

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493130032669

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public Inspection

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

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

Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

Department of the Treasury
Internal Revenue Service

990

A For the 2017 calendar year, or tax year beginning 07-01-2017 , and ending 06-30-2018

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

CHICAGO REGIONAL COUNCIL OF CARPENTERS
WELFARE FUND

D Employer identification number

36-2229735

E Telephone number

(312) 787-9455

F Name and address of principal officer

GARY PERINAR
12 EAST ERIE STREET
CHICAGO, IL 60611

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status

☐ 501(c)(3) ☒ 501(c) (9) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ N/A

K Form of organization

☐ Corporation ☒ Trust ☐ Association ☐ Other ▶

L Year of formation 1953

M State of legal domicile IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities

HEALTH BENEFIT FUND

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Part II Signature Block

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

Signature of officer

2019-05-10

Date

FRANK LIBBY TRUSTEE

Type or print name and title

Print/Type preparer's name

GREG WALLENBECKER

Preparer's signature

GREG WALLENBECKER

Date

Check ☐ if self-employed

PTIN P01451145

Firm's name ▶ LEGACY PROFESSIONALS LLP

Firm's EIN ▶ 32-0043599

Firm's address ▶ 4 WESTBROOK CORPORATE CENTER SUITE
700
WESTCHESTER, IL 60154

Phone no (312) 368-0500

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2017)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

TO PROVIDE HEALTH BENEFITS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data














4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ►

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	No
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a	Yes
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	Yes
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e	Yes
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f	Yes
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	Yes
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
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 to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	Yes	
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	290	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	0	
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).		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		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.		
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)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
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?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI. ☒**Section A. Governing Body and Management**

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 11		
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	Yes	
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:			
a 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? If "Yes," provide the names and addresses in Schedule O.	9		No

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	No
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	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	Yes
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	No
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	Yes
13 Did the organization have a written whistleblower policy?	13	Yes
14 Did the organization have a written document retention and destruction policy?	14	Yes
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	Yes
b Other officers or key employees of the organization	15b	Yes
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	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed:	
18 Section 6104 requires an organization to make its Form 1023 (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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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. ►KRISTINA GUASTAFERRI 12 E ERIE STREET CHICAGO, IL 60611 (312) 787-9455	

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See 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 officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GARY PERINAR JR TRUSTEE	2 00 40 00	X						0	294,397	134,422
(2) FRANK T LIBBY TRUSTEE - PAST	2 00 40 00	X						0	366,066	145,552
(3) JEFFREY ISAACSON TRUSTEE	2 00 40 00	X						0	297,645	130,019
(4) KEITH JUTKINS TRUSTEE	2 00 40 00	X						0	213,317	110,599
(5) JOSEPH PASTORINO TRUSTEE	2 00 40 00	X						0	216,566	109,434
(6) GERALD W THIEL JR TRUSTEE	2 00 40 00	X						0	0	0
(7) KEVIN GESHWENDER TRUSTEE	2 00 40 00	X						0	0	0
(8) BRUCE WERNING TRUSTEE	2 00 40 00	X						0	155,951	85,591
(9) MIKE FOREST TRUSTEE	2 00 40 00	X						0	0	0
(10) GEORGE TUHOWSKI III TRUSTEE	2 00 40 00	X						0	0	0
(11) DANIEL ROSENBERG TRUSTEE	2 00 40 00	X						0	0	0
(12) MICHAEL SUDOL TRUSTEE	2 00 40 00	X						0	0	0
(13) KRISTINA GUASTAFERRI ADMINISTRATOR	20 00 20 00			X				0	289,509	62,452
(14) CINDY RIVERA ASSISTANT ADMINISTRATOR	20 00 20 00					X		0	198,975	62,452
(15) TIM DROGOS CONTROLLER	20 00 20 00					X		0	151,358	62,452
(16) JOHN LIBBY COLLECTIONS MANAGER	20 00 20 00					X		0	175,171	62,452
(17) BRIAN LESTERS IT MANAGER	20 00 20 00					X		0	122,207	62,452

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SHARI BOBOWSKI	20 00					X		0	118,107	62,451
RETIREMENT BENEFITS MGR	20 00									
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								0	2,599,269	1,090,328

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 **0**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
BLUE CROSS BLUE SHIELD OF ILLINOIS 300 E RANDOLPH ST CHICAGO, IL 60601	PPO NETWORK PROVIDER	7,036,526
MCGANN KETTERMAN & RIOUX 111 E WACKER DRIVE CHICAGO, IL 60601	ATTORNEY	624,375
LEGACY PROFESSIONALS LLP 4 WESTBROOK CORPORATE CENTER - STE WESTCHESTER, IL 60154	ACCOUNTANT	503,680
WELLINGTON TRUST 280 CONGRESS STREET BOSTON, MA 02210	INVESTMENT MANAGEMENT	467,451
HEALTH DYNAMICS LLC 111 EAST WISCONSIN AVENUE - STE 200 MILWAUKEE, WI 53202	MEMBER ASSISTANCE CLAIMS PROVIDER	438,000

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 **20**

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

Form **990** (2017)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members	209,772,013			
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				
b Legal	479,766			
c Accounting	80,721			
d Lobbying				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees	1,612,204			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	280,443			
12 Advertising and promotion				
13 Office expenses	191,032			
14 Information technology	299,203			
15 Royalties				
16 Occupancy	137,665			
17 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	139,051			
23 Insurance	32,991			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SHARED ADM EXP REIMB	6,272,407			
b FEES MANDATED BY ACA	102,694			
c OTHER SERVICES	3,896			
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	219,404,086			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		839,434	1	1,236,927	
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		25,515,314	4	25,861,510	
	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) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges		7,497	9	8,446	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	1,855,992			
	b	Less: accumulated depreciation	10b	784,871	196,245	10c	1,071,121
	11	Investments—publicly traded securities		406,946,605	11	457,060,139	
	12	Investments—other securities. See Part IV, line 11		307,023,819	12	342,677,000	
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		13,664,099	15	22,472,165	
16	Total assets. Add lines 1 through 15 (must equal line 34)		754,193,013	16	850,387,308		
Liabilities	17	Accounts payable and accrued expenses		2,944,757	17	3,499,442	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22		
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		33,567,686	25	48,391,411	
	26	Total liabilities. Add lines 17 through 25		36,512,443	26	51,890,853	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			27		
	28	Temporarily restricted net assets			28		
	29	Permanently restricted net assets			29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds		0	30	0	
	31	Paid-in or capital surplus, or land, building or equipment fund		0	31	0	
	32	Retained earnings, endowment, accumulated income, or other funds		717,680,570	32	798,496,455	
33	Total net assets or fund balances		717,680,570	33	798,496,455		
34	Total liabilities and net assets/fund balances		754,193,013	34	850,387,308		

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	293,168,462
2	Total expenses (must equal Part IX, column (A), line 25)	2	219,404,086
3	Revenue less expenses Subtract line 2 from line 1	3	73,764,376
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	717,680,570
5	Net unrealized gains (losses) on investments	5	7,051,509
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	798,496,455

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID:

Software Version:

EIN: 36-2229735

Name: CHICAGO REGIONAL COUNCIL OF CARPENTERS
WELFARE FUND

Form 990 (2017)

Form 990, Part III, Line 4a:

TO PROVIDE HEALTH CARE, DENTAL, AND DISABILITY BENEFITS FOR ELIGIBLE PLAN PARTICIPANTS AND/OR THEIR DEPENDENTS IN ACCORDANCE WITH THE PLAN DOCUMENT AND SCHEDULE OF BENEFITS

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493130032669	
<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>► 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.</div> <div>Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.</div>			<div>OMB No 1545-0047</div> <div>2017</div> <div>Open to Public Inspection</div>
<div>Name of the organization CHICAGO REGIONAL COUNCIL OF CARPENTERS WELFARE FUND</div>				<div>Employer identification number 36-2229735</div>	
<div>Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.</div> <div>Complete if the organization answered "Yes" on Form 990, Part IV, line 6.</div>					
		(a) Donor advised funds		(b) Funds and other accounts	
1		Total number at end of year			
2		Aggregate value of contributions to (during year)			
3		Aggregate value of grants from (during year)			
4		Aggregate value at end of year			
5		Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?			
		<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>			
6		Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?			
		<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>			
<div>Part II Conservation Easements.</div> <div>Complete if the organization answered "Yes" on Form 990, Part IV, line 7.</div>					
1 Purpose(s) of conservation easements held by the organization (check all that apply)					
<div><input type="checkbox"/> Preservation of land for public use (e g , recreation or education)</div> <div><input type="checkbox"/> Preservation of an historically important land area</div> <div><input type="checkbox"/> Protection of natural habitat</div> <div><input type="checkbox"/> Preservation of a certified historic structure</div> <div><input type="checkbox"/> Preservation of open space</div>					
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year					
				Held at the End of the Year	
a Total number of conservation easements				2a	
b Total acreage restricted by conservation easements				2b	
c Number of conservation easements on a certified historic structure included in (a)				2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register				2d	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►					
4 Number of states where property subject to conservation easement is located ►					
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?					
<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>					
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►					
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$					
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?					
<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>					
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements					
<div>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.</div> <div>Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</div>					
1a 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					
b 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					
► \$					
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items					
a Revenue included on Form 990, Part VIII, line 1					
► \$					
b 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		

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		1,855,992	784,871	1,071,121
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				1,071,121

Part VII

Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) COLLATERAL HELD FOR SEC'S ON LOAN	21,581,643	F
(B) ULLICO SEP ACCOUNT W1	12,842,651	F
(C) NT COM DAILY GOVT/CR BD INDEX FUND	134,382,586	F
(D) NT COM DAILY S&P 500 EQUITY INDEX FUND	99,549,033	F
(E) CIF OPPORTUNISTIC INVESTMENT ALLOCATION PORTFOLIO	72,320,990	F
(F) ULLICO SEP ACCOUNT T	2,000,097	F
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	342,677,000	

Part VIII

Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
DUE TO BROKERS	26,464,421
HELD FOR SECURITIES ON LOAN	21,581,643
FEES MANADATED BY ACA	102,694
DEFERRED LEASE INCENTIVE	242,653
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	48,391,411

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	298,607,767
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	7,051,509
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	7,051,509
3	Subtract line 2e from line 1	3	291,556,258
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	1,612,204
c	Add lines 4a and 4b	4c	1,612,204
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	293,168,462

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	217,791,882
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	217,791,882
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	1,612,204
c	Add lines 4a and 4b	4c	1,612,204
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	219,404,086

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 36-2229735
Name: CHICAGO REGIONAL COUNCIL OF CARPENTERS
WELFARE FUND

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE THE PLAN TO EVALUATE TAX POSITIONS TAKEN BY THE PLAN AND RECOGNIZE A TAX LIABILITY IF THE PLAN HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY TAX AUTHORITIES THE PLAN IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS, HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	INVESTMENT FEES 1,612,204

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	INVESTMENT FEES 1,612,204

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- 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 www.irs.gov/form990.**

Employer identification number

36-2229735

Name of the organization
CHICAGO REGIONAL COUNCIL OF CARPENTERS
WELFARE FUND

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

1b

Yes No

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?

2

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

4a

No

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

4b

No

c Participate in, or receive payment from, an equity-based compensation arrangement?

4c

No

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

5a

b Any related organization?

5b

If "Yes," on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

6a

b Any related organization?

6b

If "Yes," on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

7

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

8

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

9

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

See Additional Data Table**Schedule J (Form 990) 2017**

Part III **Supplemental Information**

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

Return Reference	Explanation
------------------	-------------

Additional Data

Software ID:
Software Version:
EIN: 36-2229735
Name: CHICAGO REGIONAL COUNCIL OF CARPENTERS
WELFARE FUND

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1GARY PERINAR JR TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	289,969	0	4,428	111,401	23,021	428,819	0
1FRANK T LIBBY TRUSTEE - PAST	(i)	0	0	0	0	0	0	0
	(ii)	352,266	0	13,800	122,915	22,637	511,618	0
2JEFFREY ISAACSON TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	293,969	0	3,676	107,382	22,637	427,664	0
3KEITH JUTKINS TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	212,138	0	1,179	87,962	22,637	323,916	0
4JOSEPH PASTORINO TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	213,675	0	2,891	86,797	22,637	326,000	0
5BRUCE WERNING TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	154,339	0	1,612	67,620	17,971	241,542	0
6KRISTINA GUASTAFERRI ADMINISTRATOR	(i)	0	0	0	0	0	0	0
	(ii)	289,509	0	0	37,929	24,523	351,961	0
7CINDY RIVERA ASSISTANT ADMINISTRATOR	(i)	0	0	0	0	0	0	0
	(ii)	198,975	0	0	37,929	24,523	261,427	0
8TIM DROGOS CONTROLLER	(i)	0	0	0	0	0	0	0
	(ii)	151,358	0	0	37,929	24,523	213,810	0
9JOHN LIBBY COLLECTIONS MANAGER	(i)	0	0	0	0	0	0	0
	(ii)	175,171	0	0	37,929	24,523	237,623	0
10BRIAN LESTERS IT MANAGER	(i)	0	0	0	0	0	0	0
	(ii)	122,207	0	0	37,929	24,523	184,659	0
11SHARI BOBOWSKI RETIREMENT BENEFITS MGR	(i)	0	0	0	0	0	0	0
	(ii)	118,107	0	0	37,928	24,523	180,558	0

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ.
► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
CHICAGO REGIONAL COUNCIL OF CARPENTERS
WELFARE FUND

Employer identification number
36-2229735

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) FRANK T LIBBY	TRUSTEE IS A MEMBER OF BOARD OF DIRECTORS AT AMALGAMATED BANK OF CHICAGO	298,912	INVESTMENT MANAGEMENT, CUSTODIAL AND SECURITY LENDING FEES PAID BY PLAN TO BANK		No
(2) FRANK T LIBBY	TRUSTEE IS A MEMBER OF BOARD OF DIRECTORS AT BLUE CROSS BLUE SHIELD OF IL	7,036,526	FEES PAID TO PPO NETWORK PROVIDER BY THE PLAN		No

Part V Supplemental Information

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

Return Reference	Explanation
------------------	-------------

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
CHICAGO REGIONAL COUNCIL OF CARPENTERS
WELFARE FUND**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2017**Open to Public
Inspection****Employer identification number**

36-2229735

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	FRANK LIBBY AND JOHN LIBBY ARE RELATED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE BOARD OF TRUSTEES HAS DESIGNATED THE CHAIRMAN AND ADMINISTRATOR WITH THE RESPONSIBILITY TO REVIEW THE FORM 990 AFTER THEIR REVIEW AND APPROVAL, THE FORM IS FILED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE BOARD OF TRUSTEES ARE REQUIRED TO DISCLOSE ANY NONADHERANCE TO THE ADOPTED POLICY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE ADMINISTRATOR'S SALARY WAS REVIEWED BY AN INDEPENDENT CONSULTANT AND IS DOCUMENTED IN A WRITTEN CONTRACT UPON HIRING SALARIES OF THE ADMINISTRATOR AND KEY EMPLOYEES ARE APPROVED ANNUALLY BY THE BOARD OF TRUSTEES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AT THE FUND OFFICE

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493130032669		
SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	Related Organizations and Unrelated Partnerships ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990 .				OMB No 1545-0047	
					2017	
					Open to Public Inspection	
Name of the organization CHICAGO REGIONAL COUNCIL OF CARPENTERS WELFARE FUND					Employer identification number 36-2229735	

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
See Additional Data Table							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
See Additional Data Table									

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**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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses		No
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)	Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)CHICAGO REGIONAL COUNCIL OF CARPENTERS PENSION FUND	N	1,880,386	
(2)CHICAGO REGIONAL COUNCIL OF CARPENTERS PENSION FUND	O	4,529,686	
(3)CHICAGO REGIONAL COUNCIL OF CARPENTERS PENSION FUND	P	6,631,369	

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.

[illegible]

Part VII **Supplemental Information**

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

Additional Data

Software ID:
Software Version:
EIN: 36-2229735
Name: CHICAGO REGIONAL COUNCIL OF CARPENTERS
WELFARE FUND

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

[illegible]

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
175 JACKSON LLC	CONTRIBUTING EMPLOYER								No
2020 EXHIBITS INC	CONTRIBUTING EMPLOYER								No
225 NORTH MICHIGAN AVENUE	CONTRIBUTING EMPLOYER								No
25 EAST WASHINGTON	CONTRIBUTING EMPLOYER								No
29 EAST MADISON	CONTRIBUTING EMPLOYER								No
2CG INC	CONTRIBUTING EMPLOYER								No
3 D EXHIBITS INC	CONTRIBUTING EMPLOYER								No
3-D EXHIBITS INC	CONTRIBUTING EMPLOYER								No
3F CORPORATION	CONTRIBUTING EMPLOYER								No
4MC CORPORATION	CONTRIBUTING EMPLOYER								No
A D L INSTALLERS INC	CONTRIBUTING EMPLOYER								No
A M S OF MCHENRY COUNTY INC	CONTRIBUTING EMPLOYER								No
A WMBE CARPENTRY CONTRACTORS	CONTRIBUTING EMPLOYER								No
ALL MASONRY CONSTRUCTION INC	CONTRIBUTING EMPLOYER								No
A-1 CARPENTRY	CONTRIBUTING EMPLOYER								No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
AALCO MANUFACTURING COMPANY	CONTRIBUTING EMPLOYER								No
ABARI CONSTRUCTION INC	CONTRIBUTING EMPLOYER								No
ABBEY PAVING & SEALCOATING CO	CONTRIBUTING EMPLOYER								No
ABERDEEN CONTRACT INTERIORS	CONTRIBUTING EMPLOYER								No
ABLE INSTALLATIONS INC	CONTRIBUTING EMPLOYER								No
ABSOLUTE ALLIANCE	CONTRIBUTING EMPLOYER								No
ABSOLUTE CONTRACTING SERVICES INC	CONTRIBUTING EMPLOYER								No
ABSOLUTE I & D INC	CONTRIBUTING EMPLOYER								No
ACCOMPLISHED MECHANICAL INDUST LTD	CONTRIBUTING EMPLOYER								No
ACE ACOUSTICS INC	CONTRIBUTING EMPLOYER								No
ACMS GROUP INC	CONTRIBUTING EMPLOYER								No
ACOUSTICS & SPECIALTIES INC	CONTRIBUTING EMPLOYER								No
ACTIVE INC	CONTRIBUTING EMPLOYER								No
ADJUSTABLE FORMS INC	CONTRIBUTING EMPLOYER								No
ADV SPORTS BUILDERS INC	CONTRIBUTING EMPLOYER								No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
ADVANTAGE INDUSTRIAL SYSTEMS	CONTRIBUTING EMPLOYER								No
ADVOCATE NORTHSIDE HLTH NTRK	CONTRIBUTING EMPLOYER								No
AFL-AGC BUILDING TRADES	CONTRIBUTING EMPLOYER								No
AHC MECHANICAL SERVICES LLC	CONTRIBUTING EMPLOYER								No
AIRTITE CONTRACTORSE&K OF CHGO	CONTRIBUTING EMPLOYER								No
AJO INC	CONTRIBUTING EMPLOYER								No
ALBERT INSTALLATIONS INC	CONTRIBUTING EMPLOYER								No
ALBIN I ANDERSON COMPANY	CONTRIBUTING EMPLOYER								No
ALCA INC	CONTRIBUTING EMPLOYER								No
ALDRIDGE ELECTRIC INC	CONTRIBUTING EMPLOYER								No
ALEXANDER CONSTRUCTION	CONTRIBUTING EMPLOYER								No
ALF INTERIORS INC	CONTRIBUTING EMPLOYER								No
ALL ACOUSTIC SOLUTIONS LLC	CONTRIBUTING EMPLOYER								No
ALL AMERICAN EXTERIOR SOLUTION	CONTRIBUTING EMPLOYER								No
ALL CHICAGO INC	CONTRIBUTING EMPLOYER								No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
ALL SYSTEMS INSTALLATIONS INC	CONTRIBUTING EMPLOYER								No
ALLAN MACK & SONS INC	CONTRIBUTING EMPLOYER								No
ALLEGIANCE CONSTRUCTION GROUP	CONTRIBUTING EMPLOYER								No
ALLIANCE CONTRACTORS INC	CONTRIBUTING EMPLOYER								No
ALLIANCE DRYWALL & ACOUSTICAL INC	CONTRIBUTING EMPLOYER								No
ALLIANCE STORE FIXTURES INC	CONTRIBUTING EMPLOYER								No
ALLIED POWER SERVICES LLC	CONTRIBUTING EMPLOYER								No
ALLPORT CONSTRUCTION CORP	CONTRIBUTING EMPLOYER								No
ALLTECH ENGINEERING CORPORATION	CONTRIBUTING EMPLOYER								No
ALL-TIMATE CONSTRUCTION	CONTRIBUTING EMPLOYER								No
ALPS CONSTRUCTION INC	CONTRIBUTING EMPLOYER								No
ALRIGHT CONCRETE CO	CONTRIBUTING EMPLOYER								No
ALTERNATIVE TRADE SHOW	CONTRIBUTING EMPLOYER								No
AMD INTERIORS INC	CONTRIBUTING EMPLOYER								No
AMERICAN GRADING INC	CONTRIBUTING EMPLOYER								No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
AMERICAN HOIST & MANLIFT INC	CONTRIBUTING EMPLOYER								No
AMERICAN IGLOO BUILDERS INC	CONTRIBUTING EMPLOYER								No
AMERICAN MECHANICAL SVCS INC	CONTRIBUTING EMPLOYER								No
AMEX NOOTER LLC	CONTRIBUTING EMPLOYER								No
AMS CONTRACTING AND	CONTRIBUTING EMPLOYER								No
AMS MECHANICAL SYSTEMS INC	CONTRIBUTING EMPLOYER								No
ANAGNOS DOOR CO INC	CONTRIBUTING EMPLOYER								No
ANCHOR MECHANICAL INC	CONTRIBUTING EMPLOYER								No
ANDERLOCK CORPORATION	CONTRIBUTING EMPLOYER								No
ANDERSON MORAN CONSTRUCTION	CONTRIBUTING EMPLOYER								No
ANDYS PRESTIGE FLOORS INC	CONTRIBUTING EMPLOYER								No
ANNING-JOHNSON COMPANY	CONTRIBUTING EMPLOYER								No
APACHE INDUSTRIAL UNITED INC	CONTRIBUTING EMPLOYER								No
APTIM SERVICES LLC	CONTRIBUTING EMPLOYER								No
ARAIZA CORPORATION	CONTRIBUTING EMPLOYER								No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
ARATA EXPOSITIONS INC	CONTRIBUTING EMPLOYER								No
ARCHITECTURAL FIXTURES INC	CONTRIBUTING EMPLOYER								No
ARCHITECTURAL FLOOR SERVICE	CONTRIBUTING EMPLOYER								No
ARCHITECTURAL SYSTEMS INC	CONTRIBUTING EMPLOYER								No
ARDMORE ASSOCIATES LLC	CONTRIBUTING EMPLOYER								No
AREATHA CONSTRUCTION CO INC	CONTRIBUTING EMPLOYER								No
ARGO CONSTRUCTION LLC	CONTRIBUTING EMPLOYER								No
ARLINGTON INTERNATIONAL	CONTRIBUTING EMPLOYER								No
ARTHUR J ROGERS & CO	CONTRIBUTING EMPLOYER								No
ASBACH & VANSELOW INC	CONTRIBUTING EMPLOYER								No
ASC WINDOW CORPORATION	CONTRIBUTING EMPLOYER								No
ASHLAUR CONSTRUCTION	CONTRIBUTING EMPLOYER								No
ATACCON LLC	CONTRIBUTING EMPLOYER								No
ATHLETICA SPORT SYSTEMS INC	CONTRIBUTING EMPLOYER								No
ATLANTIC PLANT MAINTENANCE INC	CONTRIBUTING EMPLOYER								No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
AUBURN CORPORATION	CONTRIBUTING EMPLOYER								No
AUSTAD & SON INC	CONTRIBUTING EMPLOYER								No
AUTOMATIC SYSTEMS INC	CONTRIBUTING EMPLOYER								No
BANE-NELSON INC	CONTRIBUTING EMPLOYER								No
BARRIER TECHNOLOGIES LLC	CONTRIBUTING EMPLOYER								No
BARSANTI WOODWORK CORP	CONTRIBUTING EMPLOYER								No
BARSANTI WOODWORKING CORP	CONTRIBUTING EMPLOYER								No
BARTKOWSKI LIFE SAFETY CORP	CONTRIBUTING EMPLOYER								No
BARTON MALOW COMPANY	CONTRIBUTING EMPLOYER								No
BAUMGARTNER CONSTRUCTION INC	CONTRIBUTING EMPLOYER								No
BEAR CONSTRUCTION CO INC	CONTRIBUTING EMPLOYER								No
BEELER CONSTRUCTION INC	CONTRIBUTING EMPLOYER								No
BELCONREGIS GROUP INC	CONTRIBUTING EMPLOYER								No
BENCHMARK CONSTR CO INC	CONTRIBUTING EMPLOYER								No
BENNETT & BROSSAU ROOFING	CONTRIBUTING EMPLOYER								No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
BERGLUND CONSTRUCTION COMPANY	CONTRIBUTING EMPLOYER								No
BERKEL & COMPANY CONTR INC	CONTRIBUTING EMPLOYER								No
BERNHARD WOODWORK LTD	CONTRIBUTING EMPLOYER								No
BESTWAY CARPETING INC	CONTRIBUTING EMPLOYER								No
BETHANY HOME AND HOSPITAL	CONTRIBUTING EMPLOYER								No
BEYOND EXHIBIT LOGISTICS	CONTRIBUTING EMPLOYER								No
BIOFOAM INC	CONTRIBUTING EMPLOYER								No
BLACKETT BUILDER	CONTRIBUTING EMPLOYER								No
BLACKHAWK FOUNDATION CO INC	CONTRIBUTING EMPLOYER								No
BLEACHER AMERICA INC	CONTRIBUTING EMPLOYER								No
BLINDERMAN CONSTR CO INC	CONTRIBUTING EMPLOYER								No
BLM2 CONSTRUCTION CORP	CONTRIBUTING EMPLOYER								No
BLUE SKY ARCHITECTURAL METALS	CONTRIBUTING EMPLOYER								No
BLUE SKY MC INC	CONTRIBUTING EMPLOYER								No
BLUE YONDER INC	CONTRIBUTING EMPLOYER								No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
BOBBIE NOONANS CHILD CARE	CONTRIBUTING EMPLOYER								No
BOLLER CONSTRUCTION CO INC	CONTRIBUTING EMPLOYER								No
BRAND SCAFFOLDBRAND SERVICES	CONTRIBUTING EMPLOYER								No
BRANDONISIO & COMPANY	CONTRIBUTING EMPLOYER								No
BRAVO INTERIORS LLC	CONTRIBUTING EMPLOYER								No
BRIESER CONSTRUCTION CO	CONTRIBUTING EMPLOYER								No
BROCK INDUSTRIAL SERVICES LLC	CONTRIBUTING EMPLOYER								No
BROESCH MECHANICAL SERVICES	CONTRIBUTING EMPLOYER								No
BROOKWOOD BUILDERS INC	CONTRIBUTING EMPLOYER								No
BROWN & MOMEN INCORPORATED	CONTRIBUTING EMPLOYER								No
BRUNSWICK BOWLING PRODUCTS	CONTRIBUTING EMPLOYER								No
BUILD CORPS INC	CONTRIBUTING EMPLOYER								No
BUILDERS CHICAGO CORP	CONTRIBUTING EMPLOYER								No
BUILDERS CONCRETE SERVICES LLC	CONTRIBUTING EMPLOYER								No
BULLEY & ANDREWS	CONTRIBUTING EMPLOYER								No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
BULLEY & ANDREWS CONCRETE RESTO	CONTRIBUTING EMPLOYER								No
BURKS DRYWALL	CONTRIBUTING EMPLOYER								No
BUSINESS OFFICE SYSTEMS	CONTRIBUTING EMPLOYER								No
BUTTERFIELD HEALTH CARE LABOR LLC	CONTRIBUTING EMPLOYER								No
BYRNE & JONES MARINE LLC	CONTRIBUTING EMPLOYER								No
BYUS CONSTRUCTION INC	CONTRIBUTING EMPLOYER								No
C & S CARPENTRY	CONTRIBUTING EMPLOYER								No
C B DISPLAY SERVICE INC	CONTRIBUTING EMPLOYER								No
C C L CORPORATION	CONTRIBUTING EMPLOYER								No
C E KORSGARD CO	CONTRIBUTING EMPLOYER								No
C R MEYER & SONS COMPANY	CONTRIBUTING EMPLOYER								No
CAD CONSTRUCTION	CONTRIBUTING EMPLOYER								No
CAIN MILLWORK	CONTRIBUTING EMPLOYER								No
CALIBER CONSTRUCTION CO	CONTRIBUTING EMPLOYER								No
CALIBER FLOORS INC	CONTRIBUTING EMPLOYER								No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
CAMOSY INCORPORATED	CONTRIBUTING EMPLOYER								No
CAPITAL WOOD PRODUCTS COMPANY	CONTRIBUTING EMPLOYER								No
CAPSTONE CONSTRUCTION INC	CONTRIBUTING EMPLOYER								No
CARLO CARANI & SONS INC	CONTRIBUTING EMPLOYER								No
CARMICHAEL CONSTRUCTION INC	CONTRIBUTING EMPLOYER								No
CAR-MIN CONSTRUCTION CO INC	CONTRIBUTING EMPLOYER								No
CARPENTERS OF CHICAGO INC	CONTRIBUTING EMPLOYER								No
CARPET WEAVERS COMMERCIAL INC	CONTRIBUTING EMPLOYER								No
CARTA CONCRETE CONSTRUCTION	CONTRIBUTING EMPLOYER								No
CASE FOUNDATION COMPANY	CONTRIBUTING EMPLOYER								No
CASEWORK CREATIONS INC	CONTRIBUTING EMPLOYER								No
CASEWORK SYSTEMS	CONTRIBUTING EMPLOYER								No
CB&I SERVICESCB I CONST SVCSLLC	CONTRIBUTING EMPLOYER								No
CBRE INC	CONTRIBUTING EMPLOYER								No
CBRE69 WEST WASHINGTON	CONTRIBUTING EMPLOYER								No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
CECO CONCRETE CONSTRUCTION LLC	CONTRIBUTING EMPLOYER								No
CELTIC FLOOR COVERING INC	CONTRIBUTING EMPLOYER								No
CENTRAL CEILING SYSTEMS INC	CONTRIBUTING EMPLOYER								No
CENTRAL ILLINOIS RECIPROCAL	CONTRIBUTING EMPLOYER								No
CENTRAL MACHINERY MOVERS INC	CONTRIBUTING EMPLOYER								No
CENTURY CONCRETE CONSTR CO	CONTRIBUTING EMPLOYER								No
CERAMI CONSTRUCTION CO LTD	CONTRIBUTING EMPLOYER								No
CERTIFIED INSTALLATIONS INC	CONTRIBUTING EMPLOYER								No
CERWE CONSTRUCTION CO	CONTRIBUTING EMPLOYER								No
CFMV R TESCO LLC	CONTRIBUTING EMPLOYER								No
CFS INSTALLATIONS	CONTRIBUTING EMPLOYER								No
CHAKRA INC	CONTRIBUTING EMPLOYER								No
CHAMPION DRYWALL INC	CONTRIBUTING EMPLOYER								No
CHICAGO COMMERCIAL INSTALLATION	CONTRIBUTING EMPLOYER								No
CHICAGO EXHIBIT PRODUCTIONS	CONTRIBUTING EMPLOYER								No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
CHICAGO FLYHOUSE INC	CONTRIBUTING EMPLOYER								No
CHICAGO HEIGHTS CONSTRUCTION	CONTRIBUTING EMPLOYER								No
CHICAGO HOLLOW METAL INC	CONTRIBUTING EMPLOYER								No
CHICAGO I AND D SERVICES INC	CONTRIBUTING EMPLOYER								No
CHICAGO TOWN CONSTR INC	CONTRIBUTING EMPLOYER								No
CHICAGO WINDOW PRODUCTS LLC	CONTRIBUTING EMPLOYER								No
CHMENIA CONSTRUCTION INC	CONTRIBUTING EMPLOYER								No
CIRCLE CONCRETE CONSTRUCTION	CONTRIBUTING EMPLOYER								No
CLARION CONSTRUCTION INC	CONTRIBUTING EMPLOYER								No
CLASSIC FLOORING INC	CONTRIBUTING EMPLOYER								No
CLASSIC WOODWORK INC	CONTRIBUTING EMPLOYER								No
CLAYCO CONSTRUCTION CO INC	CONTRIBUTING EMPLOYER								No
CLEARPOINTE CONSTRUCTION LLC	CONTRIBUTING EMPLOYER								No
CLIMATE ENGINEERED STRUCTURES	CONTRIBUTING EMPLOYER								No
CLIMATE PROS LLC	CONTRIBUTING EMPLOYER								No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
CLUNE CONSTRUCTION CO LP	CONTRIBUTING EMPLOYER								No
CMM GROUP INC	CONTRIBUTING EMPLOYER								No
COAST TO COAST MILLWORK	CONTRIBUTING EMPLOYER								No
COASTAL INTERNATIONAL INC	CONTRIBUTING EMPLOYER								No
COBALT-EDI LLC	CONTRIBUTING EMPLOYER								No
COLD AIR REFRIGERATION	CONTRIBUTING EMPLOYER								No
COMMERCIAL CARPENTRY INC	CONTRIBUTING EMPLOYER								No
COMMERCIAL CARPENTRY MANAGEMENT LLC	CONTRIBUTING EMPLOYER								No
COMMERCIAL CARPET CONSULTANTS	CONTRIBUTING EMPLOYER								No
COMMERCIAL CONSTRUCTION INC	CONTRIBUTING EMPLOYER								No
COMMERCIAL CUSTOM SEATING AND	CONTRIBUTING EMPLOYER								No
COMMERCIAL FLOOR COVERING INC	CONTRIBUTING EMPLOYER								No
COMMERCIAL WINDOW	CONTRIBUTING EMPLOYER								No
COMMUNITY PLAYLOT BUILDERS INC	CONTRIBUTING EMPLOYER								No
COMPASS CONCRETE MAINT INC	CONTRIBUTING EMPLOYER								No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
COMPLETE CUSTOM SERVICES INC	CONTRIBUTING EMPLOYER								No
CONCRETE BY WAGNER INC	CONTRIBUTING EMPLOYER								No
CONCRETE STRUCTURES OF THE	CONTRIBUTING EMPLOYER								No
CONFORTI CONSTRUCTION	CONTRIBUTING EMPLOYER								No
CONSOLIDATED CONTRACTORS LLC	CONTRIBUTING EMPLOYER								No
CONSTRUCTION LABOR SERVICES INC	CONTRIBUTING EMPLOYER								No
CONTOUR SYSTEMS CORP	CONTRIBUTING EMPLOYER								No
CONTRACT CARPENTRY CORP	CONTRIBUTING EMPLOYER								No
CONTRACT FLOORING SERVICE	CONTRIBUTING EMPLOYER								No
CONTRACT INSTALLATIONS LLC	CONTRIBUTING EMPLOYER								No
CONTRACT OFFICE INSTALLATIONS	CONTRIBUTING EMPLOYER								No
CONVENTION SERVICE INC	CONTRIBUTING EMPLOYER								No
CONVEYING CONVENIENCE INC	CONTRIBUTING EMPLOYER								No
CONVEYOR SPECIALTIES INC	CONTRIBUTING EMPLOYER								No
COPENHAVER CONSTRUCTION INC	CONTRIBUTING EMPLOYER								No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
COPPER CONSTRUCTION COMPANY	CONTRIBUTING EMPLOYER								No
CORD CONSTRUCTION CO	CONTRIBUTING EMPLOYER								No
CORNERSTONE CARPENTRY CONT	CONTRIBUTING EMPLOYER								No
COSGROVE CONSTRUCTION INC	CONTRIBUTING EMPLOYER								No
COUNSEL CONSTRUCTION LLC	CONTRIBUTING EMPLOYER								No
COURTHOUSE DEVELOPMENT INC	CONTRIBUTING EMPLOYER								No
COX CONSTRUCTION CO INC	CONTRIBUTING EMPLOYER								No
CREATION CARPENTRY CO INC	CONTRIBUTING EMPLOYER								No
CREATIVE MANAGEMENT SERVICES	CONTRIBUTING EMPLOYER								No
CSI 3000 INC	CONTRIBUTING EMPLOYER								No
CTC INSTALLATIONS INC	CONTRIBUTING EMPLOYER								No
CUBS CONSTRUCTION INC	CONTRIBUTING EMPLOYER								No
CUSTOM CABINET CREATIONS	CONTRIBUTING EMPLOYER								No
CUSTOM CONTRACTING LTD	CONTRIBUTING EMPLOYER								No
CZARNOWSKI DISPLAY	CONTRIBUTING EMPLOYER								No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
CZARNOWSKI DISPLAY SERV INC	CONTRIBUTING EMPLOYER								No
D & L ALEXANDER INC	CONTRIBUTING EMPLOYER								No
D & M CONSTRUCTION SERVICES	CONTRIBUTING EMPLOYER								No
D B M SERVICES INC	CONTRIBUTING EMPLOYER								No
D CONSTRUCTION INC	CONTRIBUTING EMPLOYER								No
D M O INC	CONTRIBUTING EMPLOYER								No
D&H ENERGY MANAGEMENT CO LLC	CONTRIBUTING EMPLOYER								No
DAKER CORPORATION	CONTRIBUTING EMPLOYER								No
DALLIA FLOOR & WALL CO INC	CONTRIBUTING EMPLOYER								No
DAS CONSTRUCTION INC	CONTRIBUTING EMPLOYER								No
DAVE OSBORNE CONSTRUCTION	CONTRIBUTING EMPLOYER								No
DAVE SOLTWISCH PLUMBING INC	CONTRIBUTING EMPLOYER								No
DAVID M SCHMITT	CONTRIBUTING EMPLOYER								No
DAY & ZIMMERMAN NPS INC	CONTRIBUTING EMPLOYER								No
DEARBORN MID-WEST CONVEYOR CO	CONTRIBUTING EMPLOYER								No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
DECORATORS SUPPLY	CONTRIBUTING EMPLOYER								No
DEGRAF CONCRETE CONSTR INC	CONTRIBUTING EMPLOYER								No
DELGAR CONSTRUCTION CO INC	CONTRIBUTING EMPLOYER								No
DENK & ROCHE BUILDERS INC	CONTRIBUTING EMPLOYER								No
DEPAUL UNIVERSITY	CONTRIBUTING EMPLOYER								No
DESIGN AGENCY INC	CONTRIBUTING EMPLOYER								No
DESIGN AGENCY SPECIAL	CONTRIBUTING EMPLOYER								No
DESIGN CENTRIX LLC	CONTRIBUTING EMPLOYER								No
DESIGNER KITCHENS & BATHS INC	CONTRIBUTING EMPLOYER								No
DETAIL CONCRETE INC	CONTRIBUTING EMPLOYER								No
DGI-MENARD INC	CONTRIBUTING EMPLOYER								No
DI NASO & SONS CONSTR CO INC	CONTRIBUTING EMPLOYER								No
DIAN INC	CONTRIBUTING EMPLOYER								No
DIAZ INTERIOR CONTRACTORS INC	CONTRIBUTING EMPLOYER								No
DIMENSION CRAFT INC	CONTRIBUTING EMPLOYER								No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
DIVERSIFIED CONSTRUCTION SRV	CONTRIBUTING EMPLOYER								No
DIVISION 12 INSTALLATIONS INC	CONTRIBUTING EMPLOYER								No
DN TANKS	CONTRIBUTING EMPLOYER								No
DOCK & DOOR INSTALL INC	CONTRIBUTING EMPLOYER								No
DOHERTY CONSTRUCTION INC	CONTRIBUTING EMPLOYER								No
DOLMEN CONSTRUCTION INC	CONTRIBUTING EMPLOYER								No
DON BOHR & SONS INC	CONTRIBUTING EMPLOYER								No
DONALD E MC NABB COMPANY INC	CONTRIBUTING EMPLOYER								No
DONALD R BORG CONSTRUCTION	CONTRIBUTING EMPLOYER								No
DOOR FRAME AND HARDWARE INST	CONTRIBUTING EMPLOYER								No
DOOR MAN MODIFICATIONS LLC	CONTRIBUTING EMPLOYER								No
DOOR SERVICE INC	CONTRIBUTING EMPLOYER								No
DOOR SYSTEMS INC	CONTRIBUTING EMPLOYER								No
DOUBLE HEADERS CONCRETE INC	CONTRIBUTING EMPLOYER								No
DOUG & STEVE CONSTR INC	CONTRIBUTING EMPLOYER								No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
DOUGLAS FLOOR COVERING INC	CONTRIBUTING EMPLOYER								No
D-R ROSEMONT LLC	CONTRIBUTING EMPLOYER								No
DRAKE HOTEL INC	CONTRIBUTING EMPLOYER								No
DRAPERY INSTALLATION SERV INC	CONTRIBUTING EMPLOYER								No
DREILING CONSTRUCTION CO	CONTRIBUTING EMPLOYER								No
DRESSER-RAND COMPANY	CONTRIBUTING EMPLOYER								No
DRIVE CONSTRUCTION INC	CONTRIBUTING EMPLOYER								No
DRYDEN CONSTRUCTION CO INC	CONTRIBUTING EMPLOYER								No
DRYWALL SERVICE OF GARY INC	CONTRIBUTING EMPLOYER								No
DTI OF ILLINOIS INC	CONTRIBUTING EMPLOYER								No
DU SABLE CONST CO INC	CONTRIBUTING EMPLOYER								No
DUCO CONSTRUCTION INCORPORATED	CONTRIBUTING EMPLOYER								No
DUMEX CONSTRUCTION COMPANY	CONTRIBUTING EMPLOYER								No
DUNNET BAY CONSTRUCTION	CONTRIBUTING EMPLOYER								No
DUPAGE OVERHEAD GARAGE DOORS	CONTRIBUTING EMPLOYER								No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
DUPREE CONSTRUCTION COMPANY	CONTRIBUTING EMPLOYER								No
DURKIN CONSTRUCTION&PROJECT	CONTRIBUTING EMPLOYER								No
DUTCHMAN CONTRACTING CORP	CONTRIBUTING EMPLOYER								No
DYKSTRA CONC CONSTR CO	CONTRIBUTING EMPLOYER								No
E & A ENTERPRISES INC	CONTRIBUTING EMPLOYER								No
E D E INC	CONTRIBUTING EMPLOYER								No
E G & J INC	CONTRIBUTING EMPLOYER								No
E J INDUSTRIES INC	CONTRIBUTING EMPLOYER								No
E L C INSTALLATION COMPANY	CONTRIBUTING EMPLOYER								No
EAGLE CONCRETE INC	CONTRIBUTING EMPLOYER								No
EAGLE MANAGEMENT GROUP INC	CONTRIBUTING EMPLOYER								No
EAST BANK CLUB VENTURE	CONTRIBUTING EMPLOYER								No
ECO TEKK LLC NATIONSHRED	CONTRIBUTING EMPLOYER								No
ED FOGARTY CONCRETE	CONTRIBUTING EMPLOYER								No
EDON COMPONENT DIVISION	CONTRIBUTING EMPLOYER								No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
EDON CONSTRUCTION CO INC	CONTRIBUTING EMPLOYER								No
EDWARD ALLEN CONSTRUCTION INC	CONTRIBUTING EMPLOYER								No
EDWIN ANDERSON CONSTR CO	CONTRIBUTING EMPLOYER								No
EE INSTALLATIONS INC	CONTRIBUTING EMPLOYER								No
EEC INDUSTRIES LTD	CONTRIBUTING EMPLOYER								No
EFRAIM CARLSON & SON INC	CONTRIBUTING EMPLOYER								No
EIRENE BUILDERS INC	CONTRIBUTING EMPLOYER								No
ELITE INSTALL COMPANY LLC	CONTRIBUTING EMPLOYER								No
ELITE TRADESHOW SERVICES INC	CONTRIBUTING EMPLOYER								No
ELLIOT CONSTR CORP	CONTRIBUTING EMPLOYER								No
EMCO INTERIORS INC	CONTRIBUTING EMPLOYER								No
ENGER-VAVRA INC	CONTRIBUTING EMPLOYER								No
ENGLEWOOD CONSTRUCTION INC	CONTRIBUTING EMPLOYER								No
ENGSTROM CONST CO	CONTRIBUTING EMPLOYER								No
ENVIRONETX DBA SPECTRUM OFFICE	CONTRIBUTING EMPLOYER								No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
EQUITY CONSTRUCTION SERVICES	CONTRIBUTING EMPLOYER								No
EQUITY OFFICE	CONTRIBUTING EMPLOYER								No
ERECTALL CORPORATION	CONTRIBUTING EMPLOYER								No
ERNIE LOBERG CONSTRUCTION CO	CONTRIBUTING EMPLOYER								No
ESCARPITA CONSTRUCTION CO INC	CONTRIBUTING EMPLOYER								No
ESCORZA TILE INC	CONTRIBUTING EMPLOYER								No
ESPOSITO CONST CO INC	CONTRIBUTING EMPLOYER								No
ESQUIVEL CONSTRUCTION INC	CONTRIBUTING EMPLOYER								No
ESW ROYAL CONSTRUCTIONINC	CONTRIBUTING EMPLOYER								No
EVENT MEDIA DBA EVENT	CONTRIBUTING EMPLOYER								No
EVERGREEN SPECIALTIES &	CONTRIBUTING EMPLOYER								No
EWI WORLDWIDE INC	CONTRIBUTING EMPLOYER								No
EXCLUSIVE CONSTRUCTION	CONTRIBUTING EMPLOYER								No
EXECUTIVE CONSTRUCTION INC	CONTRIBUTING EMPLOYER								No
EXHIBIT PRODUCTIONS INC	CONTRIBUTING EMPLOYER								No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
EXHIBIT SERVICES GROUP INC	CONTRIBUTING EMPLOYER								No
EXHIBIT SOURCE INC	CONTRIBUTING EMPLOYER								No
EXHIBIT SYSTEMS INC	CONTRIBUTING EMPLOYER								No
EXHIBITTEC LLC	CONTRIBUTING EMPLOYER								No
EXPRESS CONTRACTING INC	CONTRIBUTING EMPLOYER								No
F A T A AUTOMATION INC	CONTRIBUTING EMPLOYER								No
F H ACOUSTICS INC	CONTRIBUTING EMPLOYER								No
FACILITIES FURNITURE & CONST SVCS	CONTRIBUTING EMPLOYER								No
FCI CONSTRUCTION INC	CONTRIBUTING EMPLOYER								No
FCL BUILDERS LLC	CONTRIBUTING EMPLOYER								No
FH PASCHEN SN NIELSEN	CONTRIBUTING EMPLOYER								No
FISHER CONSTRUCTION CO	CONTRIBUTING EMPLOYER								No
FISHER CONTRACTING COMPANY	CONTRIBUTING EMPLOYER								No
FIVE RIVERS CARPENTERS	CONTRIBUTING EMPLOYER								No
FIVE STAR DECORATING INC	CONTRIBUTING EMPLOYER								No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
FIXTURE CONTRACTING INC	CONTRIBUTING EMPLOYER								No
FLEX-IBLE INTERIOR INC	CONTRIBUTING EMPLOYER								No
FLOOR PROS INC	CONTRIBUTING EMPLOYER								No
FLOORING RESOURCES CORP	CONTRIBUTING EMPLOYER								No
FLOORING SURFACES COMMERCIAL	CONTRIBUTING EMPLOYER								No
FLOORS INCORPORATED	CONTRIBUTING EMPLOYER								No
FLORIDA UBC HEALTH & PENSION	CONTRIBUTING EMPLOYER								No
FOLDING PARTITION SERVICES	CONTRIBUTING EMPLOYER								No
FORMAN INDUSTRIES INC	CONTRIBUTING EMPLOYER								No
FOX SERVICES GROUP	CONTRIBUTING EMPLOYER								No
FRANK BURLA & SONS BUILDERS INC	CONTRIBUTING EMPLOYER								No
FRANK H STOWELL & SONS INC	CONTRIBUTING EMPLOYER								No
FRASER CONSTRUCTION INC	CONTRIBUTING EMPLOYER								No
FRED TEITELBAUM CONSTR CO	CONTRIBUTING EMPLOYER								No
FREEMAN EXPOSITIONS LLC	CONTRIBUTING EMPLOYER								No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
FRIEDLER CONSTRUCTION CO	CONTRIBUTING EMPLOYER								No
FRONTIER CONSTRUCTION INC	CONTRIBUTING EMPLOYER								No
G & L CONSTRUCTION INC	CONTRIBUTING EMPLOYER								No
G & Q INTERIORS INC	CONTRIBUTING EMPLOYER								No
G E M BUILDERS INC	CONTRIBUTING EMPLOYER								No
G E S	CONTRIBUTING EMPLOYER								No
G M CONTRACTORS LLC	CONTRIBUTING EMPLOYER								No
G M SLOAN MOSAIC & TILE CO	CONTRIBUTING EMPLOYER								No
G O SERVICES LLC	CONTRIBUTING EMPLOYER								No
G W THIEL INC	CONTRIBUTING EMPLOYER								No
G-3 IND INC	CONTRIBUTING EMPLOYER								No
GABE'S INSTALLATION SERVICE	CONTRIBUTING EMPLOYER								No
GAGNON INC	CONTRIBUTING EMPLOYER								No
GALAXY LABOR FORCE LLC	CONTRIBUTING EMPLOYER								No
GALE CONSTRUCTION CO OF IL	CONTRIBUTING EMPLOYER								No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
GALOMEX CORPORATION	CONTRIBUTING EMPLOYER								No
GANDT BUILDERS INC	CONTRIBUTING EMPLOYER								No
GARFIELD BLDG MAINTENANCE	CONTRIBUTING EMPLOYER								No
GARIUP CONSTRUCTION CO INC	CONTRIBUTING EMPLOYER								No
GARRIGAN CONSTRUCTION INC	CONTRIBUTING EMPLOYER								No
GASKILL & WALTON CONSTR CO	CONTRIBUTING EMPLOYER								No
GATEWAY CONCRETE FORMING	CONTRIBUTING EMPLOYER								No
GAVEN CONSTRUCTION CORP	CONTRIBUTING EMPLOYER								No
GC ROOFING LLC	CONTRIBUTING EMPLOYER								No
GEHRETT PLUMBING CO INC	CONTRIBUTING EMPLOYER								No
GENERAL BUILDING SUPPLY	CONTRIBUTING EMPLOYER								No
GENERAL REFRIGERATION SERVICE CORP	CONTRIBUTING EMPLOYER								No
GEORGE ALLEN CONSTRUCTION CO	CONTRIBUTING EMPLOYER								No
GEORGE SOLLITT CONSTR	CONTRIBUTING EMPLOYER								No
GES EXPOSITION SERVICES	CONTRIBUTING EMPLOYER								No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
GILCO SCAFFOLDING CO	CONTRIBUTING EMPLOYER								No
GILCOR CONSTRUCTION CORP	CONTRIBUTING EMPLOYER								No
GILLIAM BUILDERS INC	CONTRIBUTING EMPLOYER								No
GIO BUILDERS LLC	CONTRIBUTING EMPLOYER								No
GLAZING ALL INC	CONTRIBUTING EMPLOYER								No
GLOBAL EXPERIENCE FKA EXHIBIT	CONTRIBUTING EMPLOYER								No
GLOBAL TURF CORP	CONTRIBUTING EMPLOYER								No
GOEBEL FIXTURE CO	CONTRIBUTING EMPLOYER								No
GOEBEL FORMING INC	CONTRIBUTING EMPLOYER								No
GOLTERMAN AND SABO INC	CONTRIBUTING EMPLOYER								No
GRANGER CONTRACTING CO INC	CONTRIBUTING EMPLOYER								No
GRANT'Z CONSTRUCTION INC	CONTRIBUTING EMPLOYER								No
GRAYCOR INDUST CONSTRUCTORS	CONTRIBUTING EMPLOYER								No
GREAT LAKES CEMENT LLC	CONTRIBUTING EMPLOYER								No
GROUND CREW INC	CONTRIBUTING EMPLOYER								No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
GULLIVER ENTERPRISES DBA	CONTRIBUTING EMPLOYER								No
H & H BUILDERS INC	CONTRIBUTING EMPLOYER								No
H & P CONTRACTOR INC	CONTRIBUTING EMPLOYER								No
H & R JOHNSON BROS INC	CONTRIBUTING EMPLOYER								No
H&S CONCRETE CONSTRUCTION INC	CONTRIBUTING EMPLOYER								No
HANG-UPS INC	CONTRIBUTING EMPLOYER								No
HAPP BUILDERS INC	CONTRIBUTING EMPLOYER								No
HARGRAVE BUILDERS INC	CONTRIBUTING EMPLOYER								No
HARGROVE INCORPORATED	CONTRIBUTING EMPLOYER								No
HAROLD A SCHWEIG COMPANY INC	CONTRIBUTING EMPLOYER								No
HAROLD O SCHULZ CO INC	CONTRIBUTING EMPLOYER								No
HARRIOTT CONTRACTING LLC	CONTRIBUTING EMPLOYER								No
HARRIS ENVIRONMENTAL SYSTEMS INC	CONTRIBUTING EMPLOYER								No
HART ERECTORS INC	CONTRIBUTING EMPLOYER								No
HASSE CONSTRUCTION CO INC	CONTRIBUTING EMPLOYER								No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
HAUSERMAN INSTALLS INC	CONTRIBUTING EMPLOYER								No
HAYES MECHANICAL INC	CONTRIBUTING EMPLOYER								No
HAYWARD BAKER INC	CONTRIBUTING EMPLOYER								No
HEIGHTS CONSTRUCTION COMPANY	CONTRIBUTING EMPLOYER								No
HEITKOTTER INC	CONTRIBUTING EMPLOYER								No
HELAYS INC	CONTRIBUTING EMPLOYER								No
HENRY BROTHERS COMPANY	CONTRIBUTING EMPLOYER								No
HENRY C JOHNSON INC	CONTRIBUTING EMPLOYER								No
HERITAGE CARPENTRY INC	CONTRIBUTING EMPLOYER								No
HERITAGE DEV & CONST CO INC	CONTRIBUTING EMPLOYER								No
HERITAGE FLOORING INC	CONTRIBUTING EMPLOYER								No
HERLIHY MID-CONTINENT CO	CONTRIBUTING EMPLOYER								No
HERNER-GEISSLER WOODWORKING CORP	CONTRIBUTING EMPLOYER								No
HHD ENTERPRISES INC	CONTRIBUTING EMPLOYER								No
HICKORY OAKS CONSTRUCTION	CONTRIBUTING EMPLOYER								No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
HIGHLAKE CONSTRUCTION CORP	CONTRIBUTING EMPLOYER								No
HILTON HOTELS CORP	CONTRIBUTING EMPLOYER								No
HIRE-NELSON COMPANY INC	CONTRIBUTING EMPLOYER								No
HISCOX BROTHERS INC	CONTRIBUTING EMPLOYER								No
HOLT CONSTRUCTION INC	CONTRIBUTING EMPLOYER								No
HOMES BY HEINTZ-DBA HEINTZ CONSTR	CONTRIBUTING EMPLOYER								No
HORCHER CONSTRUCTION INC	CONTRIBUTING EMPLOYER								No
HOTEL INSTALLATIONS INC	CONTRIBUTING EMPLOYER								No
HOUSE OF DOORS INC	CONTRIBUTING EMPLOYER								No
HOUSE OF ROLAND INC	CONTRIBUTING EMPLOYER								No
HOWARD IMMEL INC	CONTRIBUTING EMPLOYER								No
HUGH HENRY CONSTRUCTION	CONTRIBUTING EMPLOYER								No
HUIZINGA BROTHERS	CONTRIBUTING EMPLOYER								No
HUNTERS MODULAR CONSTRUCTION	CONTRIBUTING EMPLOYER								No
HUSSMANN CORPORATION	CONTRIBUTING EMPLOYER								No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
HYLAND A NOLAN PLASTERING	CONTRIBUTING EMPLOYER								No
I G COMMERCIAL INC	CONTRIBUTING EMPLOYER								No
IBUILDERS CORP	CONTRIBUTING EMPLOYER								No
ICC GROUP	CONTRIBUTING EMPLOYER								No
IDEAL CONSTRUCTION COMPANY	CONTRIBUTING EMPLOYER								No
IHC CONSTRUCTION CO LLC	CONTRIBUTING EMPLOYER								No
II IN ONE CONTRACTORS INC	CONTRIBUTING EMPLOYER								No
II IN ONE CONTRACTORSREBAR JV	CONTRIBUTING EMPLOYER								No
ILLINI CONSTRUCTION SPECIALTIES	CONTRIBUTING EMPLOYER								No
ILLINOIS CONSTRUCTORS CORP	CONTRIBUTING EMPLOYER								No
IMBERT CONSTRUCTION	CONTRIBUTING EMPLOYER								No
IMPERIAL ERECTORS INC	CONTRIBUTING EMPLOYER								No
IMPERIAL WOODWORKING CO	CONTRIBUTING EMPLOYER								No
INDEPENDENT EMPLOYEE BENEFITS	CONTRIBUTING EMPLOYER								No
INDEPENDENT MECHANICAL	CONTRIBUTING EMPLOYER								No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
INDUSTRIAL DOOR COMPANY OF	CONTRIBUTING EMPLOYER								No
INDUSTRIAL RESOURCE GROUP LLC	CONTRIBUTING EMPLOYER								No
INSTALLATION CONCEPTS INC	CONTRIBUTING EMPLOYER								No
INSTALLATION SERVICES OF	CONTRIBUTING EMPLOYER								No
INSTALLATION SPECIALISTS INC	CONTRIBUTING EMPLOYER								No
INSULATED PANEL COMPANY	CONTRIBUTING EMPLOYER								No
INTEGRAL FLOORING SYSTEMS INC	CONTRIBUTING EMPLOYER								No
INTEGRATED SPECIALTY CONTRACTORSLL	CONTRIBUTING EMPLOYER								No
INTEGRITY INSTALLATION INC	CONTRIBUTING EMPLOYER								No
INTER OCEAN CABINET COMPANY	CONTRIBUTING EMPLOYER								No
INTERIOR ALTERATIONS INC	CONTRIBUTING EMPLOYER								No
INTERIOR CONCEPTS INC	CONTRIBUTING EMPLOYER								No
INTERIOR INSTALLATION SVCS INC	CONTRIBUTING EMPLOYER								No
INTERIOR INVESTMENTS LLC	CONTRIBUTING EMPLOYER								No
INTERIOR PRECISION	CONTRIBUTING EMPLOYER								No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
INTERIOR SYSTEMS INC	CONTRIBUTING EMPLOYER								No
INTERNATIONAL DECORATORS INC	CONTRIBUTING EMPLOYER								No
INTERNATIONAL INDUSTRIAL	CONTRIBUTING EMPLOYER								No
INTERNATIONAL QUALITY CONTRACT	CONTRIBUTING EMPLOYER								No
INTERNATIONAL SCAFFOLD ERECTOR	CONTRIBUTING EMPLOYER								No
INTERNATIONAL SPORTS SURFACES	CONTRIBUTING EMPLOYER								No
INTERSTATE SYNTHETIC TURF	CONTRIBUTING EMPLOYER								No
INTERWORX USA INC	CONTRIBUTING EMPLOYER								No
ION EXHIBITS LLC	CONTRIBUTING EMPLOYER								No
IPC LYDON LLC	CONTRIBUTING EMPLOYER								No
IPEMA CONCRETE CONST INC	CONTRIBUTING EMPLOYER								No
IROQUOIS PAVING CORPORATION	CONTRIBUTING EMPLOYER								No
IVAN RICE & SONS INC	CONTRIBUTING EMPLOYER								No
J & J EXHIBITORS SERVICE INC	CONTRIBUTING EMPLOYER								No
J C ANDERSON INC	CONTRIBUTING EMPLOYER								No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
J C HARRIS & SONS INC	CONTRIBUTING EMPLOYER								No
J C PENNEY CO	CONTRIBUTING EMPLOYER								No
J F BRENNAN COMPANY INC	CONTRIBUTING EMPLOYER								No
J F CARPENTRY SERVICES INC	CONTRIBUTING EMPLOYER								No
J F MCCARTHY INC	CONTRIBUTING EMPLOYER								No
J GILL & COMPANY	CONTRIBUTING EMPLOYER								No
J L J CONTRACTING INC	CONTRIBUTING EMPLOYER								No
J LANE COMMERCIAL FLOORS LLC	CONTRIBUTING EMPLOYER								No
J M C CONSTRUCTION INC	CONTRIBUTING EMPLOYER								No
J M SOLLAMI INC	CONTRIBUTING EMPLOYER								No
J N A CONSTRUCTION INC	CONTRIBUTING EMPLOYER								No
J N EXHIBIT CONTRACTORS INC	CONTRIBUTING EMPLOYER								No
J P PHILLIPS INC	CONTRIBUTING EMPLOYER								No
J R JONES FIXTURE CO	CONTRIBUTING EMPLOYER								No
J SPENCER CONSTRUCTION LLC	CONTRIBUTING EMPLOYER								No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
J&J LAND MANAGEMENT INC	CONTRIBUTING EMPLOYER								No
JADE CARPENTRY CONTRACTORS INC	CONTRIBUTING EMPLOYER								No
JALPA CONSTRUCTION CORPORATION	CONTRIBUTING EMPLOYER								No
JAMES A BLACKMORE CONSTRUCTION	CONTRIBUTING EMPLOYER								No
JAMES MC HUGH CONSTR CO	CONTRIBUTING EMPLOYER								No
JANECYK CONSTRUCTION	CONTRIBUTING EMPLOYER								No
JAN'S ENTERPRISES INC	CONTRIBUTING EMPLOYER								No
JCF OF LOCKPORT	CONTRIBUTING EMPLOYER								No
JENDERSEE INC	CONTRIBUTING EMPLOYER								No
JEWEL CONSTRUCTION COMPANY INC	CONTRIBUTING EMPLOYER								No
JMR BUILDERS	CONTRIBUTING EMPLOYER								No
JNS CONSTRUCTION CORP II	CONTRIBUTING EMPLOYER								No
JOHN A EBY & SONS INC	CONTRIBUTING EMPLOYER								No
JOHN CHARLES CARPENTRY INC	CONTRIBUTING EMPLOYER								No
JOHN MORIARTY & ASSOCIATES INC	CONTRIBUTING EMPLOYER								No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
JOHNSON FLOOR COMPANY INC	CONTRIBUTING EMPLOYER								No
JOHNSON-DOWNS CONSTRUCTION CO	CONTRIBUTING EMPLOYER								No
JONES TILE INC	CONTRIBUTING EMPLOYER								No
JOSEPH CONSTRUCTION CO	CONTRIBUTING EMPLOYER								No
JOSEPH J DUFFY COMPANY	CONTRIBUTING EMPLOYER								No
JOSEPH J HENDERSON & SON INC	CONTRIBUTING EMPLOYER								No
JOSEPH WOODWORKING CORPORATION	CONTRIBUTING EMPLOYER								No
JOSI INC	CONTRIBUTING EMPLOYER								No
JTR ENTERPRISES LLC	CONTRIBUTING EMPLOYER								No
JUDLAU CONTRACTING INC	CONTRIBUTING EMPLOYER								No
JUST RITE ACOUSTICS INC	CONTRIBUTING EMPLOYER								No
JUST SEATS INC	CONTRIBUTING EMPLOYER								No
K & B WONDERLAND INC	CONTRIBUTING EMPLOYER								No
K D M CONSTRUCTION INC	CONTRIBUTING EMPLOYER								No
K G M INC	CONTRIBUTING EMPLOYER								No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
K R MILLER CONTRACTORS INC	CONTRIBUTING EMPLOYER								No
K T RICHARDS CONSTRUCTION CO	CONTRIBUTING EMPLOYER								No
KANKAKEE VALLEY CONSTRUCTION C	CONTRIBUTING EMPLOYER								No
KARI INSTALLATIONS INC	CONTRIBUTING EMPLOYER								No
KATS & SONS INC	CONTRIBUTING EMPLOYER								No
KAVE INC	CONTRIBUTING EMPLOYER								No
KAY & SONS LLC	CONTRIBUTING EMPLOYER								No
KCI INCORPORATED	CONTRIBUTING EMPLOYER								No
KEEN CO INC	CONTRIBUTING EMPLOYER								No
KEEPSAKE CONSTRUCTION CO INC	CONTRIBUTING EMPLOYER								No
KENNY CONSTRUCTION COMPANY	CONTRIBUTING EMPLOYER								No
KENO & SONS CONSTRUCTION CO	CONTRIBUTING EMPLOYER								No
KERN KONSTRUCTION	CONTRIBUTING EMPLOYER								No
KEVIN NUGENT CONSTRUCTION INC	CONTRIBUTING EMPLOYER								No
KEY WEST METAL INDUSTRIES INC	CONTRIBUTING EMPLOYER								No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
KEYBOARD ENTERPRISES DEVINC	CONTRIBUTING EMPLOYER								No
KEYSTONE REDEVELOPMENT INC	CONTRIBUTING EMPLOYER								No
KIEFER SPECIALTY FLOORING INC	CONTRIBUTING EMPLOYER								No
KIEWIT INFRASTRUCTURE CO	CONTRIBUTING EMPLOYER								No
KINGDOM CONTRACTING INC	CONTRIBUTING EMPLOYER								No
KINGSTON TILE COMPANY LTD	CONTRIBUTING EMPLOYER								No
KIRK ERECTORSINC	CONTRIBUTING EMPLOYER								No
KISER HYDRO LLC	CONTRIBUTING EMPLOYER								No
KLATT ENTERPRISES INC	CONTRIBUTING EMPLOYER								No
KNIGHT FLOORING INC	CONTRIBUTING EMPLOYER								No
KNUDSEN CONSTRUCTION INC	CONTRIBUTING EMPLOYER								No
KOJA CONSTRUCTION INC	CONTRIBUTING EMPLOYER								No
KOKOSING INDUSTRIAL INC	CONTRIBUTING EMPLOYER								No
KOLE CONSTRUCTION CO INC	CONTRIBUTING EMPLOYER								No
KONET CREATIVE WINDOW	CONTRIBUTING EMPLOYER								No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
KORNERSTONE CONSTRUCTION INC	CONTRIBUTING EMPLOYER								No
KRAEMER NORTH AMERICA LLC	CONTRIBUTING EMPLOYER								No
KRAFTEX FLOOR CORPORATION	CONTRIBUTING EMPLOYER								No
KREATIVE INSTALLATIONS LLC	CONTRIBUTING EMPLOYER								No
KRULL WINDOW COMPANY INC	CONTRIBUTING EMPLOYER								No
KUJO INC	CONTRIBUTING EMPLOYER								No
KWCC INCDBA KW CONSTRUCTION	CONTRIBUTING EMPLOYER								No
L & R LABOR LLC	CONTRIBUTING EMPLOYER								No
L D FLOORING CO INC	CONTRIBUTING EMPLOYER								No
L J DODD CONSTRUCTION INC	CONTRIBUTING EMPLOYER								No
L J MORSE CONSTRUCTION CO	CONTRIBUTING EMPLOYER								No
L S CONTRACTING GROUP INC	CONTRIBUTING EMPLOYER								No
LAKE SHORE STAIR COMPANY	CONTRIBUTING EMPLOYER								No
LAKES & RIVERS CONTR INC	CONTRIBUTING EMPLOYER								No
LAKESHORE EXHIBIT SERV INC	CONTRIBUTING EMPLOYER								No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
LAKESIDE RACK INSTALLERS	CONTRIBUTING EMPLOYER								No
LAKEWOOD CARPENTRY SERVICES INC	CONTRIBUTING EMPLOYER								No
LAMP INC	CONTRIBUTING EMPLOYER								No
LANDMARK CONTRACTORS INC	CONTRIBUTING EMPLOYER								No
LANG MECHANICAL INC	CONTRIBUTING EMPLOYER								No
LANKFORD CONSTRUCTION CO	CONTRIBUTING EMPLOYER								No
LARSON & LARSON BUILDERS INC	CONTRIBUTING EMPLOYER								No
LARSON-DANIELSON CONSTR	CONTRIBUTING EMPLOYER								No
LASER EXHIBITOR SERV OF CHICAG	CONTRIBUTING EMPLOYER								No
LAVERDIERE CONSTRUCTION INC	CONTRIBUTING EMPLOYER								No
LEANDER CONSTRUCTION INC	CONTRIBUTING EMPLOYER								No
LELAND STAHELIN GEN CONTRACTOR	CONTRIBUTING EMPLOYER								No
LENNY SZAREK INC	CONTRIBUTING EMPLOYER								No
LEON CONSTRUCTION COMPANY	CONTRIBUTING EMPLOYER								No
LEOPARDO CONSTR INC	CONTRIBUTING EMPLOYER								No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
LEWELLEN & BEST DISPLAYS INC	CONTRIBUTING EMPLOYER								No
LIBERTYVILLE TILE & CARPET LTD	CONTRIBUTING EMPLOYER								No
LINDBLAD CONSTRUCTION CO	CONTRIBUTING EMPLOYER								No
LITE CONSTRUCTION INC	CONTRIBUTING EMPLOYER								No
LIVE WIRE ELECTRICAL SYSTEMS	CONTRIBUTING EMPLOYER								No
LIVINGSTON PARTNERS LLC	CONTRIBUTING EMPLOYER								No
LORIG CONSTRUCTION CO INC	CONTRIBUTING EMPLOYER								No
LOUISIANA CARPENTERS REGIONAL	CONTRIBUTING EMPLOYER								No
LUNDA CONSTRUCTION COMPANY	CONTRIBUTING EMPLOYER								No
LYN-DEN INC	CONTRIBUTING EMPLOYER								No
M & E CONSTRUCTION CO INC	CONTRIBUTING EMPLOYER								No
M & J INNOVATIONS LLC	CONTRIBUTING EMPLOYER								No
M & J UNDERGROUND INC	CONTRIBUTING EMPLOYER								No
M & M RENOVATION LLC	CONTRIBUTING EMPLOYER								No
M A MORTENSON COMPANY	CONTRIBUTING EMPLOYER								No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
M C DISPLAY'S INC	CONTRIBUTING EMPLOYER								No
M F C BUILDERS INC	CONTRIBUTING EMPLOYER								No
M G DESIGN ASSOCIATES CORP	CONTRIBUTING EMPLOYER								No
M J BUILDERS OF ILLINOIS LLC	CONTRIBUTING EMPLOYER								No
M S M SOLUTIONS INC	CONTRIBUTING EMPLOYER								No
MM PETERS CONSTRUCTION INC	CONTRIBUTING EMPLOYER								No
M3 CONSTRUCTION CORP	CONTRIBUTING EMPLOYER								No
MACHINERY & CONVEYORS SERVICES	CONTRIBUTING EMPLOYER								No
MAG CONSTRUCTION INC	CONTRIBUTING EMPLOYER								No
MAGILL CONSTRUCTION CO INC	CONTRIBUTING EMPLOYER								No
MAGNUM CONSTRUCTION SVCS INC	CONTRIBUTING EMPLOYER								No
MAMAN CORPORATION	CONTRIBUTING EMPLOYER								No
MAMMOTH CONSTRUCTION	CONTRIBUTING EMPLOYER								No
MANICO FLOORING	CONTRIBUTING EMPLOYER								No
MANUSOS GENERAL CONTRACTING INC	CONTRIBUTING EMPLOYER								No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
MARIN BROS INC	CONTRIBUTING EMPLOYER								No
MARKET CONTRACTING SERVICES INC	CONTRIBUTING EMPLOYER								No
MARKHAM DIVISON 9 INC	CONTRIBUTING EMPLOYER								No
MARSHALL ERECTING INC	CONTRIBUTING EMPLOYER								No
MARTAM CONSTRUCTION INC	CONTRIBUTING EMPLOYER								No
MARTIN CEMENT COMPANY	CONTRIBUTING EMPLOYER								No
MARTIN FLOORING INC	CONTRIBUTING EMPLOYER								No
MASTER BUILDERS INC	CONTRIBUTING EMPLOYER								No
MASTER TILE INC	CONTRIBUTING EMPLOYER								No
MATERIAL SERVICEHANSON	CONTRIBUTING EMPLOYER								No
MAXUM EXPO SERVICES LLC	CONTRIBUTING EMPLOYER								No
MAZUR CONSTRUCTION CO	CONTRIBUTING EMPLOYER								No
MC INSTALL & DISMANTLE DBA	CONTRIBUTING EMPLOYER								No
MCDONAGH DEMOLITION INC	CONTRIBUTING EMPLOYER								No
MCDONALDS PLAZAJONES LANG	CONTRIBUTING EMPLOYER								No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
MCGANN KETTERMAN & RIOUX	CONTRIBUTING EMPLOYER								No
MCWILLIAMS ELECTRIC CO INC	CONTRIBUTING EMPLOYER								No
MEADE ELECTRIC COMPANY INC	CONTRIBUTING EMPLOYER								No
MECCOR INDUSTRIES LTD	CONTRIBUTING EMPLOYER								No
MEDICAL & INDUSTRIAL SHIELDING EREC	CONTRIBUTING EMPLOYER								No
MEDINA BUILDERS INC	CONTRIBUTING EMPLOYER								No
MELISSA'S PRECISION TRADE SHOW	CONTRIBUTING EMPLOYER								No
MERCHANDISE MART PROPERTIES	CONTRIBUTING EMPLOYER								No
MERCURIO CARPET & TILE INC	CONTRIBUTING EMPLOYER								No
MERIDIENNE CORPORATION	CONTRIBUTING EMPLOYER								No
MERKEL WOODWORKING INC	CONTRIBUTING EMPLOYER								No
METRO EXHIBIT CORP	CONTRIBUTING EMPLOYER								No
METRO FACILITY SERVICE INC	CONTRIBUTING EMPLOYER								No
METROPOLITAN PIER & EXPOSITION	CONTRIBUTING EMPLOYER								No
MHS TECHNICAL SERVICES INC	CONTRIBUTING EMPLOYER								No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
MICHELS FOUNDATIONS A DIVISION	CONTRIBUTING EMPLOYER								No
MICHUDA CONSTRUCTION INC	CONTRIBUTING EMPLOYER								No
MID AMERICA SYSTEMS	CONTRIBUTING EMPLOYER								No
MIDAS CONVENTION SERVICE	CONTRIBUTING EMPLOYER								No
MIDLAND GENERAL CONTRACTORS	CONTRIBUTING EMPLOYER								No
MIDLAND-FRANTZ CONSTR GROUP	CONTRIBUTING EMPLOYER								No
MID-SOUTH CARP REGIONAL CNCL	CONTRIBUTING EMPLOYER								No
MIDSTATE SPRING TITE INC	CONTRIBUTING EMPLOYER								No
MID-VALLEY CONCRETE INC	CONTRIBUTING EMPLOYER								No
MIDWEST DRILLED FOUNDATIONS &	CONTRIBUTING EMPLOYER								No
MIDWEST REFRIGERATION INC	CONTRIBUTING EMPLOYER								No
MIDWEST TRACK BUILDERS	CONTRIBUTING EMPLOYER								No
MIDWEST WALLMASTERS INC	CONTRIBUTING EMPLOYER								No
MILLWRIGHT MACHINE INC	CONTRIBUTING EMPLOYER								No
MINER & EAST INCORPORATED	CONTRIBUTING EMPLOYER								No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
MISFITS CONSTRUCTION COMPANY	CONTRIBUTING EMPLOYER								No
MJH INTERIORS INC	CONTRIBUTING EMPLOYER								No
M-JTJ CONTR & BLDRS INC	CONTRIBUTING EMPLOYER								No
MOBILE HOME TRANSPORTATION SVC	CONTRIBUTING EMPLOYER								No
MODERN BUILDERS CONTRACTORS INC	CONTRIBUTING EMPLOYER								No
MODERNFOLD CHICAGO INC	CONTRIBUTING EMPLOYER								No
MODULAR INSTALLATIONS AND	CONTRIBUTING EMPLOYER								No
MOMENTUM MANAGEMENT INC	CONTRIBUTING EMPLOYER								No
MONADNOCK BUILDING	CONTRIBUTING EMPLOYER								No
MONARCH CONSTRUCTION CO	CONTRIBUTING EMPLOYER								No
MON-DAN INC	CONTRIBUTING EMPLOYER								No
MONTEREY FLOOR COVERING INC	CONTRIBUTING EMPLOYER								No
MORFIN CONSTRUCTION GENERAL	CONTRIBUTING EMPLOYER								No
MORGANHARBOUR CONSTRUCTN LLC	CONTRIBUTING EMPLOYER								No
MORRISON CONSTR CO	CONTRIBUTING EMPLOYER								No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
MOTIF EVENTS INC	CONTRIBUTING EMPLOYER								No
MP SPORTS	CONTRIBUTING EMPLOYER								No
MR DAVID'S CARPET SERV LTD	CONTRIBUTING EMPLOYER								No
N A FAVIA BLDRALPINE ACOUSTIC	CONTRIBUTING EMPLOYER								No
N H MCLENNAN INC	CONTRIBUTING EMPLOYER								No
NARVICK BROTHERS	CONTRIBUTING EMPLOYER								No
NASH BROTHERS CONSTRUCTION	CONTRIBUTING EMPLOYER								No
NATHAN LINN & SONS INC	CONTRIBUTING EMPLOYER								No
NATIONAL CONVENTION SVCS INC	CONTRIBUTING EMPLOYER								No
NATIONAL RETAIL INSTALLATION CORP	CONTRIBUTING EMPLOYER								No
NATIONWIDE INSTALLATION SVCS	CONTRIBUTING EMPLOYER								No
NAVY PIER INC	CONTRIBUTING EMPLOYER								No
NEHEMIAH'S HAMMER LLC	CONTRIBUTING EMPLOYER								No
NELSON FIRESTOPPING & LIFE SAF	CONTRIBUTING EMPLOYER								No
NEW ENGLAND CARPENTERS BENEFIT FUND	CONTRIBUTING EMPLOYER								No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
NEWELL MACHINERY COMPANY INC	CONTRIBUTING EMPLOYER								No
NEWMARK CONSTRUCTION INC	CONTRIBUTING EMPLOYER								No
NEXT LEVEL EXHIBIT SERVICE INC	CONTRIBUTING EMPLOYER								No
NOBLE RICH TRADE SHOW-EXHIB	CONTRIBUTING EMPLOYER								No
NOLAND FACILITIES SERVICES LLC	CONTRIBUTING EMPLOYER								No
NOLAND SALES CORP	CONTRIBUTING EMPLOYER								No
NORCON INC	CONTRIBUTING EMPLOYER								No
NORTHWEST CONTRACTORS INC	CONTRIBUTING EMPLOYER								No
NORTHWEST INSULATION INC	CONTRIBUTING EMPLOYER								No
NORTHWEST MILLWORK CO	CONTRIBUTING EMPLOYER								No
NORVILLA LLC	CONTRIBUTING EMPLOYER								No
NOVAK CONSTRUCTION COMPANY	CONTRIBUTING EMPLOYER								No
NTH DEGREE INC	CONTRIBUTING EMPLOYER								No
NU VETERANS CONSTRUCTION SVCS INC	CONTRIBUTING EMPLOYER								No
O P C CONSTRUCTION INC	CONTRIBUTING EMPLOYER								No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
OAK DRYWALL CO INC	CONTRIBUTING EMPLOYER								No
OAKLEY CONSTRUCTION CO INC	CONTRIBUTING EMPLOYER								No
OAKWOOD CONTRACTORS INC	CONTRIBUTING EMPLOYER								No
O'CONNOR CONSTR CO INC	CONTRIBUTING EMPLOYER								No
OCONNOR CONTRACTORS INC	CONTRIBUTING EMPLOYER								No
OCTANE GROUP INC	CONTRIBUTING EMPLOYER								No
O'HARE HILTON	CONTRIBUTING EMPLOYER								No
OLD VETERAN CONSTRUCTION INC	CONTRIBUTING EMPLOYER								No
O'MALLEY CONSTRUCTION COMPANY	CONTRIBUTING EMPLOYER								No
OMNI COMMERCIAL GROUP INC	CONTRIBUTING EMPLOYER								No
ON LOCATION INC	CONTRIBUTING EMPLOYER								No
ON SITE WOODWORK CORPORATION	CONTRIBUTING EMPLOYER								No
ON THE LEVEL INSTALLATIONS INC	CONTRIBUTING EMPLOYER								No
OPC CONSTRUCTION INC	CONTRIBUTING EMPLOYER								No
OPUS DESIGN BUILD LLC	CONTRIBUTING EMPLOYER								No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
OREGON-WASHINGTON CARP-	CONTRIBUTING EMPLOYER								No
ORNELAS CONSTRUCTION CO	CONTRIBUTING EMPLOYER								No
OSMAN CONSTRUCTION CORP	CONTRIBUTING EMPLOYER								No
OUTSTANDING TRADESHOW EXHIBIT	CONTRIBUTING EMPLOYER								No
OVERHEAD CONVEYOR COMPANY	CONTRIBUTING EMPLOYER								No
P B S PLASTERING INC	CONTRIBUTING EMPLOYER								No
P C I FLOR TECH INC	CONTRIBUTING EMPLOYER								No
P G CRILLY INC	CONTRIBUTING EMPLOYER								No
P J HOERR INC	CONTRIBUTING EMPLOYER								No
P L M CEMENT CONSTRUCTION	CONTRIBUTING EMPLOYER								No
PALA CONSTRUCTION CORP	CONTRIBUTING EMPLOYER								No
PALMER HOUSE	CONTRIBUTING EMPLOYER								No
PAN AMERICAN CONCRETE CO INC	CONTRIBUTING EMPLOYER								No
PANELS PLUS INC	CONTRIBUTING EMPLOYER								No
PANIAGUA GROUP INC	CONTRIBUTING EMPLOYER								No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
PARENTI & RAFFAELLI LTD	CONTRIBUTING EMPLOYER								No
PARENTI CONSTRUCTION CO	CONTRIBUTING EMPLOYER								No
PARKSIDE CONSTRUCTION CO	CONTRIBUTING EMPLOYER								No
PARKWAY FORMING INC	CONTRIBUTING EMPLOYER								No
PARTITION PROS INC	CONTRIBUTING EMPLOYER								No
PATENT LLC	CONTRIBUTING EMPLOYER								No
PATRIOT INSTALLATIONS INC	CONTRIBUTING EMPLOYER								No
PAUL BORG CONSTR CO	CONTRIBUTING EMPLOYER								No
PCI - TEMPUS	CONTRIBUTING EMPLOYER								No
PEAK CARPENTRY INC	CONTRIBUTING EMPLOYER								No
PEKO TILE INC	CONTRIBUTING EMPLOYER								No
PELLA WINDOWS & DOORS INC	CONTRIBUTING EMPLOYER								No
PEPPER CONSTRUCTION CO	CONTRIBUTING EMPLOYER								No
PERCIC CONSTRUCTION INC	CONTRIBUTING EMPLOYER								No
PEREZ & ASSOCIATES INC	CONTRIBUTING EMPLOYER								No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
PERFORMANCE FLOORS CORPORATION	CONTRIBUTING EMPLOYER								No
PERINO BROTHERS INC	CONTRIBUTING EMPLOYER								No
PETERSON WOODWORKING INC	CONTRIBUTING EMPLOYER								No
PICKENS-KANE ENTERPRISES INC	CONTRIBUTING EMPLOYER								No
PIGGUSH-SIMONEAU INC	CONTRIBUTING EMPLOYER								No
PINNACLE CONTRACTORS LLC	CONTRIBUTING EMPLOYER								No
PINTO CONSTRUCTION GROUP INC	CONTRIBUTING EMPLOYER								No
PLAINOOKA SIDING CO	CONTRIBUTING EMPLOYER								No
PLATINUM FINISH CARPENTRY	CONTRIBUTING EMPLOYER								No
PMI GUYS LLC	CONTRIBUTING EMPLOYER								No
POSITIVE EXHIBIT SERVICES LLC	CONTRIBUTING EMPLOYER								No
POWER FORCES LLC	CONTRIBUTING EMPLOYER								No
POWERS & SONS CONSTR CO INC	CONTRIBUTING EMPLOYER								No
PRAIRIE STATE INSTALLATION	CONTRIBUTING EMPLOYER								No
PRECISION ATHLETIC FLOORING	CONTRIBUTING EMPLOYER								No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
PRECISION BUILDERS INC	CONTRIBUTING EMPLOYER								No
PRECISION EXCAVATION LLC	CONTRIBUTING EMPLOYER								No
PRECISION MILLWORK	CONTRIBUTING EMPLOYER								No
PREMIUM CONCRETE INC	CONTRIBUTING EMPLOYER								No
PREMIUM FLOOR COVERING INC	CONTRIBUTING EMPLOYER								No
PRIME BUILDERS LLC	CONTRIBUTING EMPLOYER								No
PRIME INDUSTRIAL CONTRACTORS	CONTRIBUTING EMPLOYER								No
PRO SERVICES INC	CONTRIBUTING EMPLOYER								No
PROCACCIO PAINTING CO INC	CONTRIBUTING EMPLOYER								No
PRODIGY CONSTRUCTION LLC	CONTRIBUTING EMPLOYER								No
PRODUCTION PAYROLL	CONTRIBUTING EMPLOYER								No
PROSTAR SURFACES INC	CONTRIBUTING EMPLOYER								No
PULLARA INC	CONTRIBUTING EMPLOYER								No
QUALITY COMMERCIAL INSTAL CORP	CONTRIBUTING EMPLOYER								No
QUALITY FIRST CONTRACTING CO	CONTRIBUTING EMPLOYER								No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
QUALITY OFFICE INSTALLNS INC	CONTRIBUTING EMPLOYER								No
R & W CLARK CONSTRUCTION INC	CONTRIBUTING EMPLOYER								No
R B CONSTRUCTION INC	CONTRIBUTING EMPLOYER								No
R C S CARPET & TILE INC	CONTRIBUTING EMPLOYER								No
R C WEGMAN CONSTRUCTION CO	CONTRIBUTING EMPLOYER								No
R E S CONSTRUCTION INC	CONTRIBUTING EMPLOYER								No
R G CONSTRUCTION SERVICES INC	CONTRIBUTING EMPLOYER								No
R M SELLERGREN & ASSOCIATES INC	CONTRIBUTING EMPLOYER								No
R OLSON CONSTRUCTION COMPANY	CONTRIBUTING EMPLOYER								No
RABY ROOFING INC	CONTRIBUTING EMPLOYER								No
RACK-IT INSTALLATION INC	CONTRIBUTING EMPLOYER								No
RAFFIN CONSTRUCTION CO	CONTRIBUTING EMPLOYER								No
RAGNAR BENSON CONST LLC	CONTRIBUTING EMPLOYER								No
RASCH CONSTRUCTION AND	CONTRIBUTING EMPLOYER								No
RAUSCH INFRASTRUCTURE LLC	CONTRIBUTING EMPLOYER								No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
RAYNOR DOOR AUTHORITY OF DEKAL	CONTRIBUTING EMPLOYER								No
READY TILE CO LLC	CONTRIBUTING EMPLOYER								No
REED ILLINOIS CORPORATION	CONTRIBUTING EMPLOYER								No
REED MACHINERY & TRANS CO INC	CONTRIBUTING EMPLOYER								No
REFLECTION WINDOW COMPANY LLC	CONTRIBUTING EMPLOYER								No
REGAL BUILDERSLLC	CONTRIBUTING EMPLOYER								No
REGIONAL TRADE SERVICES	CONTRIBUTING EMPLOYER								No
REGIS BELT MAINTENANCE INC	CONTRIBUTING EMPLOYER								No
REIN'S MIDWEST SHELIVING INC	CONTRIBUTING EMPLOYER								No
REKKAS ENTERPRISE LTD	CONTRIBUTING EMPLOYER								No
RELIABLE & ASSOCIATES	CONTRIBUTING EMPLOYER								No
REM CONTRACTING CORPORATION	CONTRIBUTING EMPLOYER								No
RENAISSANCE MANAGEMENT INC	CONTRIBUTING EMPLOYER								No
RENNER & RENNER INC	CONTRIBUTING EMPLOYER								No
REPUBLIC CONSTRUCTION OF	CONTRIBUTING EMPLOYER								No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
RESIDENTIAL EXTERIORS INC	CONTRIBUTING EMPLOYER								No
REYES GROUP LTD	CONTRIBUTING EMPLOYER								No
RICHARD GOETTLE INC	CONTRIBUTING EMPLOYER								No
RICHARD J DALEY CENTER	CONTRIBUTING EMPLOYER								No
RIGID CONSTRUCTION INC	CONTRIBUTING EMPLOYER								No
RILAN EVENTS SERVICES INC	CONTRIBUTING EMPLOYER								No
RILEY CONSTRUCTION CO INC	CONTRIBUTING EMPLOYER								No
RINGLAND-JOHNSON INC	CONTRIBUTING EMPLOYER								No
RINK SYSTEMS INC	CONTRIBUTING EMPLOYER								No
RITEWAY CONSTR SERVICES INC	CONTRIBUTING EMPLOYER								No
RITZ CARLTON HOTEL	CONTRIBUTING EMPLOYER								No
RIVER CITY CONSTRUCTION LLC	CONTRIBUTING EMPLOYER								No
RIVER NORTH CONSTRUCTION INC	CONTRIBUTING EMPLOYER								No
RJS CONSTRUCTORS INC	CONTRIBUTING EMPLOYER								No
ROBERT BORG CONSTR CO INC	CONTRIBUTING EMPLOYER								No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
ROBERT YIU CONSTRUCTION INC	CONTRIBUTING EMPLOYER								No
ROCK IT INTERIORS INC	CONTRIBUTING EMPLOYER								No
ROMINGER CONSTRUCTION CO	CONTRIBUTING EMPLOYER								No
ROOSEVELT UNIVERSITY	CONTRIBUTING EMPLOYER								No
ROSEMONT EXPOSITION SERVICES	CONTRIBUTING EMPLOYER								No
ROSEWOOD CABINET COMPANY	CONTRIBUTING EMPLOYER								No
ROSSI CONTRACTORS	CONTRIBUTING EMPLOYER								No
ROYAL CONCRETE INC	CONTRIBUTING EMPLOYER								No
RTA SUPERVISION INC	CONTRIBUTING EMPLOYER								No
RUANE CONSTRUCTION INC	CONTRIBUTING EMPLOYER								No
RUBEN E SMITH CONSTR&R INC	CONTRIBUTING EMPLOYER								No
RUIZ CONSTRUCTION SYSTEMS INC	CONTRIBUTING EMPLOYER								No
RUSCO FIXTURE CO INC	CONTRIBUTING EMPLOYER								No
S & H FLOORCOVERING INC	CONTRIBUTING EMPLOYER								No
S & J CONSTRUCTION CO INC	CONTRIBUTING EMPLOYER								No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
S & S FLOORING INST LLC	CONTRIBUTING EMPLOYER								No
S A ONDRLA CONST INC	CONTRIBUTING EMPLOYER								No
S B E CONSTRUCTION INC	CONTRIBUTING EMPLOYER								No
S HAINES PAVING & EXCAVATING	CONTRIBUTING EMPLOYER								No
S W FRANKS COMPANYS SCOTT FRANKS	CONTRIBUTING EMPLOYER								No
SACHI CONSTRUCTION INC	CONTRIBUTING EMPLOYER								No
SAFWAY ATLANTIC LLC	CONTRIBUTING EMPLOYER								No
SAFWAY SERVICES LLC	CONTRIBUTING EMPLOYER								No
SAMAP USA CORP	CONTRIBUTING EMPLOYER								No
SANDOVAL & SONS INC	CONTRIBUTING EMPLOYER								No
SCARLET CONSTRUCTION INC	CONTRIBUTING EMPLOYER								No
SCHAEFGES BROS INC	CONTRIBUTING EMPLOYER								No
SCHAL BOVIS INC	CONTRIBUTING EMPLOYER								No
SCHATZ SERVICES LLC	CONTRIBUTING EMPLOYER								No
SCHECK MECHANICAL CORP	CONTRIBUTING EMPLOYER								No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
SCHERRER CONSTRUCTION CO INC	CONTRIBUTING EMPLOYER								No
SCHLEIS FLOOR COVERING INC	CONTRIBUTING EMPLOYER								No
SCHNEIDER ACOUSTICS INC	CONTRIBUTING EMPLOYER								No
SCIENTIFIC LABORATORY INST	CONTRIBUTING EMPLOYER								No
SCURTO CEMENT CONSTRUCTION LTD	CONTRIBUTING EMPLOYER								No
SEAL TIGHT EXTERIORS INC	CONTRIBUTING EMPLOYER								No
SEEKAMP FLOOR COMPANY INC	CONTRIBUTING EMPLOYER								No
SEITHER & CHERRY QUAD CITIES	CONTRIBUTING EMPLOYER								No
SERVICE DECORATING CO INC	CONTRIBUTING EMPLOYER								No
SHALES MCNUTT LLC	CONTRIBUTING EMPLOYER								No
SHAMROCK FLOORING & TILE CO	CONTRIBUTING EMPLOYER								No
SHEPARD CONV SVCS INC DBA	CONTRIBUTING EMPLOYER								No
SHO-AIDS INC	CONTRIBUTING EMPLOYER								No
SHO-LINK INC	CONTRIBUTING EMPLOYER								No
SHOW BIZ USA	CONTRIBUTING EMPLOYER								No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
SHOW SERVICES INC	CONTRIBUTING EMPLOYER								No
SHOW STRATEGY	CONTRIBUTING EMPLOYER								No
SIEMENS GENERATION SERVICES	CONTRIBUTING EMPLOYER								No
SIMPSON CONSTR CO	CONTRIBUTING EMPLOYER								No
SJOSTROM & SONS INC	CONTRIBUTING EMPLOYER								No
SKENDER CONSTRUCTION INC	CONTRIBUTING EMPLOYER								No
SLURRY SYSTEMS INC	CONTRIBUTING EMPLOYER								No
SMART INTERIORS LLC	CONTRIBUTING EMPLOYER								No
SOFTER-LITE WINDOWS	CONTRIBUTING EMPLOYER								No
SOLID PLATFORMS INC	CONTRIBUTING EMPLOYER								No
SOLIS CONSTRUCTION INC	CONTRIBUTING EMPLOYER								No
SORENSEN CONSTR SERVICES LLC	CONTRIBUTING EMPLOYER								No
SPECIALTY BUILDERS INC	CONTRIBUTING EMPLOYER								No
SPECTRUM SHOW SERVICES INC	CONTRIBUTING EMPLOYER								No
SPORTS SURFACING INC	CONTRIBUTING EMPLOYER								No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
SPRINKMANN SONS CORPORATION	CONTRIBUTING EMPLOYER								No
STAALSEN CONSTR CO INC	CONTRIBUTING EMPLOYER								No
STALLION FLOORING LLC	CONTRIBUTING EMPLOYER								No
STALWORTH UNDERGROUND LLC	CONTRIBUTING EMPLOYER								No
STAR INCORPORATED	CONTRIBUTING EMPLOYER								No
STAR MOULDING & TRIM CO	CONTRIBUTING EMPLOYER								No
STEPPO SUPPLY & CONSTRUCTION	CONTRIBUTING EMPLOYER								No
STERLING INDUSTRIAL SERVICES	CONTRIBUTING EMPLOYER								No
STEVENS EXHIBITSDISPLAY INC	CONTRIBUTING EMPLOYER								No
STRATA CONTRACTORS LTD	CONTRIBUTING EMPLOYER								No
STREAMLINE CONSTR CO INC	CONTRIBUTING EMPLOYER								No
STROMBERG CONSTR CO INC	CONTRIBUTING EMPLOYER								No
STUCKEY CONSTRUCTION CO INC	CONTRIBUTING EMPLOYER								No
SUMIT CONSTRUCTION CO INC	CONTRIBUTING EMPLOYER								No
SUMMIT SHEET METAL SPECIALISTS	CONTRIBUTING EMPLOYER								No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
SUPERIOR CONST CO INC	CONTRIBUTING EMPLOYER								No
SUPERIOR CONTRACTING DBA ANI	CONTRIBUTING EMPLOYER								No
SUPERIOR EXHIBITS & DESIGN INC	CONTRIBUTING EMPLOYER								No
SUPERIOR FLOOR COVERING INC	CONTRIBUTING EMPLOYER								No
SUPERL INC	CONTRIBUTING EMPLOYER								No
SWAN CONTRACTORS & DEVELOPERS	CONTRIBUTING EMPLOYER								No
SWEDBERG & ASSOCIATES INC	CONTRIBUTING EMPLOYER								No
SYSTEMS ENTERPRISE CORPORATION	CONTRIBUTING EMPLOYER								No
SYSTEMS PLUS INC	CONTRIBUTING EMPLOYER								No
SYSTEMS UNLIMITED INC	CONTRIBUTING EMPLOYER								No
SYSTEX INC	CONTRIBUTING EMPLOYER								No
T & G CONSTRUCTION INC	CONTRIBUTING EMPLOYER								No
T & M INSTALLATIONS INC	CONTRIBUTING EMPLOYER								No
T B S CONCRETE INC	CONTRIBUTING EMPLOYER								No
T C H CONSTRUCTION INC	CONTRIBUTING EMPLOYER								No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
T J INSTALLATIONS &	CONTRIBUTING EMPLOYER								No
T MARTIN CONCRETE LLC	CONTRIBUTING EMPLOYER								No
TAB STOREFORCE INC	CONTRIBUTING EMPLOYER								No
TAFF CONSTRUCTION INC	CONTRIBUTING EMPLOYER								No
TAL-MAR CUSTOM METAL	CONTRIBUTING EMPLOYER								No
TALSMA BUILDERS INC	CONTRIBUTING EMPLOYER								No
TAYLOR BROTHERS CONSTRUCTION	CONTRIBUTING EMPLOYER								No
TEMPLAR CONSTRUCTION INC	CONTRIBUTING EMPLOYER								No
TERRA ENGINEERING & CONSTRUCTION	CONTRIBUTING EMPLOYER								No
TERRELL MATERIALS CORP	CONTRIBUTING EMPLOYER								No
TESSLER CONSTRUCTION COMPANY	CONTRIBUTING EMPLOYER								No
TESTONE MECHANICAL INC	CONTRIBUTING EMPLOYER								No
THATCHER FOUNDATIONS INC	CONTRIBUTING EMPLOYER								No
THE BOLDT COMPANY	CONTRIBUTING EMPLOYER								No
THE CADEIRA GROUP	CONTRIBUTING EMPLOYER								No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
THE CLARK CONSTR GROUP INC	CONTRIBUTING EMPLOYER								No
THE EXPO GROUP LP	CONTRIBUTING EMPLOYER								No
THE JOHN BURNS CONSTR CO	CONTRIBUTING EMPLOYER								No
THE LEVY COMPANY	CONTRIBUTING EMPLOYER								No
THE LOMBARD CO	CONTRIBUTING EMPLOYER								No
THE MARLEY COOLING TOWER CO	CONTRIBUTING EMPLOYER								No
THE PANGERE CORPORATION	CONTRIBUTING EMPLOYER								No
THE R T MILORD COMPANY	CONTRIBUTING EMPLOYER								No
THE ROCKWELL GROUP	CONTRIBUTING EMPLOYER								No
THE STATE GROUP INDUSTRIAL USA	CONTRIBUTING EMPLOYER								No
THE VAN PELT CONSTR CO INC	CONTRIBUTING EMPLOYER								No
THIENEMAN CONSTRUCTION INC	CONTRIBUTING EMPLOYER								No
THORNE ASSOCIATES INC	CONTRIBUTING EMPLOYER								No
THREE I & D	CONTRIBUTING EMPLOYER								No
TIDAL CONSTRUCTION SVCS INC	CONTRIBUTING EMPLOYER								No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
TIEMAN BUILDERS INC	CONTRIBUTING EMPLOYER								No
TOBEY'S CONSTRUCTION & CARTAGE	CONTRIBUTING EMPLOYER								No
TONN & BLANK CONST	CONTRIBUTING EMPLOYER								No
TOP BUILDERS INC	CONTRIBUTING EMPLOYER								No
TOR CONSTRUCTION CO INC	CONTRIBUTING EMPLOYER								No
TORO CONSTRUCTION CORP	CONTRIBUTING EMPLOYER								No
TOTAL SURFACE LLC	CONTRIBUTING EMPLOYER								No
TRACK SURFACES COMPANY	CONTRIBUTING EMPLOYER								No
TRADESHOW RESOURCES INC	CONTRIBUTING EMPLOYER								No
TRAINOR GLASS COMPANY	CONTRIBUTING EMPLOYER								No
TREBOR INDUSTRIES CORP	CONTRIBUTING EMPLOYER								No
TREVINO CARPENTRY INC	CONTRIBUTING EMPLOYER								No
TRIAD BUILDERS INC	CONTRIBUTING EMPLOYER								No
TRIBCO CONSTRUCTION SERVCS LLC	CONTRIBUTING EMPLOYER								No
TRICE CONSTRUCTION COMPANY	CONTRIBUTING EMPLOYER								No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
TRICOR CARPENTRY LLC	CONTRIBUTING EMPLOYER								No
TRICOR CONSTRUCTION INC	CONTRIBUTING EMPLOYER								No
TRI-NORTH BUILDERS INC	CONTRIBUTING EMPLOYER								No
TRIPAR DRYWALL INC	CONTRIBUTING EMPLOYER								No
TRI-STATE ENTERPRISES INC	CONTRIBUTING EMPLOYER								No
TRI-TRADE CORP	CONTRIBUTING EMPLOYER								No
TRU SERVICE GROUP INC	CONTRIBUTING EMPLOYER								No
TURNER CONSTRUCTION CO	CONTRIBUTING EMPLOYER								No
U S A DISPLAYS INC	CONTRIBUTING EMPLOYER								No
UJAMAA CONSTRUCTION INC	CONTRIBUTING EMPLOYER								No
UNION FLOORING SYSTEMS LLC	CONTRIBUTING EMPLOYER								No
UNION PAYROLL AGENCY INC	CONTRIBUTING EMPLOYER								No
UNION TEMPORARY SERVICES INC	CONTRIBUTING EMPLOYER								No
UNIQUE CASEWORK INSTALLATION	CONTRIBUTING EMPLOYER								No
UNISTRUT INT'L CORPUNISTRUT IL	CONTRIBUTING EMPLOYER								No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
UNITED CARPET INC	CONTRIBUTING EMPLOYER								No
UNITED INSULATED STRUCTURES	CONTRIBUTING EMPLOYER								No
UNITED MILLWORK OF NEW YORK INC	CONTRIBUTING EMPLOYER								No
UNITED UPHOLSTERY LTD	CONTRIBUTING EMPLOYER								No
UNIVERSAL PLANT SERVICES INC	CONTRIBUTING EMPLOYER								No
USMM INC	CONTRIBUTING EMPLOYER								No
UTILITY & INDUSTRIAL CONST CO	CONTRIBUTING EMPLOYER								No
VALENTI BUILDERS INC	CONTRIBUTING EMPLOYER								No
VALLEY EXPOSITION SERVICE INC	CONTRIBUTING EMPLOYER								No
VANS INDUSTRIAL INC	CONTRIBUTING EMPLOYER								No
VEHICLE LIFTS & MECHANICAL EQUIPMEN	CONTRIBUTING EMPLOYER								No
VERNATE CONSTRUCTION INC	CONTRIBUTING EMPLOYER								No
VICTOR CONSTRUCTION &	CONTRIBUTING EMPLOYER								No
VILLAGE OF ROSEMONT	CONTRIBUTING EMPLOYER								No
VISION INTERIOR DRYWALL CORP	CONTRIBUTING EMPLOYER								No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
VISSERING CONSTRUCTION CO	CONTRIBUTING EMPLOYER								No
VIXEN CONSTRUCTION INC	CONTRIBUTING EMPLOYER								No
VORTEX ENTERPRISES INC	CONTRIBUTING EMPLOYER								No
VS CONSTRUCTION SERVICES LLC	CONTRIBUTING EMPLOYER								No
W B OLSON INC	CONTRIBUTING EMPLOYER								No
W E CARLSON CORP	CONTRIBUTING EMPLOYER								No
W E O'NEIL CONSTRUCTION CO	CONTRIBUTING EMPLOYER								No
W F JOHNSTON CONSTR INC	CONTRIBUTING EMPLOYER								No
W M C INC	CONTRIBUTING EMPLOYER								No
W W TIMBERS INC	CONTRIBUTING EMPLOYER								No
W SOULE & COMPANY	CONTRIBUTING EMPLOYER								No
WALBRIDGE EQUIPMENT INSTALLATION	CONTRIBUTING EMPLOYER								No
WALLFILL INSULATION INC	CONTRIBUTING EMPLOYER								No
WALLFORMS INC	CONTRIBUTING EMPLOYER								No
WALSH CONSTR CO OF ILLINOIS	CONTRIBUTING EMPLOYER								No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
WALSH CONSTRUCTION CO II LLC	CONTRIBUTING EMPLOYER								No
WAL-TEK INC	CONTRIBUTING EMPLOYER								No
WALZ BUILDERS INC	CONTRIBUTING EMPLOYER								No
WARD CONTRACTING & BUILDING	CONTRIBUTING EMPLOYER								No
WATSON COMMERCIAL GROUP INC	CONTRIBUTING EMPLOYER								No
WELLINGTON SALES AND	CONTRIBUTING EMPLOYER								No
WENDELL BUILDERS INC	CONTRIBUTING EMPLOYER								No
WENGER TRAFFIC CORPORATION	CONTRIBUTING EMPLOYER								No
WEST CUSTOM HARDWOOD FLOORS	CONTRIBUTING EMPLOYER								No
WEST SUBURBAN INSTALLATION INC	CONTRIBUTING EMPLOYER								No
WESTERN INDUSTRIAL	CONTRIBUTING EMPLOYER								No
WESTERN MILLWORK INC	CONTRIBUTING EMPLOYER								No
WESTERN REMAC INC	CONTRIBUTING EMPLOYER								No
WESTMONT ENGINEERING	CONTRIBUTING EMPLOYER								No
WHEATON ASSOCIATES INC	CONTRIBUTING EMPLOYER								No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
WHITTAKER CONST & EXCAVATING	CONTRIBUTING EMPLOYER								No
WILKIN INSULATION CO	CONTRIBUTING EMPLOYER								No
WILL COUNTY RECIP IN	CONTRIBUTING EMPLOYER								No
WILL CTY RECIP IN WEL & PEN	CONTRIBUTING EMPLOYER								No
WILLIAM A RANDOLPH INC	CONTRIBUTING EMPLOYER								No
WILLIAM J SCOWN BUILDING CO	CONTRIBUTING EMPLOYER								No
WILLIAMS BROTHERS CONSTR INC	CONTRIBUTING EMPLOYER								No
WILLWORK INC EXHIBIT SERVICES	CONTRIBUTING EMPLOYER								No
WINDOW TREATMENTS INC	CONTRIBUTING EMPLOYER								No
WM H WOOD OVERHEAD DOOR CORP	CONTRIBUTING EMPLOYER								No
WM HUBER CABINET WORKS INC	CONTRIBUTING EMPLOYER								No
WM TONYAN & SONS INC	CONTRIBUTING EMPLOYER								No
WOLCOTT CONSTRUCTION CORP	CONTRIBUTING EMPLOYER								No
WOODBIDGE CONSTRUCTION &	CONTRIBUTING EMPLOYER								No
WOODCREEK BUILDERS INC	CONTRIBUTING EMPLOYER								No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
WOODS CONSTRUCTION INC	CONTRIBUTING EMPLOYER								No
WOODWORK INTERIOR	CONTRIBUTING EMPLOYER								No
WORKSPACE INTERIOR SOLUTIONS	CONTRIBUTING EMPLOYER								No
WRIGHT-WAY INTERIOR SYSTEMS LLC	CONTRIBUTING EMPLOYER								No
WUJCIK CONSTR GROUP INC	CONTRIBUTING EMPLOYER								No
Z MARTIN PLASTERING LLC	CONTRIBUTING EMPLOYER								No
ZENITH LABORNET INC	CONTRIBUTING EMPLOYER								No
ZERA CONSTRUCTION CO INC	CONTRIBUTING EMPLOYER								No
ZONE MECHANICAL LLC	CONTRIBUTING EMPLOYER								No