Form **990**

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Form 990 (2017)

<u>A</u>	For th	e 2017 calendar year, or tax year beginning and e	nding		
В	Chock If	C Name of organization		D Employer identifi	cation number
	applicat	LLLINOIS TOOL WORKS INC. VOLUNTARY			
Г	Addr	ENDIAMENTAL DEMENTATION ACCOUNTS			
F	⊟Nam:			26-2	183297
늗	chan; inital				
누	iroturi iroturi		Room/suite	E Telephone numbe	
Ĺ.	roturi tormi			(847	
	ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross recepts \$	52,138.
	Amor	dod CHICAGO, IL 60680		H(a) Is this a group re	eturn
	Appli tion	F Name and address of principal officer: KAREN TULLOCH		for subordinates	
	pend	155 HARLEM AVENUE, GLENVIEW, IL 60025	AO	H(b) Are all subordinates in	
	Tav.av		TV527	- •	
		empt status: $\int 501(c)(3) X 501(c) (9) $ (insert no.) 4947(a)(1) or te: \triangleright N/A	1 381	· ·	list (see instructions)
				H(c) Group exemptio	
		organization: Corporation X Trust Association Other ►	L Year o	of formation: ZUUZII	M State of legal domicile; IL
	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities TO PR	OVIDE	PAYMENT OF	BENEFITS.
Governance					
8 E	2	Check this box if the organization discontinued its operations or dispose	d of more	than 25% of its net as:	sets
ē	3	Number of voting members of the governing body (Part VI, line 1a)		13) 9
ලි	4	Number of independent voting members of the governing body (Part VI, line 1b)	••	. 4	9
of	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		· -	0
ctivities				5	
Ž	6	Total number of volunteers (estimate if necessary)		6	0
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		<u> 7a</u>	0.
_	<u> </u>	Net unrelated business taxable income from Form 990-T, line 34	<u></u>		0.
	1		Ĺ	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		0.	0.
Revenue	9	Program service revenue (Part VIII, line 2g)	` "	0.	0.
Š	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	·	2,464.	52,138.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	•	19.	0.
				2,483.	52,138.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	·	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		25,768,569.	23,278,302.
ø	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	L_	0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ē	Ь	Total fundraising expenses (Part IX, column (D), line 25)	0.		
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		0.	o.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	· · · ·	25,768,569.	23,278,302.
		[25,766,086.	-23,226,164.
	_	Revenue less expenses. Subtract line 18 from line 12	+		
Sar			2) <u> Red</u>	inning of Current Year	End of Year
Sets	20	Total assets (Part X, line 16)	5 3	51,579,803.	373,378,393.
A A	21	Total liabilities (Part X, line 26) MAY 1 6 2018	3 .	0.	0.
<u>. 2</u>	22	Net assets or fund balances. Subtract line 21 from line 20	<u>돌[. 3!</u>	51,579,803.	373,378,393.
P	art II	Signature Block OGNEW IN			
Und	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules a	and statemer	nts, and to the best of my	knowledge and belief, it is
	-	t, and complete. Declaration of preparer (other than officer) is based on all information of whic			,
		X W VD		1 1/0	18
~ :-	_	Signature of officer		Date	18
Sig					
Her	0				,
		Type or print name and title			
		Print/Type preparer's name Preparer's signature ,		ate Check	PTIN
Paid	Ì	BLIZABETH WILTFONG School Super	K	19/18 seif-employ	□ P01241514
	arer	Firm's name DELOITTE TAX LLP		Firm's EIN	86-1065772
	Only	Firm's address 1100 WALNUT STRBET, SUITE 3300			
	J,	KANSAS CITY, MO 64106		Phone no (A	16) 474 6180 [']
=		RANGAS CITT, NO 04100 S discuss this return with the preparer shown above? (see instructions)		Ti none no. (O	<u> </u>
0//21	rne li	(a discuss this return with the predater shown above? (see instructions)			X Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

ILLINOIS TOOL WORKS INC. VOLUNTARY EMPLOYEES' BENEFICIARY ASSOCIATION

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Pa	rt III Statement of Program Se			
_		esponse or note to any line in this Part III		
1	Briefly describe the organization's missi TO PROVIDE PAYMENT O			
	20 2110 120 211111111			
	······································			
2		ificant program services during the year which wer	e not listed on the	
	prior Form 990 or 990-EZ?			Yes X No
_	If "Yes," describe these new services or		•	[], [],
3	If "Yes," describe these changes on Sch	or make significant changes in how it conducts, an	y program services?	Yes X No
4		vice accomplishments for each of its three largest	nrogram senvices, as measured	hy expenses
		tions are required to report the amount of grants ar		
	revenue, if any, for each program service		· · · · · · · · · · · · · · · · · ·	
4a	(Code) (Expenses \$ 23,	278,302. including grants of \$) (Revenue \$	52,138.)
	TO PROVIDE PAYMENT O	F BENEFITS.		
				
				
	-,			
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
				
				
				
			· 	
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
				<u> </u>
				
			·	
				
_				
4d	Other program services (Describe in Sch			\
4e	(Expenses \$ Total program service expenses ▶	including grants of \$ (F	Revenue \$	
<u></u>	In program our rice experieds			Form 990 (2017)

Form 990 (2017)

Form 990 (2017)

ILLINOIS TOOL WORKS INC. VOLUNTARY EMPLOYEES' BENEFICIARY ASSOCIATION

36-3183297

Pai	t IV Checklist of Required Schedules			-3-
			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		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		L
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		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			}
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	L	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	_8_		X
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?			ĺ
	If "Yes," complete Schedule D, Part IV	9		X
0	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		<u> X</u>
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	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		X
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	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		ĺ	
_	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	ļ	X
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			x
	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		x
2	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13		X
	· · · · · · · · · · · · · · · · · · ·	14a		
D	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	l	}	}
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	1	x
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
.	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	}	x
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	-"		-
O	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	,	x
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	 -		
•	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	ļ	x
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- <i>''</i> -		 -
9	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
9	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	[x
_	PRINCIPLE SECURISMY MILL MILLION			

ILLINOIS TOOL WORKS INC. VOLUNTARY EMPLOYEES' BENEFICIARY ASSOCIATION Form 990 (2017) EMPLOYEES 'BENEFICI Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		1	
	Schedule J	23		<u>X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		1	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			X
L.	Schedule K. If "No", go to line 25a	24a		
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	24c		
4	any tax-exempt bonds? Did the organization act as an "on bonds of "issuer for bonds outstanding at any time during the year?	24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
234	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			,
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_X
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u>X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			•
•	contributions? If "Yes," complete Schedule M	30		<u>X</u> _
31	Did the organization liquidate, terminate, or dissolve and cease operations?			X
20	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		X
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	_ <u></u>		
•	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	"		
•	Part V, line 1	34	x	1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	L	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
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	X	<u></u>
		Form	990	(2017)

Form 990 (2017) EMPLOYEES ' BENEFICIARY ASSOCIATION

Part V Statements Regarding Other IRS Filings and Tax Compliance

Series the number reported in Box 3 of Form 1086 Enter O-I finot applicable 1	-	Check if Schedule O contains a response or note to any line in this Part V			
be first the number of Forms W2G included in line 1a. Enter 0-if not applicable 10. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize wriners? 28. Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 5 If at least one is reported on line 2a, did the organization file all required feederal employment tax returns? 50. If the calendar year ending with or within the year covered by this return 51. Note, if the sim of lines 1a and 2a is greater than 250, you may be required to e-a/le (see instructions) 52. Note, if the sim of lines 1a and 2a is greater than 250, you may be required to e-a/le (see instructions) 53. Did the organization have unrelated businesses gross income of \$1,000 or more during the year? 54. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account of the activity of the organization financial of the financial account of the financial accou				Yes	No_
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Either the number of employses reported on Form W.3, Transmittal of Wage and Tax Statements, fleef for the calendar year ending with or within the year covered by this return. If it all teast one is reported on line 28, and the organization file all required federal employment tax returns? Note. If the sum of lines 14 and 24 is greater than 250, you may be required to £-fig (see instructions). By If Yes, and a start of the sum of lines 14 and 24 is greater than 250, you may be required to £-fig (see instructions). By If Yes, and during the calendar year, did the organization have an explanation in Schedule O. By If Yes, and during the calendar year, did the organization have an explanation in Schedule O. By If Yes, and during the calendar year, did the organization have an explanation in Schedule O. By If Yes, and during the calendar year, did the organization have an explanation in Schedule O. By If Yes, and the name of the foreign country. By If Yes, and the name of the foreign country. By If Yes, and the payment of the foreign country. By If Yes, and the payment of the foreign country is the see the organization that of the sor is a payment of the payment of the foreign country. By If Yes, and the organization that of was or is a party to a prohibited that where the self-arms and the payment of the foreign country. By If Yes, and the organization that of was or is a party to a prohibited that where the self-arms and the organization flee from 8886-17? By If Yes, and the organization of the value of the goods or services provided to the payor? By If Yes, and the organization name and payment in access of 35 made party as a contribution and party for goods and services provided to the payor? By If Yes, and the organization organization in which the organization in the form 8282? filed during the year. By If Yes, and the organization organizat	1a				
gambing winnings to prize winners? 2	b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
28 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return. 18 If a least one is reported on line 2s, did the organization file all required federal employment tax returns? Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-fige (see instructions). 39 Loft the organization have unrelated business gross encored of \$1,000 or more during the year? 39 Loft the organization have unrelated business gross encored of \$1,000 or more during the type year? 39 Loft Horganization have unrelated business gross encored of \$1,000 or more during the year? 39 Loft Horganization have unrelated business gross encored \$1,000 or more during the year? 39 Loft Horganization and the secondary of the secondary of the year of the substitution in Schodule O 30 Loft Horganization and the foreign country. 40 Loft A any time the harmed of the foreign country. 50 Loft Horganization for FinGEN From 114, Report of Foreign Bank and Financial accounts (FBAR) 50 Was the organization and prost prospets that are normally greater than \$100,000, and did the organization solinity and the organization that it was or is a party to a prohibited tax shelter transaction? 50 Loft Horganization shell the organization that it was or is a party to a prohibited tax shelter transaction? 50 Loft Horganization shell the organization that it was or is a party to a prohibited tax shelter transaction? 51 Loft Horganization shell the organization that were not tax deductible? 52 Loft Horganization shell developed the prohibitions? 53 Loft Horganization shell developed the prohibitions? 54 Loft Horganization shell developed the organization shell and the prohibitions of care was promised to the property of the organization shell exceeding the prohibition of care in the organ	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			, <u> </u>
tied for the calendary var ending with or within the year covered by the return If all least one is reported on the 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 _a.fie (see instructions) 3a. Did the organization have unrielated business gross sincome of \$1,000 or more duming the year? 4b. If If Yea, 1 and it file of Form 990 PT for this year? If Way, 1 of line 3b, provide an explanation in Schedule O 4a. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4b. If Yea, 1 meter the name of the foreign country If Way, 1 of line 3b, provide an explanation in Schedule O 5c. If Yea, 1 to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5c. If Yea, 1 to line 5a or 5b, did the organization that if was or is a party to a prohibited tax shelter transaction at any contributions that were not tax deductible? 7c. Openization that many receive deductible contributions under section 170(c). 8d. If Yea, 1 did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c. Openizations that many receive deductible contributions under section 170(c). 8d. If Yea, 1 did the organization receive a spiment in excess of \$75 made party as a contribution of quarty and the party of goods and services provided to the payor? 7d. If Yea, 1 did the organization receive a spiment in excess of \$75 made party as a contribution of quarty and the payor and the		(gambling) winnings to prize winners?	1c		<u></u>
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unabled business gross income of \$1,000 or more during the elamous of the company of th	2a				
Note, if the sum of lines 14 and 28 is greater than 250, you may be required to _e-file (see instructions) 3		filed for the calendar year ending with or within the year covered by this return 2a 0			<u> </u>
3a Die the organization have unrelated business gross income of \$1,000 or more during the year? 4b At any time during the calendary 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 accounts? 5b If "Yes," the set the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR) 5c was the organization party to a prohibeted tax sheeler transaction at any time during the tax year? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibeted tax sheeler transaction? 6c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibeted tax sheeler transaction? 6c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibeted tax sheeler transaction? 6c If "Yes," to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," did the organization notify the donor of the value of the goods or services provided? 8d If "Yes," did the organization and party for goods and services provided to the payor? 9d If "Yes," did the organization secure any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9d If "Yes," did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 9d If "Yes," did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 9d If "Yes," organization make a distribution to a donor, donor advised funds. 9d If "Yes," organization maintaining donor advised funds. 9d If the organization forewell organization make a distribution to a donor, donor advised funds. 9d If the organization	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<u> </u>
b if "Yes," has it filled a Form 990-T for this year" if "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. ▶ 5a Was the organization or provided to the foreign country. ▶ 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If "Yes," on the sair of 5b, did the organization that it was or as party to a prohibited tax shelter transaction? 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that twer not tax deductible as charitable contributions? 6c Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions are contributions or gifts were not tax deductible as charitable organizations that may receive deductible contributions under section 170(c). 6c If "Yes," did the organization notify the donor of the value of the goods or services provided? 7c Did the organization notify the donor of the value of the goods or services provided? 8d If "Yes," indicate the number of Forms 8282 filed during the year 9d If "Yes," indicate the number of Forms 8282 filed during the year 1d		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b if "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note, See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 14 Did the organization receive any payments for indoor tanning services during the ta		11 100, 111-1010	7e		\mathbf{x}
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	b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O		990	(2017)

EMPLOYEES' BENEFICIARY ASSOCIATION

36-3183297

Form 990 (2017) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI

Sec	tion 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 9									
	If there are material differences in voting rights among members of the governing body, or if the governing	1 :								
	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 9									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1								
	officer, director, trustee, or key employee?	2		X						
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		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		_X_						
6	Did the organization have members or stockholders?	6		<u> </u>						
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		<u> </u>						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			x						
persons other than the governing body?										
8	, and the same of									
a	The governing body?	8a	X							
b	Each committee with authority to act on behalf of the governing body?	8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	ا ۾ ا		Х						
Sec	organization's mailing address? If "Yes." provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9								
	(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	103	X						
	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	Х							
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	Х							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	ın Schedule O how this was done	12c	X							
13	Did the organization have a written whistleblower policy?	13	X							
14	Did the organization have a written document retention and destruction policy?	14	Х							
15	Did the process for determining compensation of the following persons include a review and approval by independent			Ì						
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			3						
	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15a		X						
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b								
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		ĺ							
	taxable entity during the year?	16a		X						
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			ĺ						
	exempt status with respect to such arrangements?	16b								
Sec ⁻	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ► NONE									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) av	aılable								
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website X 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	financi	al							
	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:									
	ILLINOIS TOOL WORKS INC.; MEGAN CALLERO - (847)724-7500 155 HARLEM AVENUE, GLENVIEW, IL 60025									
	LOU TEMPLE AVENUE, CHENVIEW, LI COUAD									

EMPLOYEES' BENEFICIARY ASSOCIATION

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Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

Form 990 (2017)

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

Check this box if neither the organization no (A)	(C)						(D)	(E)	(F)	
Name and Title	(B) Average	ľ	Position (do not check more than one					Reportable	Reportable	Estimated
	hours per	box	unles	ss per	son i	s both	an	compensation	compensation	amount of
	week	offic	officer and a director/trustee)				tee)	from	from related	other
	(list any	sctor						the	organizations	compensation
	hours for	or di	g			ated		organization	(W-2/1099-MISC)	from the
	related	ıstee	truste		e,	bens		(W-2/1099-MISC)		organization
	organizations below	ual tri	ional		ploye	t com				and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Forme			organizations
(1) KAREN TULLOCH	25.00									
TRUSTEE		X	_					0.	0.	0.
(2) KIM OLSON	25.00							_	_ !	_
TRUSTEE		X						0.	0.	0.
(3) STEVEN M. HENN	25.00							_	_	_
TRUSTEE		X						0.	0.	0.
(4) STEVEN L. MARTINDALE	25.00							_	_ '	_
TRUSTEE		X				<u>L</u> .		0.	0.	0.
(5) RANDALL J. SCHEUNEMAN	25.00							_	_	
TRUSTEE		X						0.	0.	0.
(6) JOHN R. HARTNETT	25.00									
TRUSTEE		X	<u> </u>					0.	0.	0.
(7) JANET OTSUKA LOVE	25.00	l	l		İ					
TRUSTEE	05 00	Х						0.	0.	0.
(8) THE NORTHERN TRUST COMPANY	25.00		۱.,						•	_
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EMPLOYEES' BENEFICIARY ASSOCIATION

Par	T VII Section A. Officers, Directors, Trus	stees, Key Emp	oloy	ees,	and	<u>iH</u> t	ghes	st C	ompensated Employee	s (continued)				
	(A)	(B) (C)							(D)	(E)			(F)	
	Name and title	Average	١,,,		Pos				Reportable	Reportable		Est	mate	d
		hours per	box	, unles	ss pe	rson	than o	an	compensation	compensatio		am	ount c	of
		week	offi	cer an	dad	irecto	or/trus	tee)	from	from related	,	c	other	
•		(list any	ctor						the	organization	s	comp	ensat	ion
		hours for	r dire	_			교	ì	organization	(W-2/1099-MIS	3C)	fro	m the	;
		related	tee o	ustee	İ	ł	eusa	ŀ	(W-2/1099-MISC)		ļ	•	ınızatıd	
		organizations	Individual trustee or director	institutional trustee		Key employee	Highest compensated employee					and	relate	ed
		below	wqna	tutio	cer	em l	lest (盲				orgai	nızatıo	ons
		line)	PE PE	Ist	Officer	Key	물통	횬						
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	Sub-total								0.		0.			0.
С	Total from continuation sheets to Part V	II, Section A							0.		0.			0.
<u>d</u>	Total (add lines 1b and 1c)							<u> </u>	0.	L	0.			0.
2	Total number of individuals (including but r	not limited to th	ose	liste	d at	ove	e) wh	o re	eceived more than \$100,	000 of reportable)			_
	compensation from the organization													0
											(Yes	No
3	Did the organization list any former officer	, director, or tru	ıste	e, ke	y en	nplo	yee,	or I	highest compensated er	nployee on			[
	line 1a? If "Yes," complete Schedule J for s	such individual										3		<u> </u>
4	For any individual listed on line 1a, is the s		е со	mpe	ensa	tion	and	oth	ner compensation from t	he organization	-			
	and related organizations greater than \$15	0,000? If "Yes.	" co	mple	ete S	Sche	edule	Jf	for such individual			4		X
5	Did any person listed on line 1a receive or									dual for services				
	rendered to the organization? If "Yes." con	•				-			J			5		X
Sec	tion B. Independent Contractors	IDICIC OCHOODI	<u>, , , , , , , , , , , , , , , , , , , </u>	01.30	برين	0010	<i></i>		·					
1	Complete this table for your five highest co	mpensated inc	lene	nder	nt co	ontr	actor	s th	nat received more than 9	100.000 of comr	ensat	ion fro		
•	the organization. Report compensation for												•	
	(A)	ino caloridai y	<u> </u>		. <u>y</u>			T	(B)			(C		
	Name and business	address	NO	ONE	ī.			ł	Description of s	ervices	С	ompen		1
		-		<u> </u>				\dashv	<u></u>					
								- 1						
								┪						
								-						
								ł						
		 						\dashv			—			
								- 1						
								\dashv						
										}				
								Ш						
2	Total number of independent contractors (ot lin	nıtec	l to			ted	above) who received me	ore than				
	\$100,000 of compensation from the organ	zation				(<u>) </u>							

Form 990 (2017) EMPLOYEES' BENEFICIARY ASSOCIATION
Part VIII Statement of Revenue 36-3183297

<u></u>			Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
	-		Oncoviii ounidadio o dani	<u></u>	or moto to unit in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts	1	а	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues	1b		1			
<u>0</u> 5		С	Fundraising events	1c]			
ifts ar A			Related organizations	1d		1			
S, E		е	Government grants (contribut	ions) 1e					
Ö		f	All other contributions, gifts, gran	ts, and					
but			similar amounts not included abo	ve 1f					
ntri J O		g	Noncash contributions included in lines	1a-1f \$					
<u>0</u> <u>E</u>		h	Total. Add lines 1a-1f						
					Business Code				
ĕ	2	a					_		
ه ∑		b							
Se		C							
am		d							
Program Service Revenue		е							
ሷ		f	All other program service reve	enue					
_		g	Total. Add lines 2a-2f						
	3	;	Investment income (including	dividends, intere	est, and				
			other sımılar amounts)		>	52,138.	52,138.		
	4		Income from investment of tax	x-exempt bond p	roceeds	<u> </u>			
	5	;	Royalties		<u> </u>				
				(ı) Real	(ıı) Personal				
	6	а	Gross rents	L					l '
		b	Less [,] rental expenses						
		С	Rental income or (loss)						
		d	Net rental income or (loss)						
	7	а	Gross amount from sales of	(i) Securities	(II) Other				
			assets other than inventory						
		b	Less cost or other basis		1		l		
			and sales expenses						
			` '	L	<u> </u>				
			• , ,						
ø	8	а	Gross income from fundraising	g events (not					
Other Revenu			ıncludıng \$	of	1				
ě			contributions reported on line	1c) See					
e.			Part IV, line 18	а					
된			Less. direct expenses	b					
			Net income or (loss) from fund						
	9	а	Gross income from gaming ac	tivities. See			,		
			Part IV, line 19	а		İ			
			Less direct expenses	b	L				
			Net income or (loss) from gam	-				·	
ĺ	10	а	Gross sales of inventory, less						
			and allowances	a .					
			Less cost of goods sold	b	L				
		С	Net income or (loss) from sale		P				
	4 -		Miscellaneous Revenu		Business Code				
	11	a			<u> </u>				
		b						•	
		C	All other reverse			-	· · ·		
			All other revenue Total. Add lines 11a-11d						
	12		Total revenue See instructions			52.138.	52 138	0.	0.

Form 990 (2017)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses Do not include amounts reported on lines 6b. Fundraising Program service Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 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, lines 15 and 16 23,278,302. 23,278,302. Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 10 Payroll taxes Fees for services (non-employees) Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 13 Office expenses Information technology 14 Royalties 15 16 Occupancy Travel 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance Other expenses. Itemize expenses not covered 24 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.) e All other expenses 23,278,302. 23,278,302. 0. Total functional expenses. Add lines 1 through 24e 0. 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720)

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 905,017. 2,170,625. 2 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 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 instr). Complete Part II of Sch L 6 Assets 7 Notes and loans receivable, net 8 Inventories for sale or use 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a b Less, accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 12 Investments - other securities See Part IV. line 11 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 350,674,786. 371,207,768. 15 Other assets See Part IV, line 11 15 373,378,393. 351,579,803. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 Accounts payable and accrued expenses 17 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 disgualified 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 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 0. 0. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 351,579,803. 30 373,378,393. 30 Capital stock or trust principal, or current funds 0. 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Ō. 0. 32 32 Retained earnings, endowment, accumulated income, or other funds 351,579,803. 373,378,393. 33 33 Total net assets or fund balances 373,378,393. 351,579,803. Total liabilities and net assets/fund balances

Pa	t XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>2,1</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2		, 27				
3	Revenue less expenses Subtract line 2 from line 1	3		, 22				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		,57				
5	Net unrealized gains (losses) on investments	5	45	<u>,02</u>	<u>4,7</u>	<u>54.</u>		
6	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	373	<u>, 37</u>	8,3	<u>93.</u>		
Pa	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII		• · · · •			oxdot		
					Yes	No		
1	Accounting method used to prepare the Form 990 Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X		
	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							
	Separate basis Consolidated basis Both consolidated and separate basis] !		
b	Were the organization's financial statements audited by an independent accountant?			2b		X		
	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					İ		
	Separate basis Consolidated basis Both consolidated and separate basis			!				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,						
	review, or compilation of its financial statements and selection of an independent accountant?			2c		ļ		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O						
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	lit					
	Act and OMB Circular A-133?			3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red aud	rt					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			_3b	225	<u> </u>		
				Form	990	(2017)		

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

ILLINOIS TOOL WORKS INC. VOLUNTARY

OMB No 1545-0047 Inspection

Name of the organization

EMPLOYEES' BENEFICIARY ASSOCIATION

Employer identification number 36-3183297

Pa		Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor ad	_	used only
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		Yes No
Pa		janization answered "Yes" on Form 990,	Part IV, line 7
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a hist	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	icture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic structu	ıre
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	ement is located >	
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing cons	servation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing conserva	tion easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170((h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ion's financial statements that describes	the organization's accounting for
	conservation easements	A . TI:	
Pai	t III Organizations Maintaining Collections of	•	iner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1 a	If the organization elected, as permitted under SFAS 116 (AS)	-	
	historical treasures, or other similar assets held for public exh		nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of pul	blic 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 trea		l gain, provide
	the following amounts required to be reported under SFAS 11	6 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1		\$
_ b	Assets included in Form 990, Part X		▶ \$

		ES' BENEFI						36-31			age 2
Par	t III Organizations Maintaining C										
3	Using the organization's acquisition, accessi	on, and other record	is, check	any of the	following that	are a si	gnificant	use of its c	ollection	rtems	
	(check all that apply):										
а	Public exhibition	•	a 🖳	Loan or exc	change progra	ams					
b	Scholarly research	•	е 📖	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co							ose in Part	XIII		
5	During the year, did the organization solicit of					er sımılar	assets		_	_	1
<u> </u>	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrangereported an amount on Form 990, Par		lete if the	organizatio	on answered "	'Yes" on	Form 9	90, Part IV,	ine 9, or		
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for d	contribution	s or other ass	ets not	ncluded				
	on Form 990, Part X?		-						Yes] No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able.							
									Amount		
С	Beginning balance						10				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for e	escrow or co	ustodial accoi	unt liabil	rty?		Yes		No
<u>b</u>	If "Yes," explain the arrangement in Part XIII										
Par	t V Endowment Funds. Complete	f the organization ai	nswered	"Yes" on Fo	orm 990, Part	IV, line 1	10				
		(a) Current year	(b) P	rior year	(c) Two year	rs back	(d) Thre	e years back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions		ļ								
С	Net investment earnings, gains, and losses		ļ								
d	Grants or scholarships		<u> </u>								
е	Other expenditures for facilities		ľ		1	ľ					
	and programs		ļ								
f	Administrative expenses		ļ		<u> </u>						
g	End of year balance	<u> </u>	<u> </u>		<u> </u>	l					
2	Provide the estimated percentage of the curr	-	e (line 1ç	g, column (a	ı)) held as.						
а	Board designated or quasi-endowment		%								
	Permanent endowment	%									
С	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	•									
3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	t are held aı	nd administer	ed for th	e organ	ızatıon	_		
	by								1 1	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
	If "Yes" on line 3a(ii), are the related organiza	•							_3b_		
4 Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment f	unds							
rai			0.0.40	/ lun = 4.4 = . C		Dest V	l 40				
	Complete if the organization answere										
	Description of property	(a) Cost or o		, , ,	t or other (other)		ccumula preciatio	l l	(d) Bool	(value)
	I and	Dasis (IIIVESI	inerity	<u> </u>	(outer)		Piccialic				
	Land		-		 	·					
	Buildings										
	Leasehold improvements Equipment										
	Other										
	. Add lines 1a through 1e. (Column (d) must e	aval Form 200, De d	V 0-1:								0.
- viai		<u>циангинні 990, Рап</u>	A. COIUIT	iri (D). IIN U T	UU./						_ <u></u>

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 EMPLOYEES
Part VII Investments - Other Securities

EMPLOYEES' BENEFICIARY ASSOCIATION

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	valuation: Cost or e	nd-of-year market value
1) Financial derivatives				
2) Closely-held equity interests				
3) Other			_	
(A)				_
(B)				<u> </u>
(C)		-		<u></u>
				· . · · · · · · · · · · · · · · · · · ·
(D)				
(E)				
(F)				
_(G)				
(H)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				-
Complete if the organization answered "Yes" of	n Form 990, Part IV, lin	e 11c See Form 990.	Part X. line 13	
(a) Description of investment	(b) Book value			nd-of-year market value
(1)				
(2)		 		
(3)				
_(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.	n Form 990. Part IV. lin	e 11d See Form 990.	Part X. line 15.	
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of	n Form 990, Part IV, lin Description	e 11d See Form 990,	Part X, line 15.	(b) Book value 371,207,768
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" of (a) □		e 11d See Form 990,	Part X, line 15.	
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) E (1) LINCOLN LIFE INSURANCE CO.		e 11d See Form 990,	Part X, line 15.	
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) E (1) LINCOLN LIFE INSURANCE CO.		e 11d See Form 990,	Part X, line 15.	
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) [1] (1) LINCOLN LIFE INSURANCE CO. (2) (3) (4)		e 11d See Form 990,	Part X, line 15.	
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) [Col. (Col.		e 11d See Form 990,	Part X, line 15.	
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) E (1) LINCOLN LIFE INSURANCE CO. (2) (3) (4) (5) (6)		e 11d See Form 990,	Part X, line 15.	
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) [1] (1) LINCOLN LIFE INSURANCE CO. (2) (3) (4) (5) (6) (7)		e 11d See Form 990,	Part X, line 15.	
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) E (1) LINCOLN LIFE INSURANCE CO. (2) (3) (4) (5) (6) (7) (8)		e 11d See Form 990,	Part X, line 15.	(b) Book value 371,207,768
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) line	Description			371,207,768
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) [1] (1) LINCOLN LIFE INSURANCE CO. (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Decorration of health.	Description	e 11e or 11f See Forn		371,207,768
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) [1] (1) LINCOLN LIFE INSURANCE CO. (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability	Description			371,207,768
(9) Ital. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) [Column (b) must equal Form 990, Part X, col. (B) line (B) [Column (b) must equal Form 990, Part X, col. (B) line (Column (b) must equal Form	Description	e 11e or 11f See Forn		371,207,768
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes" of (a) [1] (1) LINCOLN LIFE INSURANCE CO. (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2)	Description	e 11e or 11f See Forn		371,207,768
(9) Ital. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) [Column (b) must equal Form 990, Part X, col. (B) line (B) [Column (b) must equal Form 990, Part X, col. (B) line (Column (b) must equal Form	Description	e 11e or 11f See Forn		371,207,768
(9) Intal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" of (a) [1] (1) LINCOLN LIFE INSURANCE CO. (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2)	Description	e 11e or 11f See Forn		371,207,768
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3<u>6-31832</u>97 Page **3**

EMPLOYEES' BENEFICIARY ASSOCIATION 36-3183297 Schedule D (Form 990) 2017 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 Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12. a Net unrealized gains (losses) on investments 2a b Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII) 2d Add lines 2a through 2d е 2e Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII) 4b c Add lines 4a and 4b 40 Total revenue Add lines 3 and 4c. (This must equal Form 990. Part I. line 12. 5 Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 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 Add lines 2a through 2d 2e Subtract line 2e from line 1 3 3 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 **b** Other (Describe in Part XIII) 4b c Add lines 4a and 4b 4c Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) 5 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.

Schedule D (Form 990) 2017

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SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

ILLINOIS TOOL WORKS INC. VOLUNTARY EMPLOYEES' BENEFICIARY ASSOCIATION

Open to Public Inspection

OMB No 1545-0047

Employer identification number 36-3183297

FORM 990, PART VI, SECTION B, LINE 11B:
DESCRIPTION OF PROCESS FOR REVIEW: A DRAFT OF THE FORM 990 IS SENT FOR
REVIEW BY THE MANAGER, BENEFITS ACCOUNTING & ANALYSIS, WHO IN TURN MAKES
THE NECESSARY CORRECTIONS, IF THERE ARE ANY, AND SUBSEQUENTLY PRESENTS TO
THE GOVERNING BODY FOR FURTHER REVIEW AND APPROVAL. AFTER WHICH, THE FORM
990 IS SUBMITTED TO NORTHERN TRUST WITH A COPY TO THE PLAN ADMINISTRATOR
(GOVERNING BODY) FOR FINALIZATION AND EVENTUAL FILING WITH THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C:
YES-EMPLOYEES ARE REQUIRED TO SIGN CONFLICT OF INTEREST POLICY EACH YEAR.
FORM 990, PART VI, SECTION C, LINE 19:
YES, THROUGH ITS ANNUAL REPORT. THE ANNUAL REPORT IS AVAILABLE TO THE
PUBLIC AT THE STOCKHOLDER'S MEETINGS. THE ANNUAL REPORT IS ALSO AVAILABLE
AT THE ITW CORPORATE OFFICE.

OMB No 1545-0047 ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships ■ Go to www.irs.gov/Form990 for instructions and the latest information.
ILLINOIS TOOL WORKS INC. VOLUNTARY Part I Identification of Disregarded Entities. Complete of the organization answered "Yes" on Form 990, Part IV, line 33 ▶ Attach to Form 990. EMPLOYEES' BENEFICIARY ASSOCIATION Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

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2017

Open to Public Inspection

Employer identification number 36-3183297

(g) Section 512(b)(13) contolled 읟 entity? Direct controlling Yes entity 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 Direct controlling entity End-of-year assets <u>e</u> status (if section Public charity 501(c)(3)) Total income Exempt Code 9 section Legal domicile (state or Legal domicile (state or foreign country) foreign country) Primary activity Primary activity Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity a Partil

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

Schedule R (Form 990) 2017

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Schedule R (Form 990) 2017 EMPLOYEES ' BENEFICIARY ASSOCIATION

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.

Page 2

36-3183297

General or Percentage managing ownership partner? 3 Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Yes No Orsproportionate allocations? Ξ Share of end-of-year assets Share of total income Ξ Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> (d)
Direct controlling entity (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization

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

organizations incared as a colporation of these damping the tax year	שבל אם פוון הייון								
(a)	(q)	(၁)	(p)	(e)	l .		(µ)	(1)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp,	Sh	Share of end-of-year	Percentage ownership	512(b)(13) controlled entity?	(13) (13)
		country)		or udsty		assets		Yes	No
ILLINOIS TOOL WORKS INC 36-1258310									
155 HARLEM AVENUE			ILLINOIS TOOL						
GLENVIEW, IL 60025	MANUFACTURING	IL	J	C CORP	0.	0.	* 00.		×
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Schedule R (Form 990) 2017

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ILLINOIS TOOL WORKS INC. VOLUNTARY EMPLOYEES' BENEFICIARY ASSOCIATION

Page 3

36-3183297

Schedule R (Form 990) 2017

ni zations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36	
Complete if the organization answe	ted in Parts II, III, or IV of this schedule
tions With Related Organizations. (e 1 if any entity is listed in Parts II, III,
Part V Transac	Note: Complete lin

				163
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	elated organizations listed	ın Parts II-IV?	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	>			1a X
b Gift, grant, or capital contribution to related organization(s)				1b X
c Gift, grant, or capital contribution from related organization(s)				-
				1
 Loans or loan guarantees by related organization(s) 				1e X
f Dividends from related organization(s)				# X
g Sale of assets to related organization(s)				1g X
h Purchase of assets from related organization(s)				
i Exchange of assets with related organization(s)				
j Lease of facilities, equipment, or other assets to related organization(s)				1j X
k Lease of facilities, equipment, or other assets from related organization(s)			ں	1k X
l Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			1 🗙
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			1m X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			
 Sharing of paid employees with related organization(s) 				\ \
				L
p Reimbursement paid to related organization(s) for expenses				X dt
q Reimbursement paid by related organization(s) for expenses				
r Other transfer of cash or property to related organization(s)				1r X
s Other transfer of cash or property from related organization(s)				1s X
2 If the answer to any of the above is "Yes," see the instructions for information on when the answer to any of the above is "Yes," see the instructions for information on when the answer to any of the above is "Yes," see the instructions for information on when the answer to any of the above is "Yes," see the instructions for information on which is the answer to any of the above is "Yes," see the instructions for information on which is the answer to any of the above is "Yes," see the instructions for information on which is the above is "Yes," see the instructions for information on which is the above is "Yes," see the instructions for information on which is the above is "Yes," see the instruction of the above is "Yes," see the instruction of the above is "Yes," see the instruction of the above is "Yes," see the instruction of the above is "Yes," see the instruction of the above is "Yes," and "Ye	ho must complete the	is line, including covered	on 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	nvolved
(1)				
(2)			,	
(3)				
(4)				
(5)				
(9)				
732163 09-11-17			Schedu	Schedule R (Form 990) 2017

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Schedule R (Form 990) 2017 EMPLOYEES' BENEFICIARY ASSOCIATION

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

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

New a, address, and EN	ship		}	}			
Primary activity (Legal domoile) (Fredminal from Predminal	(k) Percen						
Primary activity (Legal domoile) (Fredminal from Predminal	(j) eral or F agging tner?						
Primary activity (Legal domoile) (Fredminal from Predminal	Yes Yes	<u> </u>	<u> </u>			 	_
Primary activity (Legal domoile) (Fredminal from Predminal	/-UBI /-UBI fulle K- 1065)						
Primary activity (Legal domoile) (Fredminal from Predminal	Code Code Schec						
Primary activity Legal dominie Pedominali income pares ser foral country) sections \$12.5 st very local country) sections \$12.5 st very local country sections \$12.5 st very local country sections \$12.5 st very local country sections \$12.5 st very local country sections \$12.5 st very local country sections \$12.5 st very local country sections \$12.5 st very local country sections \$12.5 st very local country sections \$12.5 st very local country sections \$12.5 st very local country sections \$12.5 st very local country sections \$12.5 st very local country sections \$12.5 st very local country very local co	No. of am of	+				 	
Primary activity Legal dominie Pedominali income pares ser foral country) sections \$12.5 st very local country) sections \$12.5 st very local country sections \$12.5 st very local country sections \$12.5 st very local country sections \$12.5 st very local country sections \$12.5 st very local country sections \$12.5 st very local country sections \$12.5 st very local country sections \$12.5 st very local country sections \$12.5 st very local country sections \$12.5 st very local country sections \$12.5 st very local country sections \$12.5 st very local country sections \$12.5 st very local country very local co	Disproprio allocatio					 	
Primary activity Legal domicile (related unclated, size of foreign excluded from survey ocuntry) sections 512-514) (related unclated, country) sections 512-514) (related unclated, size of foreign excluded from survey loss loss loss loss loss loss loss los	(g) Share of end-of-year assets						
Primary activity Legal domicile (state or foreign country) sections 512-514) Country) (d) (estate or foreign excluded from tax unit sections 512-514)	Share of total income						
Primary activity Legal domicile (state or foreign country) sections 512-514) Country) (d) (estate or foreign excluded from tax unit sections 512-514)	No Seec	 	<u> </u>			 	
Primary activity Legal domicile (state or foreign country) sections 512-514) Country) (d) (estate or foreign excluded from tax unit sections 512-514)	An Are Solic						
(b) (c) Primary activity Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax unde sections 512-514)						
Primary activity	(c) Legal domicile (state or foreign country)						
Name, address, and EIN of entity	(b) Primary activity						
Name, address, and E of entity	Z						
	(a) Name, address, and El of entity						

Schedule R (Form 990) 2017