	(e) Public charity status	<b>(f)</b> Direct controlling entity	(g) Section 512 (b)(13)
		or foreign country)	Section	(if section 501(c) (3))	Gridley	controlled entity?
				. "		Yes No
140 MECT 24CT CTREET	EDUCATION	PA			N/A	No
148 WEST 21ST STREET ERIE, PA 16502 25-6001265						
23-0001205	EDUCATION	PA			N/A	No
3740 WEST 26TH STREET ERIE, PA 16506						
25-6002165	EDUCATION	PA			N/A	No
18741 STATE HIGHWAY 198						""
SAEGERTOWN, PA 16433 25-1216941						
	EDUCATION	PA			N/A	No
EAST DIVISION STREET NORTHEAST, PA 16428						
25-1200302	EDUCATION	PA			N/A	No
1203 LAKE STREET GIRARD, PA 16417						
25-6007407	EDUCATION	PA			N/A	No
6375 BUFFALO ROAD	PROCEEDING	I'A			1475	140
HARBORCREEK, PA 16421 25-6001661						
	EDUCATION	PA			N/A	No
800 TYNDALL AVENUE ERIE, PA 16421						
25-1122819	EDUCATION	PA			N/A	No
252 WATERFORD STREET						
EDINBORO, PA 16412 25-1211504	EBUGATTON					
PO BOX 929	EDUCATION	PA			N/A	No
OIL CITY, PA 16301 25-6008135						
	EDUCATION	PA			N/A	No
10782 WATTSBURG ROAD ERIE, PA 16509						
25-1201520	EDUCATION	PA			N/A	No
3 EDUCATION DRIVE					,	
SENECA, PA 16346 25-1151285						
242 WEST SOURCE DOWN	EDUCATION	PA			N/A	No
219 WEST SCHOOL DRIVE LINESVILLE, PA 16424 25-1215001						
25-1213001	EDUCATION	PA			N/A	No
540 EAST PLEASANT STREET CORRY, PA 16407						
25-1215002	EDUCATION	PA			N/A	No
860 THURSTON ROAD						""
MEADVILLE, PA 16335 25-1151967						
	EDUCATION	PA			N/A	No
8500 OLIVER ROAD ERIE, PA 16509						
	EDUCATION	PA			N/A	No
7460 MCCRAY ROAD FAIRVIEW, PA 16415						
25-6008288	EDUCATION	PA			N/A	No
34 EAST 9TH STREET	25 STATION					145
WATERFORD, PA 16441 25-6008309	<u> </u>					
	EDUCATION	PA			N/A	No
417 13TH STREET FRANKLIN, PA 16323						
25-6001489	EDUCATION	PA			N/A	No
389 SUGARCREEK DRIVE						
FRANKLIN, PA 16323 25-6003132	EDUCATION				N/A	
1 VO-TECH DRIVE	EDUCATION	PA			N/A	No
OIL CITY, PA 16301 25-1159679						

(g) Name, address, and EIN of related organization Primary activity Legal domicile Exempt Code Public charity Direct controlling Section 512 (b)(13)(state section status entity (if section 501(c) controlled or foreign country)

entity?

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

47-3038818

		` ''			•
				Yes	N
EDUCATION	PA		N/A		N

977 S SAINT MARYS ROAD
SAINT MARYS, PA 15857