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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

B Check if applicable
Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

C Name of organization
AUTOMOBILE MECHANICS' LOCAL NO 701
UNION AND INDUSTRY WELFARE
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
361 S FRONTAGE ROAD
City or town, state or province, country, and ZIP or foreign postal code
BURR RIDGE, IL 605276393

D Employer identification number
36-2331071
E Telephone number
(708) 482-0110
G Gross receipts \$ 429,589,560

F Name and address of principal officer
STEVE BUKOVAC
361 S FRONTAGE ROAD
BURR RIDGE, IL 605276393

H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
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 1956

M State of legal domicile IL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
TO PROVIDE MEDICAL, DENTAL, VISION, LIFE AND DISABILITY BENEFITS TO ELIGIBLE PARTICIPANTS AND THEIR BENEFICIARIES

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) 6

4 Number of independent voting members of the governing body (Part VI, line 1b) 6

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 16

6 Total number of volunteers (estimate if necessary) 0

7a Total unrelated business revenue from Part VIII, column (C), line 12 0

7b Net unrelated business taxable income from Form 990-T, line 34 0

Revenue

8 Contributions and grants (Part VIII, line 1h) 0

9 Program service revenue (Part VIII, line 2g) 69,249,663

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10,052,862

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 185,205

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 79,487,730

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 0

14 Benefits paid to or for members (Part IX, column (A), line 4) 80,551,472

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 2,189,928

16a Professional fundraising fees (Part IX, column (A), line 11e) 0

16b Total fundraising expenses (Part IX, column (D), line 25) 0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 1,726,466

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 84,467,866

19 Revenue less expenses Subtract line 18 from line 12 -4,980,136

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 179,363,503

21 Total liabilities (Part X, line 26) 17,499,453

22 Net assets or fund balances Subtract line 21 from line 20 161,864,050

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

Sign Here

Signature of officer
STEVE BUKOVAC ADMINISTRATOR

2019-11-08
Date

Paid Preparer Use Only

Print/Type preparer's name
Firm's name CALIBRE CPA GROUP PLLC
Firm's address 19615 S LAGRANGE ROAD
MOKENA, IL 60448

Preparer's signature
Date 2019-10-30

Check if self-employed
Firm's EIN 47-0900880
Phone no (708) 995-7180

PTIN P00284901

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 (2018)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission

TO PROVIDE MEDICAL, DENTAL, VISION, LIFE AND DISABILITY BENEFITS TO ELIGIBLE PARTICIPANTS AND THEIR BENEFICIARIES

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
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	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? If "Yes," complete Schedule I, Parts I and III	22	No

Part IV Checklist of Required Schedules (continued)

		Yes	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>	23	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>	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
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>	25a	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	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>	27	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>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	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>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	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>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	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>	32	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>	33	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>	34	Yes
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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>	35b	
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>	36	
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>	37	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	38	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	1a	9
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	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		2a	16			
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)				2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a		No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O				3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?				4a		No
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?				5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?				6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				6b		
7 Organizations that may receive deductible contributions under section 170(c).						
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?				7a		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				7c		
d If "Yes," indicate the number of Forms 8282 filed during the year				7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				7f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?						
				8		
9a Did the sponsoring organization make any taxable distributions under section 4966?				9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9b		
10 Section 501(c)(7) organizations. Enter						
a Initiation fees and capital contributions included on Part VIII, line 12				10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				10b		
11 Section 501(c)(12) organizations. Enter						
a Gross income from members or shareholders				11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				11b		
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				12b		
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				13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				13b		
c Enter the amount of reserves on hand				13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?				14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N				15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O				16		No

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 6		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b Enter the number of voting members included in line 1a, above, who are independent	1b 6		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6		No
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b		No
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	No
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c	
13 Did the organization have a written whistleblower policy?	13	No
14 Did the organization have a written document retention and destruction policy?	14	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-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
 STEVE BUKOVAC 361 S FRONTAGE ROAD NO 100 BURR RIDGE, IL 60527 (708) 482-0110

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

☒

• 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

[illegible]

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			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							512,617	297,226		211,828

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 ▶ 3

		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>	3	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>	4	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>	5	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)	(B)	(C)
Name and business address	Description of services	Compensation
BLUE CROSS BLUE SHIELD 300 EAST RANDOLPH STREET CHICAGO, IL 60601	CLAIMS ADMINISTRATIVE SERVICES	2,801,838
PROFESSIONAL BENEFIT ADMINISTRATORS 900 JORIE BLVD 250 OAK BROOK, IL 60523	CLAIMS MANAGEMENT	735,828
MEDICAL COST MANAGEMENT GROUP 200 WEST MONROE STREET SUITE 1850 CHICAGO, IL 60606	CLAIMS MANAGEMENT	481,511
EPLAN LLC 22601 NORTH 19TH AVENUE SUITE 240 PHOENIX, AZ 85027	CLAIMS MANAGEMENT	283,563
EXPRESS SCRIPTS 381 OAK STREET GLEN ELLYN, IL 60137	CLAIMS MANAGEMENT	244,646

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 ▶ 5

Part VIII Statement of Revenue

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

Contributions, Gifts, Grants and Other Similar Amounts

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1a	Federated campaigns	1a			
b	Membership dues	1b			
c	Fundraising events	1c			
d	Related organizations	1d			
e	Government grants (contributions)	1e			
f	All other contributions, gifts, grants, and similar amounts not included above	1f			
g	Noncash contributions included in lines 1a - 1f \$				
h	Total. Add lines 1a-1f ▶				

Program Service Revenue

	Business Code				
2a	EMPLOYER CONTRIBUTIONS	900099	82,756,385	82,756,385	
b	PRESCRIPTIONS REBATES	900099	5,199,264	5,199,264	
c	PARTICIPANT CONTRIBUTI	900099	1,564,787	1,564,787	
d	REIMBURSED SHARED EXPE	900099	716,352	716,352	
e	SUBROGATION RECOVERIES	900099	295,804		295,804
f	All other program service revenue				
g	Total. Add lines 2a-2f ▶		90,532,592		

Other Revenue

3	Investment income (including dividends, interest, and other similar amounts) ▶		4,414,646		4,414,646
4	Income from investment of tax-exempt bond proceeds ▶				
5	Royalties ▶				
6a	Gross rents	(i) Real	(ii) Personal		
b	Less rental expenses				
c	Rental income or (loss)				
d	Net rental income or (loss) ▶				
7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
b	Less cost or other basis and sales expenses				
c	Gain or (loss)				
d	Net gain or (loss) ▶		-1,852,864		-1,852,864
8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a				
b	Less direct expenses b				
c	Net income or (loss) from fundraising events ▶				
9a	Gross income from gaming activities See Part IV, line 19 a				
b	Less direct expenses b				
c	Net income or (loss) from gaming activities ▶				
10a	Gross sales of inventory, less returns and allowances a				
b	Less cost of goods sold b				
c	Net income or (loss) from sales of inventory ▶				
	Miscellaneous Revenue	Business Code			
11a	OTHER INCOME	900099	107,578		107,578
b					
c					
d	All other revenue				
e	Total. Add lines 11a-11d ▶		107,578		
12	Total revenue. See Instructions ▶		93,201,952	90,236,788	0

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	80,749,446			
5 Compensation of current officers, directors, trustees, and key employees	613,533			
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	575,328			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	274,311			
9 Other employee benefits	145,305			
10 Payroll taxes	81,299			
11 Fees for services (non-employees)				
a Management				
b Legal	175,547			
c Accounting	135,823			
d Lobbying				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees	263,964			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	185,127			
12 Advertising and promotion				
13 Office expenses	186,336			
14 Information technology	106,851			
15 Royalties				
16 Occupancy	66,685			
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	15,978			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9,841			
23 Insurance	41,208			
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				
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	83,626,582			
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		504,900	1	683,081
	2	Savings and temporary cash investments		10,138,403	2	9,307,292
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		10,393,445	4	10,263,498
	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			9	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	431,217		
	b	Less: accumulated depreciation	10b	419,702	21,356	10c 11,515
	11	Investments—publicly traded securities		147,798,883	11	141,392,147
	12	Investments—other securities. See Part IV, line 11		10,331,811	12	12,087,882
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		174,705	15	229,549
16	Total assets. Add lines 1 through 15 (must equal line 34)		179,363,503	16	173,974,964	
Liabilities	17	Accounts payable and accrued expenses		327,856	17	212,093
	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		17,171,597	25	7,779,952
	26	Total liabilities. Add lines 17 through 25		17,499,453	26	7,992,045
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		161,864,050	32	165,982,919
33	Total net assets or fund balances		161,864,050	33	165,982,919	
34	Total liabilities and net assets/fund balances		179,363,503	34	173,974,964	

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	93,201,952
2	Total expenses (must equal Part IX, column (A), line 25)	2	83,626,582
3	Revenue less expenses Subtract line 2 from line 1	3	9,575,370
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	161,864,050
5	Net unrealized gains (losses) on investments	5	-5,456,501
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	165,982,919

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: 36-2331071

Name: AUTOMOBILE MECHANICS' LOCAL NO 701
UNION AND INDUSTRY WELFARE

Form 990 (2018)

Form 990, Part III, Line 4a:

TO PROVIDE MEDICAL, DENTAL, VISION, LIFE AND DISABILITY BENFITS TO ELIGIBLE PARTICIPANTS AND THEIR BENEFICIARIES

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493312018519

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Employer identification number
36-2331071

Name of the organization
AUTOMOBILE MECHANICS' LOCAL NO 701
UNION AND INDUSTRY WELFARE

Part I
Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

(a) Donor advised funds

(b) Funds and other accounts

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?

YesNo

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?

YesNo

Part II
Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

2a

Total number of conservation easements

2b

Total acreage restricted by conservation easements

2c

Number of conservation easements on a certified historic structure included in (a)

2d

Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

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?

YesNo

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)?

YesNo

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

Part III
Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

1b

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) 2018

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

(ii)

related organizations

b

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

	Yes	No
3a(i)		
3a(ii)		
3b		

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		6,790	6,111	679
d Equipment		424,427	413,591	10,836
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				11,515

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) COMMON COLLECTIVE TRUSTS	12,087,882	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	12,087,882	

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	
DEFERRED COMPENSATIONS PLAN	160,818
FEES MANDATED BY ACA	29,342
DUE TO RELATED FUNDS - NET	108,792
MEDICAL AND DENTAL CLAIMS PAYABLE AND IBNR	7,481,000
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	7,779,952

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	86,765,135
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-5,456,501
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	-5,456,501
3	Subtract line 2e from line 1	3	92,221,636
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	263,964
b	Other (Describe in Part XIII)	4b	716,352
c	Add lines 4a and 4b	4c	980,316
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	93,201,952

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	85,663,266
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	85,663,266
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	263,964
b	Other (Describe in Part XIII)	4b	-2,300,648
c	Add lines 4a and 4b	4c	-2,036,684
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	83,626,582

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: 36-2331071
Name: AUTOMOBILE MECHANICS' LOCAL NO 701
UNION AND INDUSTRY WELFARE

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE PLAN FILES FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX AND FORM 5500, ANNUAL RETURN/REPORT OF EMPLOYEES BENEFIT PLAN THE PLAN'S RETURNS ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE UNTIL THE APPLICABLE STATUTE OF LIMITATION EXPIRES

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	REIMBURSEMENTS FROM PENSION FUND AND 401(K) PLAN 716,352

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	REIMBURSEMENTS FROM PENSION FUND AND 401(K) PLAN 716,352 DECREASE IN MEDICAL AND DENTAL CLAIMS PAYABLE AND IBNR -3,017,000

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2018

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.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization
AUTOMOBILE MECHANICS' LOCAL NO 701
UNION AND INDUSTRY WELFARE

Employer identification number
36-2331071

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

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?

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 type="checkbox"/> Written employment contract |
| <input 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?

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

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

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?

b Any related organization?

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?

b Any related organization?

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

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

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

Yes No

1b

2

4a

No

4b

No

4c

No

5a

5b

6a

6b

7

8

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.

[illegible]

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.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

AUTOMOBILE MECHANICS' LOCAL NO 701
UNION AND INDUSTRY WELFARE**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018**Open to Public
Inspection****Employer identification number**

36-2331071

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 8B	THERE ARE NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE 990 HAS BEEN PROVIDED TO THE ADMINISTRATOR FOR HIS REVIEW PRIOR TO SIGNING THE RETURN

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	SALARY POLICIES ARE SET BY THE BOARD OF TRUSTEES SALARIES ARE ANNUALLY REVIEWED AND APPROVED BY THE BOARD OF TRUSTEES

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART VII LINE 1A	STEVE BUKOVAC IS THE ADMINISTRATOR AND JENNY EARTH-GILLUND IS THE ASSISTANT ADMINISTRATOR OF THIS PLAN AND THE RELATED PENSION PLAN AND 401K PLAN SALARY AND EMPLOYEE BENEFIT AMOUNTS ARE INITIALLY PAID FOR BY THIS PLAN AND REIMBURSED PERIODICALLY BY THE RELATED PLANS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART XII LINE 2C	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
AUTOMOBILE MECHANICS' LOCAL NO 701
UNION AND INDUSTRY WELFARE

Employer identification number
36-2331071

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.

(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
(1)AUTOMOBILE MECHANICS LOCAL 701 PENSION FUND 361 S FRONTAGE ROAD SUITE 100 BURR RIDGE, IL 60527 36-6042061	PROVIDES PENSION BENEFITS TO MEMBERS	IL	501(A)		N/A		No
(2)INTERNATIONAL ASSOCIATION OF MACHINISTS AUTOMOBILE MECHANICS UNION LOCAL 70 450 GUNDERSEN DRIVE CAROL STREAM, IL 60188	CONTRIBUTING EMPLOYER	IL	501(C)(5)				No
(3)MECHANICS LOCAL 701 TRAINING FUND 450 GUNDERSEN DRIVE CAROL STREAM, IL 60188	CONTRIBUTING EMPLOYER	IL	501(C)(3)				No
(4)AUTOMOBILE MECHANICS LOCAL NO 701 UNION AND INDUSTRY WELFARE FUND 361 S FRONTAGE ROAD SUITE 100 BURR RIDGE, IL 60527	CONTRIBUTING EMPLOYER	IL	501(C)(9)				No
(5)MECHANICS LOCAL 701 DEFINED CONTRIBUTION 401K PLAN 361 S FRONTAGE ROAD SUITE 100 BURR RIDGE, IL 60527 47-1959684	PROVIDES TERM OR SUPP PENSION BENEFITS TO EMPLOYEE SPOUSES OR BENEFICIARIES	IL	501(A)		N/A		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.

See Additional Data Table

(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.

See Additional Data Table

(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

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?

a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity

1a

No

b Gift, grant, or capital contribution to related organization(s)

1b

No

c Gift, grant, or capital contribution from related organization(s)

1c

No

d Loans or loan guarantees to or for related organization(s)

1d

No

e Loans or loan guarantees by related organization(s)

1e

No

f Dividends from related organization(s)

1f

No

g Sale of assets to related organization(s)

1g

No

h Purchase of assets from related organization(s)

1h

No

i Exchange of assets with related organization(s)

1i

No

j Lease of facilities, equipment, or other assets to related organization(s)

1j

No

k Lease of facilities, equipment, or other assets from related organization(s)

1k

Yes

l Performance of services or membership or fundraising solicitations for related organization(s)

1l

No

m Performance of services or membership or fundraising solicitations by related organization(s)

1m

No

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

1n

Yes

o Sharing of paid employees with related organization(s)

1o

Yes

p Reimbursement paid to related organization(s) for expenses

1p

No

q Reimbursement paid by related organization(s) for expenses

1q

Yes

r Other transfer of cash or property to related organization(s)

1r

No

s Other transfer of cash or property from related organization(s)

1s

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

Schedule R (Form 990) 2018

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)

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 36-2331071
Name: AUTOMOBILE MECHANICS' LOCAL NO 701
UNION AND INDUSTRY WELFARE

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(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	
(1) ABERDEEN AUTO	CONTRIBUTING EMPLOYER							No			No	
(1) ADVANCED DSS WASTE MIDWEST LLC	CONTRIBUTING EMPLOYER							No			No	
(2) ATLAS FIRST ACCESS ACQUIS LLC	CONTRIBUTING EMPLOYER							No			No	
(3) BIG RIGS CARHAULER REPAIRS LLC	CONTRIBUTING EMPLOYER							No			No	
(4) BUILDERS ASPHALT LLC	CONTRIBUTING EMPLOYER							No			No	
(5) CASTLE CHEVROLET NORTH LLC	CONTRIBUTING EMPLOYER							No			No	
(6) CONGER TOOLS LLC	CONTRIBUTING EMPLOYER							No			No	
(7) M&K EMPLOYEE SOLUTIONS LLC ALSIP	CONTRIBUTING EMPLOYER							No			No	
(8) ETTLESON HYUNDAI LLC	CONTRIBUTING EMPLOYER							No			No	
(9) JACOBSBILL NAPERVILLE LLC	CONTRIBUTING EMPLOYER							No			No	
(10) MIDWEST INTEGRATED CO LLC	CONTRIBUTING EMPLOYER							No			No	
(11) M & A TOOL SALES	CONTRIBUTING EMPLOYER							No			No	
(12) MAN AND MACHINELLC	CONTRIBUTING EMPLOYER							No			No	
(13) ORANGE CRUSHLLC	CONTRIBUTING EMPLOYER							No			No	
(14) PEPSI-COLA GENBOTTLERS ILLC	CONTRIBUTING EMPLOYER							No			No	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(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	
(16) ROESCH FORD	CONTRIBUTING EMPLOYER							No			No	
(1) SAFWAY ATLANTIC LLC	CONTRIBUTING EMPLOYER							No			No	
(2) WESTMONT LINCOLN LLC	CONTRIBUTING EMPLOYER							No			No	
(3) M&K EMPLOYEE SOLUTIONS	CONTRIBUTING EMPLOYER							No			No	
(4) M&K EMPLOYEE SOLUTIONS JOLIE	CONTRIBUTING EMPLOYER							No			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
(1) ABBEY PAVING CO INC	CONTRIBUTING EMPLOYER								No
(1) ABF FREIGHT SYSTEM INC	CONTRIBUTING EMPLOYER								No
(2) ADVANTAGE CHEVOF BOLINGBROOK	CONTRIBUTING EMPLOYER								No
(3) ADVANTAGE CHEVROLET	CONTRIBUTING EMPLOYER								No
(4) ADVANTAGE RIVER OAKS TOYOTA	CONTRIBUTING EMPLOYER								No
(5) ALL CHICAGO FLEET	CONTRIBUTING EMPLOYER								No
(6) ALLIED WASTE SERV MELROSE PK	CONTRIBUTING EMPLOYER								No
(7) ALLSTAR ASPHALT INC	CONTRIBUTING EMPLOYER								No
(8) ALPHA BAKING COMPANY INC	CONTRIBUTING EMPLOYER								No
(9) ALSTERDA CARTAGE & CONST CO	CONTRIBUTING EMPLOYER								No
(10) AMERICAN BOTTLINGDRPEPPER SN	CONTRIBUTING EMPLOYER								No
(11) ANCHOR MECHANICAL INC	CONTRIBUTING EMPLOYER								No
(12) ANDERSONMIKE CHEV OF CHICAGO	CONTRIBUTING EMPLOYER								No
(13) ANTIOCH CHRYSLERDODGEJEEP	CONTRIBUTING EMPLOYER								No
(14) APPLE CHEVROLET	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
(16) ARCHON CONSTRUCTION CO INC	CONTRIBUTING EMPLOYER								No
(1) ARROW ROAD CONSTRUCTION	CONTRIBUTING EMPLOYER								No
(2) AUTO BODY BY DANIEL'S INC	CONTRIBUTING EMPLOYER								No
(3) AUTO TRUCK TRANSPORT	CONTRIBUTING EMPLOYER								No
(4) AUTOBARN CITY MAZDA	CONTRIBUTING EMPLOYER								No
(5) AUTOBARN CITY VOLKSWAGEN	CONTRIBUTING EMPLOYER								No
(6) AUTOBARN MOTORS	CONTRIBUTING EMPLOYER								No
(7) AUTOBARN NISSAN	CONTRIBUTING EMPLOYER								No
(8) AUTOBARN OF COUNTRYSIDE	CONTRIBUTING EMPLOYER								No
(9) AUTOBARN VOLVO OF OAK PARK	CONTRIBUTING EMPLOYER								No
(10) AUTOBARN VW OF MOUNT PROSPECT	CONTRIBUTING EMPLOYER								No
(11) AYER MANUFACTURING FH	CONTRIBUTING EMPLOYER								No
(12) BATTIS CONCRETE CONSTRUCTION	CONTRIBUTING EMPLOYER								No
(13) BAUERARNIE CADBUICKGMC	CONTRIBUTING EMPLOYER								No
(14) BELL FUELS 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
(31) BG TOOLS INC	CONTRIBUTING EMPLOYER								No
(1) BIMBO BAKERIES USA INC	CONTRIBUTING EMPLOYER								No
(2) BLD TOOL CORP	CONTRIBUTING EMPLOYER								No
(3) BRAD'S TIRE INC	CONTRIBUTING EMPLOYER								No
(4) BREDEMANN CHEVROLET	CONTRIBUTING EMPLOYER								No
(5) BREDEMANN FORD IN GLENVIEW	CONTRIBUTING EMPLOYER								No
(6) BRIGHT AUTO REPAIR INC	CONTRIBUTING EMPLOYER								No
(7) BRINK'S INC	CONTRIBUTING EMPLOYER								No
(8) C & C TRUCK REPAIR INC	CONTRIBUTING EMPLOYER								No
(9) CG PROFESSIONAL SERVICE INC	CONTRIBUTING EMPLOYER								No
(10) CADILLAC OF NAPERVILLE	CONTRIBUTING EMPLOYER								No
(11) CAR KEY SPECIALISTS	CONTRIBUTING EMPLOYER								No
(12) CARMICHAEL NATIONALEASE	CONTRIBUTING EMPLOYER								No
(13) CASEY EQUIPMENT COMPANY	CONTRIBUTING EMPLOYER								No
(14) CASSENS TRANSPORT 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
(46) CASTLE BUICK-GMC	CONTRIBUTING EMPLOYER								No
(1) CASTLE CHEVROLET	CONTRIBUTING EMPLOYER								No
(2) CASTLE COLLISION CENTER	CONTRIBUTING EMPLOYER								No
(3) CASTLE HONDA	CONTRIBUTING EMPLOYER								No
(4) CENTRAL BODY & HOIST SERVICE	CONTRIBUTING EMPLOYER								No
(5) CERTIFIED FLEET SERVICES INC	CONTRIBUTING EMPLOYER								No
(6) CHARLES EQUIP ENERGY SYS NB	CONTRIBUTING EMPLOYER								No
(7) CHARLES EQUIP ENERGY SYSTEMS	CONTRIBUTING EMPLOYER								No
(8) CHICAGO CUTTING DIE	CONTRIBUTING EMPLOYER								No
(9) CHICAGO NORTHSIDE TOYOTASCION	CONTRIBUTING EMPLOYER								No
(10) CHICAGO SUBURBAN EXPRESS INC	CONTRIBUTING EMPLOYER								No
(11) CHICAGO TESTING LABORATORY INC	CONTRIBUTING EMPLOYER								No
(12) CHICAGO TRUCK LEASING CO	CONTRIBUTING EMPLOYER								No
(13) CHICAGOLAND HUNTER SERVICE INC	CONTRIBUTING EMPLOYER								No
(14) CHRISTOFANO EQUIPMENT 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
(61) CJWMOP CORP	CONTRIBUTING EMPLOYER								No
(1) COACH USA	CONTRIBUTING EMPLOYER								No
(2) COLLINS CO INC R W	CONTRIBUTING EMPLOYER								No
(3) COMMUNITY HONDA INC	CONTRIBUTING EMPLOYER								No
(4) COMPLETE COLLISION CARE INC	CONTRIBUTING EMPLOYER								No
(5) COMPLETE FLEET TRAILER REPAIR	CONTRIBUTING EMPLOYER								No
(6) COMPLETE FLEET TRLR RPR	CONTRIBUTING EMPLOYER								No
(7) COMPLETE TRANSPORT REFRG SERV	CONTRIBUTING EMPLOYER								No
(8) CORONET DODGE	CONTRIBUTING EMPLOYER								No
(9) COURTESY BUICK GMC INC	CONTRIBUTING EMPLOYER								No
(10) CRANE & MACHINERY INC	CONTRIBUTING EMPLOYER								No
(11) CRYSTAL LAKE CHRYSLER JEEP	CONTRIBUTING EMPLOYER								No
(12) CURRIE MOTORS CHEVROLET	CONTRIBUTING EMPLOYER								No
(13) CURRIE MOTORS FRANKFORT INC	CONTRIBUTING EMPLOYER								No
(14) CURRIE MOTORS NAPERVILLE	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
(76) CURRIE MOTORS VALPO	CONTRIBUTING EMPLOYER								No
(1) DEM INC	CONTRIBUTING EMPLOYER								No
(2) DAIMLER TRUCK NORTH AMERICA	CONTRIBUTING EMPLOYER								No
(3) D'ARCY BUICK PONTIAC GMC	CONTRIBUTING EMPLOYER								No
(4) D'ARCY CHEVROLET BUICK CADILLA	CONTRIBUTING EMPLOYER								No
(5) D'ARCY IMPORTS	CONTRIBUTING EMPLOYER								No
(6) DELUXE AUTOMOTIVE INC	CONTRIBUTING EMPLOYER								No
(7) DIAMOND COLLISION CENTER INC	CONTRIBUTING EMPLOYER								No
(8) DODGE OF NAPERVILLE	CONTRIBUTING EMPLOYER								No
(9) DORAZIO FORDRA INC	CONTRIBUTING EMPLOYER								No
(10) DUNTEMAN CO R W	CONTRIBUTING EMPLOYER								No
(11) E & T MOTOR SPORTS INC	CONTRIBUTING EMPLOYER								No
(12) ED'S TRAVELING TOOL BOX INC	CONTRIBUTING EMPLOYER								No
(13) EDWARDS CONTRACTORS INC RAY	CONTRIBUTING EMPLOYER								No
(14) ELGIN CHRYSLER DODGE JEEP RAM	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
(91) ELGIN TOYOTA	CONTRIBUTING EMPLOYER								No
(1) ELMHURST ACURA	CONTRIBUTING EMPLOYER								No
(2) EQUIPMENT DEPOT OF ILLINOIS	CONTRIBUTING EMPLOYER								No
(3) ERIE VEHICLE CO	CONTRIBUTING EMPLOYER								No
(4) ETTLESON CAD-BUICK INC	CONTRIBUTING EMPLOYER								No
(5) EVANSTON SUBARU INC	CONTRIBUTING EMPLOYER								No
(6) FAIR OAKS FORD LINCOLN	CONTRIBUTING EMPLOYER								No
(7) FEDERAL SIGNAL CORP	CONTRIBUTING EMPLOYER								No
(8) FIAT OF EVANSTON	CONTRIBUTING EMPLOYER								No
(9) FIELDS BMW	CONTRIBUTING EMPLOYER								No
(10) FIELDS CHRYSLERJEEP DODGE	CONTRIBUTING EMPLOYER								No
(11) FIELDS INFINITI	CONTRIBUTING EMPLOYER								No
(12) FIELDS LAND ROVER NORTHFIELD	CONTRIBUTING EMPLOYER								No
(13) FIELDS MASERATI	CONTRIBUTING EMPLOYER								No
(14) FIELDS VOLVO	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
(106) FIRST STUDENT (BELVIDERE)	CONTRIBUTING EMPLOYER								No
(1) FIRST STUDENT (NAPERVILLE)	CONTRIBUTING EMPLOYER								No
(2) FIRST STUDENT CHICAGO WEST	CONTRIBUTING EMPLOYER								No
(3) FIRST STUDENT INC	CONTRIBUTING EMPLOYER								No
(4) FIRST STUDENT INC (CREST HILL)	CONTRIBUTING EMPLOYER								No
(5) FIRST STUDENT INC (HODGKINS)	CONTRIBUTING EMPLOYER								No
(6) FIRST STUDENT INC (MAYWOOD)	CONTRIBUTING EMPLOYER								No
(7) FIRST STUDENT INC (WHEELING	CONTRIBUTING EMPLOYER								No
(8) FIRST STUDENT VILLA PARK	CONTRIBUTING EMPLOYER								No
(9) FLAG CHEVROLET	CONTRIBUTING EMPLOYER								No
(10) FOLEY CADILLACSTEVE	CONTRIBUTING EMPLOYER								No
(11) FOX VALLEY FORD INC	CONTRIBUTING EMPLOYER								No
(12) FOX VALLEY VW OF SCHAUMBURG	CONTRIBUTING EMPLOYER								No
(13) FRAME TECH INC	CONTRIBUTING EMPLOYER								No
(14) FREEWAY FORD-STERLING TRUCK SA	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
(121) FRERK SONS INC HENRY	CONTRIBUTING EMPLOYER								No
(1) G & V CONSTRUCTION CO INC	CONTRIBUTING EMPLOYER								No
(2) GALLAGHER ASPHALT CORP	CONTRIBUTING EMPLOYER								No
(3) GALLAGHER ASPHALT CORP NB	CONTRIBUTING EMPLOYER								No
(4) GALLAGHER MATERIALS CORP NB	CONTRIBUTING EMPLOYER								No
(5) GARBER FOX LAKE	CONTRIBUTING EMPLOYER								No
(6) GENERAL TRUCK PARTS & EQUIP	CONTRIBUTING EMPLOYER								No
(7) GERALD FORD	CONTRIBUTING EMPLOYER								No
(8) GERALD NAPERVILLE INC	CONTRIBUTING EMPLOYER								No
(9) GERALD NISSAN INC	CONTRIBUTING EMPLOYER								No
(10) GERALD SUBARU	CONTRIBUTING EMPLOYER								No
(11) GES EXPOSITION SERVICES	CONTRIBUTING EMPLOYER								No
(12) GKD TOOLS LLC	CONTRIBUTING EMPLOYER								No
(13) GMOTORCARS INC	CONTRIBUTING EMPLOYER								No
(14) GOLF MILL FORD INC	CONTRIBUTING EMPLOYER								No

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								Yes	No
(136) GRAYCOR INDUSTRIAL CONSTRUCTOR	CONTRIBUTING EMPLOYER								No
(1) GRECO CONTRACTORS INC	CONTRIBUTING EMPLOYER								No
(2) GREGORY DODGE-HYUNDAI	CONTRIBUTING EMPLOYER								No
(3) GREGORY INFINITI	CONTRIBUTING EMPLOYER								No
(4) GREYHOUND LINES INC	CONTRIBUTING EMPLOYER								No
(5) GROOT INC	CONTRIBUTING EMPLOYER								No
(6) GROOT INC WEST	CONTRIBUTING EMPLOYER								No
(7) GROOT RECYCLING & WASTE SERV	CONTRIBUTING EMPLOYER								No
(8) GROSSINGER AUTOPLEX INC	CONTRIBUTING EMPLOYER								No
(9) GROSSINGER CHEVROLET INC	CONTRIBUTING EMPLOYER								No
(10) GROSSINGER CHEVROLET PALATINE	CONTRIBUTING EMPLOYER								No
(11) GROSSINGER CITY AUTOPLEX	CONTRIBUTING EMPLOYER								No
(12) GROSSINGER CITY TOYOTA	CONTRIBUTING EMPLOYER								No
(13) GROSSINGER HONDA	CONTRIBUTING EMPLOYER								No
(14) GROSSINGER HYUNDAI	CONTRIBUTING EMPLOYER								No

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								Yes	No
(151) GROSSINGER HYUNDAI NORTH	CONTRIBUTING EMPLOYER								No
(1) HAGGERTY BUICK GMC INC	CONTRIBUTING EMPLOYER								No
(2) HAGGERTY CHEVROLET JERRY	CONTRIBUTING EMPLOYER								No
(3) HAGGERTY MIKE VOLKSWAGEN	CONTRIBUTING EMPLOYER								No
(4) HAGGERTYMIKE PONTGMCVW	CONTRIBUTING EMPLOYER								No
(5) HANSON MATERIAL SVC INC	CONTRIBUTING EMPLOYER								No
(6) HAPPY HYUNDAI	CONTRIBUTING EMPLOYER								No
(7) HARDINGS INC	CONTRIBUTING EMPLOYER								No
(8) HARIG MFG CORP	CONTRIBUTING EMPLOYER								No
(9) HARMS RJ TRUCKING AND EXCAVAT	CONTRIBUTING EMPLOYER								No
(10) HAWK CHEVROLET	CONTRIBUTING EMPLOYER								No
(11) HAWK CHEVROLET CADILLAC	CONTRIBUTING EMPLOYER								No
(12) HAWK CHRYSLER DODGE JEEP	CONTRIBUTING EMPLOYER								No
(13) HAWK FORD INC	CONTRIBUTING EMPLOYER								No
(14) HAWK FORD OF ST CHARLESVIA CA	CONTRIBUTING EMPLOYER								No

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								Yes	No
(166) HAWK MAZDA	CONTRIBUTING EMPLOYER								No
(1) HAWK SUBARU	CONTRIBUTING EMPLOYER								No
(2) HAWK VOLKSWAGEN OF JOLIET	CONTRIBUTING EMPLOYER								No
(3) HERITAGE CADILLAC INC	CONTRIBUTING EMPLOYER								No
(4) HERMAN'S AUTO CENTER INC	CONTRIBUTING EMPLOYER								No
(5) HIGHLAND PARK FORD LM INC	CONTRIBUTING EMPLOYER								No
(6) HIGHWAY CHICAGO BG INC	CONTRIBUTING EMPLOYER								No
(7) HOMEWOOD AUTO BODY INC	CONTRIBUTING EMPLOYER								No
(8) HOMEWOOD DISPOSAL	CONTRIBUTING EMPLOYER								No
(9) HONDA CITY	CONTRIBUTING EMPLOYER								No
(10) HONDA ON GRAND	CONTRIBUTING EMPLOYER								No
(11) HOWARD BUICK PONTGMC INC	CONTRIBUTING EMPLOYER								No
(12) HOWELL TRACTOR & EQUIPMENT	CONTRIBUTING EMPLOYER								No
(13) HUNTER MAINTENANCE & LSNG	CONTRIBUTING EMPLOYER								No
(14) IGNITION WORKS INC	CONTRIBUTING EMPLOYER								No

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								Yes	No
(181) ILLINOIS AUTO CENTRAL	CONTRIBUTING EMPLOYER								No
(1) ILLINOIS AUTO ELECTRIC CO	CONTRIBUTING EMPLOYER								No
(2) INDEPENDENT MECHANICAL IND INC	CONTRIBUTING EMPLOYER								No
(3) INTERSTATE EMERGENCY VHCL SVCS	CONTRIBUTING EMPLOYER								No
(4) INTERSTATE POWER SYSTEMS	CONTRIBUTING EMPLOYER								No
(5) INTERSTATE POWER SYSTEMS PARTS	CONTRIBUTING EMPLOYER								No
(6) INTREN LLC	CONTRIBUTING EMPLOYER								No
(7) IRON TIGER- GARLAND	CONTRIBUTING EMPLOYER								No
(8) IRON TIGER- SPRINGFIELD	CONTRIBUTING EMPLOYER								No
(9) IRONTIGER LOGISTICS INC	CONTRIBUTING EMPLOYER								No
(10) IRONTIGER LOGISTICS- MACUNGIE	CONTRIBUTING EMPLOYER								No
(11) IRVIN TRACTOR RENTAL SALES&SVC	CONTRIBUTING EMPLOYER								No
(12) J & J MOTOR SERVICE INC	CONTRIBUTING EMPLOYER								No
(13) JACK'S TOOLS INC	CONTRIBUTING EMPLOYER								No
(14) JEFF PERRY BUICK GMC	CONTRIBUTING EMPLOYER								No

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								Yes	No
(196) JOHNNY LEGEND CUSTOMSINC	CONTRIBUTING EMPLOYER								No
(1) JOHNSON J A PAVING CO	CONTRIBUTING EMPLOYER								No
(2) KAYBILL CHEVROLET	CONTRIBUTING EMPLOYER								No
(3) KAYBILL FORD INC	CONTRIBUTING EMPLOYER								No
(4) KAYBILL NISSAN	CONTRIBUTING EMPLOYER								No
(5) KAYBILL PONTIAC GMC	CONTRIBUTING EMPLOYER								No
(6) KEENAN TRANSIT CO	CONTRIBUTING EMPLOYER								No
(7) KELLY NISSAN INC	CONTRIBUTING EMPLOYER								No
(8) KEY WEST METAL INDUSTRIES INC	CONTRIBUTING EMPLOYER								No
(9) KEY WEST METAL INDUSTRIES-701	CONTRIBUTING EMPLOYER								No
(10) K-FIVE CONSTRUCTION CORP	CONTRIBUTING EMPLOYER								No
(11) KIA OF BRADLEY	CONTRIBUTING EMPLOYER								No
(12) KINGDOM CHEVROLET	CONTRIBUTING EMPLOYER								No
(13) KOMATSU FORKLIFT OF CHGO	CONTRIBUTING EMPLOYER								No
(14) KUREK BROTHERS INC	CONTRIBUTING EMPLOYER								No

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								Yes	No
(211) LATRUCK LEASING CO INC	CONTRIBUTING EMPLOYER								No
(1) LA GROU MOTOR SERVICE INC	CONTRIBUTING EMPLOYER								No
(2) LAND ROVER HINSDALE LLC	CONTRIBUTING EMPLOYER								No
(3) LEXUS OF HIGHLAND PK	CONTRIBUTING EMPLOYER								No
(4) LEXUS OF NAPERVILLE	CONTRIBUTING EMPLOYER								No
(5) LFOINC	CONTRIBUTING EMPLOYER								No
(6) LIBERTYVILLE CHEVROLETINC	CONTRIBUTING EMPLOYER								No
(7) LINCOLN COLLEGE OF TECHNOLOGY	CONTRIBUTING EMPLOYER								No
(8) LINDAHL BROTHERS	CONTRIBUTING EMPLOYER								No
(9) LINK AUTOMOTIVE INC	CONTRIBUTING EMPLOYER								No
(10) LIONHEART ENGINEERING PC	CONTRIBUTING EMPLOYER								No
(11) LIONHEART ENGINEERING PC NB	CONTRIBUTING EMPLOYER								No
(12) LITTLE'S AUTOMOTIVE INC	CONTRIBUTING EMPLOYER								No
(13) LOMBARD TOYOTA INC	CONTRIBUTING EMPLOYER								No
(14) LOMBARDI CHEVROLETBUICK	CONTRIBUTING EMPLOYER								No

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								Yes	No
(226) LOREN HYUNDAI	CONTRIBUTING EMPLOYER								No
(1) MHEQUIPMENT	CONTRIBUTING EMPLOYER								No
(2) MAGNIFICENT MOTORCARS INC	CONTRIBUTING EMPLOYER								No
(3) MANCARI'S CHRYSLER-JEEP INC	CONTRIBUTING EMPLOYER								No
(4) MANHEIM ARENA ILLINOIS	CONTRIBUTING EMPLOYER								No
(5) MARINO CHRYJEEPDODGE	CONTRIBUTING EMPLOYER								No
(6) MARQUARDT OF BARRINGTON	CONTRIBUTING EMPLOYER								No
(7) MARTIN IMPLEMENT SALES INC	CONTRIBUTING EMPLOYER								No
(8) MARTIN NISSAN	CONTRIBUTING EMPLOYER								No
(9) MATCO TOOLS	CONTRIBUTING EMPLOYER								No
(10) MATTSPELL MOTORS INC	CONTRIBUTING EMPLOYER								No
(11) MAX MADSEN MITSUBISHI	CONTRIBUTING EMPLOYER								No
(12) MAX MADSEN'S AURORA MITSUBISHI	CONTRIBUTING EMPLOYER								No
(13) MC CARTHY FORD INC	CONTRIBUTING EMPLOYER								No
(14) MC TOOLS INC INDIANA	CONTRIBUTING EMPLOYER								No

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								Yes	No
(241) MCCARTHY FORD OF NORTH RIVERSI	CONTRIBUTING EMPLOYER								No
(1) METRO FORD SALES&SVC INC	CONTRIBUTING EMPLOYER								No
(2) MID CITY NISSAN INC	CONTRIBUTING EMPLOYER								No
(3) MID CITY SUBARU	CONTRIBUTING EMPLOYER								No
(4) MID CITY TRUCK BODY & EQUIPT	CONTRIBUTING EMPLOYER								No
(5) MIDWAY DODGE INCORPORATED	CONTRIBUTING EMPLOYER								No
(6) MILEX CAR CARE	CONTRIBUTING EMPLOYER								No
(7) MOLON MOTOR & COIL CORP	CONTRIBUTING EMPLOYER								No
(8) MOUNTAIN TARP OF CHICAGO INC	CONTRIBUTING EMPLOYER								No
(9) MQ CONSTRUCTION CO	CONTRIBUTING EMPLOYER								No
(10) NAPERVILLE ITALIAN MOTOR WORKS	CONTRIBUTING EMPLOYER								No
(11) NAPLETON AUTO WERKS OF IN	CONTRIBUTING EMPLOYER								No
(12) NAPLETON PORSCHE	CONTRIBUTING EMPLOYER								No
(13) NAPLETON FRAN LINCMERC INC	CONTRIBUTING EMPLOYER								No
(14) NAPLETONED HONDA OF OAK LAWN	CONTRIBUTING EMPLOYER								No

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								Yes	No
(256) NAPLETONED KIA OF ELMHURST	CONTRIBUTING EMPLOYER								No
(1) NAPLETON'S AURORA IMPORT INC	CONTRIBUTING EMPLOYER								No
(2) NAPLETON'S COUNTRYSIDE MOTORS	CONTRIBUTING EMPLOYER								No
(3) NAPLETON'S HYUNDAI	CONTRIBUTING EMPLOYER								No
(4) NAPLETON'S LIBERTYVILLE FORD	CONTRIBUTING EMPLOYER								No
(5) NAPLETON'S NORTHWESTERN CHRJP	CONTRIBUTING EMPLOYER								No
(6) NAPLETON'S PK RIDGE LM MITSU	CONTRIBUTING EMPLOYER								No
(7) NAPLETON'S RIVER OAKS HONDA	CONTRIBUTING EMPLOYER								No
(8) NAPLETON'S RIVER OAKS LM	CONTRIBUTING EMPLOYER								No
(9) NAPLETON'S RIVER OAKS LM SVC A	CONTRIBUTING EMPLOYER								No
(10) NAPLETON'S SCHAUMBURG PONTGMC	CONTRIBUTING EMPLOYER								No
(11) NEW CITY NISSAN	CONTRIBUTING EMPLOYER								No
(12) NICK'S SALES & SERVICE INC	CONTRIBUTING EMPLOYER								No
(13) NISSAN OF SOUTH HOLLAND	CONTRIBUTING EMPLOYER								No
(14) NORKUSJOHN INC	CONTRIBUTING EMPLOYER								No

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								Yes	No
(271) NORTH CITY HONDA	CONTRIBUTING EMPLOYER								No
(1) OAK LAWN MAZDA	CONTRIBUTING EMPLOYER								No
(2) OAK LAWN TOYOTA INC	CONTRIBUTING EMPLOYER								No
(3) OAKBROOK TOYOTA IN WESTMONT	CONTRIBUTING EMPLOYER								No
(4) O'CONNELL SPECIALTIES INC	CONTRIBUTING EMPLOYER								No
(5) OESTREICH SALES & SVC INC	CONTRIBUTING EMPLOYER								No
(6) O'LEARY'S CONTRACTOR EQUIP	CONTRIBUTING EMPLOYER								No
(7) OSCO INCORPORATED	CONTRIBUTING EMPLOYER								No
(8) OZINGA CHICAGO RMC INC	CONTRIBUTING EMPLOYER								No
(9) OZINGA ILLINOIS RMC SO SUBURB	CONTRIBUTING EMPLOYER								No
(10) PATRICK CADILLACSAAB	CONTRIBUTING EMPLOYER								No
(11) PATRICK VOLVO	CONTRIBUTING EMPLOYER								No
(12) PATSON INC JOLIET	CONTRIBUTING EMPLOYER								No
(13) PATSON INCELMHURST	CONTRIBUTING EMPLOYER								No
(14) PATTEN IND-OGLESBY	CONTRIBUTING EMPLOYER								No

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								Yes	No
(286) PATTEN INDUSTRIES INC	CONTRIBUTING EMPLOYER								No
(1) PEPPER CONSTRUCTION CO	CONTRIBUTING EMPLOYER								No
(2) PERILLO LM INC	CONTRIBUTING EMPLOYER								No
(3) PERKINS MANUFACTURING CO	CONTRIBUTING EMPLOYER								No
(4) PETERSEN AUTOMOTIVE	CONTRIBUTING EMPLOYER								No
(5) PETE'S PERFECTION PLUS INC	CONTRIBUTING EMPLOYER								No
(6) PHELAN JACK CHEVROLET INC	CONTRIBUTING EMPLOYER								No
(7) PHELANJACK DODGE	CONTRIBUTING EMPLOYER								No
(8) PHILLIPS CHEVROLET	CONTRIBUTING EMPLOYER								No
(9) PIEMONTE AL FORD INC	CONTRIBUTING EMPLOYER								No
(10) PIEMONTE AL NORTHLAKE NISSAN	CONTRIBUTING EMPLOYER								No
(11) PLANET HONDA	CONTRIBUTING EMPLOYER								No
(12) PLANET TOYOTA	CONTRIBUTING EMPLOYER								No
(13) PREFERRED AUTO BODY INC	CONTRIBUTING EMPLOYER								No
(14) PREFERRED SERVICE	CONTRIBUTING EMPLOYER								No

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								Yes	No
(301) PROSPERITY TRUCKING COMPANY	CONTRIBUTING EMPLOYER								No
(1) PUGI OF CHICAGOLAND	CONTRIBUTING EMPLOYER								No
(2) QUICK MOBILE SERVICES INC	CONTRIBUTING EMPLOYER								No
(3) R & M DIESEL INC	CONTRIBUTING EMPLOYER								No
(4) RAMCEL ENGINEERING COMPANY	CONTRIBUTING EMPLOYER								No
(5) RAY BUICK INC	CONTRIBUTING EMPLOYER								No
(6) RENDEL'S COLLISION SPECIALISTS	CONTRIBUTING EMPLOYER								No
(7) REX RADIATOR & WELDING	CONTRIBUTING EMPLOYER								No
(8) RIZZA JOE ACURA	CONTRIBUTING EMPLOYER								No
(9) RIZZAJOE FORDPORSCHKIA INC	CONTRIBUTING EMPLOYER								No
(10) RIZZATONY CADBUICKHUMMER	CONTRIBUTING EMPLOYER								No
(11) ROCK CHEVROLET	CONTRIBUTING EMPLOYER								No
(12) ROESCH LARRY AUTO BODY	CONTRIBUTING EMPLOYER								No
(13) ROESCH LARRY CHRYSLERJEEP	CONTRIBUTING EMPLOYER								No
(14) ROESCH LARRY VOLKSWAGEN	CONTRIBUTING EMPLOYER								No

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								Yes	No
(316) ROSSI CONTRACTORS INC	CONTRIBUTING EMPLOYER								No
(1) RUAN TRANSPORTATION CORP	CONTRIBUTING EMPLOYER								No
(2) RUNNION EQUIPMENT CO	CONTRIBUTING EMPLOYER								No
(3) RUSH TRUCK CENTER (CENTRAL)	CONTRIBUTING EMPLOYER								No
(4) RUSH TRUCK CENTER (JOLIET)	CONTRIBUTING EMPLOYER								No
(5) RUSH TRUCK LEASING (CAROL STRE	CONTRIBUTING EMPLOYER								No
(6) RUSTIC HOUSE IRONWORKS INC	CONTRIBUTING EMPLOYER								No
(7) RYAN T H CARTAGE CO	CONTRIBUTING EMPLOYER								No
(8) RYDER TRANSPORTATION SERVICES	CONTRIBUTING EMPLOYER								No
(9) RYDER TRUCK RENTAL INC	CONTRIBUTING EMPLOYER								No
(10) S & S TOOL SALES	CONTRIBUTING EMPLOYER								No
(11) SES INC GARY BRANCH NB	CONTRIBUTING EMPLOYER								No
(12) SES INC	CONTRIBUTING EMPLOYER								No
(13) SES INC - GARY BRANCH	CONTRIBUTING EMPLOYER								No
(14) SES INC NB	CONTRIBUTING EMPLOYER								No

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								Yes	No
(331) SCHAUMBURG MAZDA	CONTRIBUTING EMPLOYER								No
(1) SCHIMMER FORD INC	CONTRIBUTING EMPLOYER								No
(2) SHAUN BRENNAN'S SNAP ON TOOL S	CONTRIBUTING EMPLOYER								No
(3) SHERMAN SID DODGE	CONTRIBUTING EMPLOYER								No
(4) SHIREY FRANK CADILLAC INC	CONTRIBUTING EMPLOYER								No
(5) SINCLAIR'S AUTO CLINIC INC	CONTRIBUTING EMPLOYER								No
(6) SNAP-ON-TOOL SALES	CONTRIBUTING EMPLOYER								No
(7) SOUTH CHICAGO DODGE	CONTRIBUTING EMPLOYER								No
(8) SOUTH OAK DODGE INC	CONTRIBUTING EMPLOYER								No
(9) SOUTHERN GLAZER'S WINE AND SPI	CONTRIBUTING EMPLOYER								No
(10) STANDARD EQUIPMENT CO	CONTRIBUTING EMPLOYER								No
(11) STASEK BILL CHEVROLETINC	CONTRIBUTING EMPLOYER								No
(12) STENCILS & STRIPES UNLIMITED	CONTRIBUTING EMPLOYER								No
(13) STROM ROY REFUSE REMOVAL SRVC	CONTRIBUTING EMPLOYER								No
(14) SULLIVAN BUICK GMCINC	CONTRIBUTING EMPLOYER								No

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								Yes	No
(346) SUMMIT TANK & EQUIPMENT CO INC	CONTRIBUTING EMPLOYER								No
(1) SUNRISE CHEVROLET INC	CONTRIBUTING EMPLOYER								No
(2) SUTTON FORD	CONTRIBUTING EMPLOYER								No
(3) SWANSON CONTRACTING CO	CONTRIBUTING EMPLOYER								No
(4) T & S TOOL SALES INC	CONTRIBUTING EMPLOYER								No
(5) TAL-MAR CUSTOM METAL	CONTRIBUTING EMPLOYER								No
(6) TAL-MAR CUSTOM METAL FAB INC	CONTRIBUTING EMPLOYER								No
(7) TDS TOOLS	CONTRIBUTING EMPLOYER								No
(8) THE NEW ROGERS PONTIAC	CONTRIBUTING EMPLOYER								No
(9) THOESEN PETE TRACTOR & EQPT	CONTRIBUTING EMPLOYER								No
(10) TOOL CRIBMATCO TOOLS	CONTRIBUTING EMPLOYER								No
(11) TOYOTA OF NAPERVILLE INC	CONTRIBUTING EMPLOYER								No
(12) TRAILMEX SERVICES INC	CONTRIBUTING EMPLOYER								No
(13) TRI-TOWN SERVICE INC	CONTRIBUTING EMPLOYER								No
(14) TYSON MOTOR 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
(361) UNITED RENTALS INC NORTHWEST	CONTRIBUTING EMPLOYER								No
(1) UNITED RENTALS NOAMERICA PUMP	CONTRIBUTING EMPLOYER								No
(2) USA HOIST CORP	CONTRIBUTING EMPLOYER								No
(3) USF HOLLAND INC	CONTRIBUTING EMPLOYER								No
(4) VCNA PRAIRIE INC	CONTRIBUTING EMPLOYER								No
(5) VICTOR MOTORSPORT FORD INC	CONTRIBUTING EMPLOYER								No
(6) VILLAGE OF FOREST PARK	CONTRIBUTING EMPLOYER								No
(7) VULCAN MATERIALS CO	CONTRIBUTING EMPLOYER								No
(8) WABTEC CORPTRIANGLE ENGINEERD	CONTRIBUTING EMPLOYER								No
(9) WALSH CONSTRUCTION CO OF ILL	CONTRIBUTING EMPLOYER								No
(10) WALSH BILL AUTOMOTIVE OTTAWA	CONTRIBUTING EMPLOYER								No
(11) WALSH BILL AUTOMOTIVE-STREATO	CONTRIBUTING EMPLOYER								No
(12) WALSH BILL FORD LM KIA	CONTRIBUTING EMPLOYER								No
(13) WASTE MANAGEMENT MATTESON	CONTRIBUTING EMPLOYER								No
(14) WASTE MANAGEMENTMETRO	CONTRIBUTING EMPLOYER								No

[illegible]