efile GRAPHIC print - DO NOT PROCESS As Filed Data -

May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions.

Return of Organization Exempt From Income Tax

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

DLN: 93493304022047 OMB No 1545-0047

Form **990**

foundations)

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

☑ Yes ☐ No

Form **990** (2016)

Cat No 11282Y

Address changes Incar a return Incar a changes Incar a return Incar a changes Incar a return Incar a return Incar a changes Incar a return Incar a return Incar a changes Incar a return Incar a r	•		nue Service	■ Information at	pout Form 990 and its instructions is at <u>ww</u>	<u>vw IRS go</u> i	<u>v/form990</u>		Inspection
Indicate charge Indicate Indicate charge Indicate	A Fo	r th	e 2016 c	_ alendar year, or tax year beg	ginning 01-01-2016 , and ending 12-	31-2016			
Distance	□ Add	ress	change		UND				ication number
## Description Programmated Pro	□ Initi	al re	-	Doing business as					
Application pending Giv or town, state or province, country, and ZIP or foreign postal code LoMRAND, It. 60148	⊡ eturr	/terr			f mail is not delivered to street address) Room/	suite	E Telephor	ne number	
F. Name and address of principal officer JAMES W WHITE J							(800) 3	23-7268	
JAMES W WHITE 821 PARVEWER BOULEVARD LONBARD, It. 60148					ountry, and ZIP or foreign postal code		G Gross re	ceipts \$ 1	,086,210,375
S21 PARKVIEW BOULEVARD COMBAN COMBAND					ıpal officer	H(a)	Is this a group re	turn for	
Tax-example status Solic(3) Solic() (9) (ensert no) 4947(a)(1) or 527				821 PARKVIEW BOULEVARD				tec	□Yes ☑No
Website: ► WWW LINECO ORG Variable Website: ► WWW LINECO ORG	Tax	-exer	mpt status			┤ `´	ıncluded?		☐ Yes ☐No
Part I Summary 18 Brefly describe the organization's mission or most significant activities HEALTH AND WELFARE FUND			<u>'</u>		◀ (insert no)				•
1 Brefly describe the organization's mission or most significant activities	(Form	of o	rganızatıon	Corporation 🗹 Trust 🗌 A	ssociation Other	L Year or	f formation 1963	M State	of legal domicile IL
1 Brefly describe the organization's mission or most significant activities	Par	+ T	Sum						
2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net as 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1a) 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising sexpases (Part IX, column (A), line 11e) b Total fundraising sexpases (Part IX, column (A), lines 11e) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 26) 21 Total liabilities for fund balances Subtract line 21 from line 20 731,776,6 Part II Signature Block Part IV Signature of officer Part IV S	1		_	.	n or most significant activities				
4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 1h) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 1e) 17 Other expenses (Part IX, column (A), line 11e) 19 Total fundraising expenses (Part IX, column (A), line 11e) 10 Total assets (Part IX, column (A), line 11e) 11 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 12 Net expenses Subtract line 18 from line 12 10 Total assets (Part X, line 16) 11 Total liabilities (Part X, line 26) 12 Net assets or fund balances Subtract line 21 from line 20 12 Total liabilities (Part X, line 26) 13 Total liabilities (Part X, line 26) 14 Signature Block 15 Signature Block 16 Preparer's signature 16 CRAIC RESCH 17 Signature of officer 18 CRAIC RESCH 18 Firm's name LEGACY PROFESSIONALS LLP 19 Firm's address Salt S WACKER DRIVE STE 4000 19 Phone no (312) 31	.								
4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 1h) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 1e) 17 Other expenses (Part IX, column (A), line 11e) 19 Total fundraising expenses (Part IX, column (A), line 11e) 10 Total assets (Part IX, column (A), line 11e) 11 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 12 Net expenses Subtract line 18 from line 12 10 Total assets (Part X, line 16) 11 Total liabilities (Part X, line 26) 12 Net assets or fund balances Subtract line 21 from line 20 12 Total liabilities (Part X, line 26) 13 Total liabilities (Part X, line 26) 14 Signature Block 15 Signature Block 16 Preparer's signature 16 CRAIC RESCH 17 Signature of officer 18 CRAIC RESCH 18 Firm's name LEGACY PROFESSIONALS LLP 19 Firm's address Salt S WACKER DRIVE STE 4000 19 Phone no (312) 31	=	-							
4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 1h) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 1e) 17 Other expenses (Part IX, column (A), line 11e) 19 Total fundraising expenses (Part IX, column (A), line 11e) 10 Total assets (Part IX, column (A), line 11e) 11 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 12 Net expenses Subtract line 18 from line 12 10 Total assets (Part X, line 16) 11 Total liabilities (Part X, line 26) 12 Net assets or fund balances Subtract line 21 from line 20 12 Total liabilities (Part X, line 26) 13 Total liabilities (Part X, line 26) 14 Signature Block 15 Signature Block 16 Preparer's signature 16 CRAIC RESCH 17 Signature of officer 18 CRAIC RESCH 18 Firm's name LEGACY PROFESSIONALS LLP 19 Firm's address Salt S WACKER DRIVE STE 4000 19 Phone no (312) 31	<u> </u>	-							
4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 1h) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 1e) 17 Other expenses (Part IX, column (A), line 11e) 19 Total fundraising expenses (Part IX, column (A), line 11e) 10 Total assets (Part IX, column (A), line 11e) 11 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 12 Net expenses Subtract line 18 from line 12 10 Total assets (Part X, line 16) 11 Total liabilities (Part X, line 26) 12 Net assets or fund balances Subtract line 21 from line 20 12 Total liabilities (Part X, line 26) 13 Total liabilities (Part X, line 26) 14 Signature Block 15 Signature Block 16 Preparer's signature 16 CRAIC RESCH 17 Signature of officer 18 CRAIC RESCH 18 Firm's name LEGACY PROFESSIONALS LLP 19 Firm's address Salt S WACKER DRIVE STE 4000 19 Phone no (312) 31	Š						n 25% of its net a		ı
B Net unrelated business taxable income from Form 990-T, line 34 8 Contributions and grants (Part VIII, line 2g)	2			-	• • • • • • • • • • • • • • • • • • • •		•	3	18
B Net unrelated business taxable income from Form 990-T, line 34 8 Contributions and grants (Part VIII, line 2g)	š l			•				4	10
B Net unrelated business taxable income from Form 990-T, line 34 8 Contributions and grants (Part VIII, line 2g)				• •	• • • • • • • • • • • • • • • • • • • •			5	83
B Net unrelated business taxable income from Form 990-T, line 34 8 Contributions and grants (Part VIII, line 2g)]							6	C
8 Contributions and grants (Part VIII, line 1h) . 9 Program service revenue (Part VIII, line 2g) . 429,373,01 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 7,713,13 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . 8,88 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . 437,094,91 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	•						• •	7a	C
8 Contributions and grants (Part VIII, line 1h)		D	Net unrei	ated business taxable income fr	rom Form 990-1, line 34		Drior Voor	7b	Current Year
9 Program service revenue (Part VIII, line 2g)		Q	Contribut	none and grants (Part VIII line	1h)		Filor real	0	Current rear
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14 Benefits paid to or for members (Part IX, column (A), lines 1–3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 6,507,1: 16 Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (D), line 25) ▶ 0 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 456,636,6: 19 Revenue less expenses Subtract line 18 from line 12	ğ				•		429 373	—↓—	460,896,602
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14 Benefits paid to or for members (Part IX, column (A), lines 1–3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 6,507,1: 16 Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (D), line 25) ▶ 0 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 456,636,6: 19 Revenue less expenses Subtract line 18 from line 12	lō ∧ċ		_	•					11,482,41
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14 Benefits paid to or for members (Part IX, column (A), lines 4)								_	
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	- 1						,		472,379,013
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	-							0	(
16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)							445,209,	463	456,039,529
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12	82	15	Salaries,	other compensation, employee	benefits (Part IX, column (A), lines 5-10)		6,507,	132	6,647,278
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12	nse	16 a	Professio	nal fundraising fees (Part IX, co	olumn (A), line 11e)			0	(
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12	9	b	Total fundr	aising expenses (Part IX, column (D), line 25) ▶0				
19 Revenue less expenses Subtract line 18 from line 12	⊡	17	Other exp	oenses (Part IX, column (A), line	es 11a-11d, 11f-24e)		4,920,	039	4,720,729
Part II Signature Block James Signature Block James		18	Total exp	enses Add lines 13-17 (must e	equal Part IX, column (A), line 25)		456,636,	634	467,407,536
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information in the large of the property of the propert		19	Revenue	less expenses Subtract line 18	from line 12		-19,541,	695	4,971,47
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information in the large of the property of the propert	S 9					Begi	nning of Current Y	'ear	End of Year
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information in the large of the property of the propert	alan	20	Total asse	ets (Part X. line 16)		-	743 684	510	789,929,30
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information in the large of the property of the propert	A B					<u> </u>			23,110,35
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information knowledge Sign	<u> F</u>								766,818,957
Sign lere Signature of officer Date	Par	ш	Sign	ature Block				<u> </u>	
Sign Here Signature of officer Date									
Signature of officer JAMES W WHITE CHAIRMAN Type or print name and title Paid Print/Type preparer's name CRAIG RESCH Preparer Firm's name ► LEGACY PROFESSIONALS LLP Firm's address ► 311 S WACKER DRIVE STE 4000 Pade Date Check ☐ if Proparer's signature CRAIG RESCH Firm's name ► LEGACY PROFESSIONALS LLP Firm's address ► 311 S WACKER DRIVE STE 4000 Phone no (312) 36				i, it is true, correct, and comple	ete Declaration of preparer (other than of	ilcer) is ba	ised on all illiorm	ation of v	which preparer has
Signature of officer JAMES W WHITE CHAIRMAN Type or print name and title Paid Print/Type preparer's name CRAIG RESCH Preparer Firm's name ► LEGACY PROFESSIONALS LLP Firm's address ► 311 S WACKER DRIVE STE 4000 Pade Date Check ☐ if Proparer's signature CRAIG RESCH Firm's name ► LEGACY PROFESSIONALS LLP Firm's address ► 311 S WACKER DRIVE STE 4000 Phone no (312) 36			11						
JAMES W WHITE CHAIRMAN Type or print name and title Paid Preparer CRAIG RESCH Prim's name ► LEGACY PROFESSIONALS LLP Firm's address ► 311 S WACKER DRIVE STE 4000 Phone no (312) 36	•:-··		Signati	ure of officer					
Type or print name and title Paid Print/Type preparer's name CRAIG RESCH Print/Type preparer's name CRAIG RESCH Print/Type preparer's name CRAIG RESCH Prim's name ► LEGACY PROFESSIONALS LLP Firm's address ► 311 S WACKER DRIVE STE 4000 Phone no (312) 36	_		,						
Print/Type preparer's name CRAIG RESCH Preparer's signature CRAIG RESCH CRAIG RESCH CRAIG RESCH Date Check if Proparer's signature craim of proparer's name self-employed self-emp									
Paid Preparer Jse Only CRAIG RESCH Firm's name LEGACY PROFESSIONALS LLP Firm's address ▶ 311 S WACKER DRIVE STE 4000 Phone no (312) 30			 	rint/Type preparer's name	Preparer's signature	Date	 	PTIN	
Preparer Jse Only Firm's name ► LEGACY PROFESSIONALS LLP Firm's address ► 311 S WACKER DRIVE STE 4000 Phone no (312) 36	Paid						Check 🔲 ıf	P0084463	3
Jse Only Firm's address ▶ 311 S WACKER DRIVE STE 4000 Phone no (312) 36			er 📴	ırm's name ► LEGACY PROFESSIC	DNALS LLP			-0043599	
			1 -	ırm's address ► 311 S WACKER DRIV	VE STE 4000		Phone no (312)	368-0500	
		J''	,	CHICAGO, IL 60606	6				

Form	990 (2016)				Page 2
Par	t IIII Statement	t of Program Service Acc	complishments		
	Check if Sch	edule O contains a response or	note to any line in this Part III		<u></u>
1	Briefly describe the	organization's mission			
PRO\	/IDE HEALTH AND WE	ELFARE BENEFITS FOR ELIGIBL	E MEMBERS		
	Did the example tion	undertake any constrant pro	gram services during the year which w	vers not listed on	
2	-	or 990-EZ?	· · ·	vere not listed on	☐ Yes ☑ No
		ese new services on Schedule			Lifes Life
3			o gnificant changes in how it conducts, a	any program	
_	_				☐ Yes ☑ No
		ese changes on Schedule O			
4	Describe the organize Section 501(c)(3) ai	zation's program service accon	nplishments for each of its three large required to report the amount of gran ervice 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 serv	rices (Describe in Schedule O)			
	(Expenses \$,		(Revenue \$)
4e	Total program ser	vice expenses ►			

or X as applicable

Section 501(c)(3) organizations.

Yes

Page 3

No

Νo

Νo

Nο

Nο

Nο

Nο

No

Nο

Nο

Nο

Checklist of Required Schedules Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete 1 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates 3

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

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

Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation

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

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

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

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

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

4

5

6

7

8

9

10

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

Yes

Yes

Yes

Yes

Yes

No

No Nο Nο Nο Nο Νo

Nο

No

Nο

Form 990 (2016)

29

Page 4 Part IV Checklist of Required Schedules (continued) Yes 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . 20a Nο b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic Nο 21 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX. 22 Nο column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's Yes current and former officers, directors, trustees, key employees, and highest compensated employees If "Yes," 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

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

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

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

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

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

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

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

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

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

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

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

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

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

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

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

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

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

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

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

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

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

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

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

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

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

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

instructions for applicable filing thresholds, conditions, and exceptions)

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35h

36

37

Yes

Yes

Form 990 (2016)

Νo

Νo

Nο

orm	990 (2016)			Page
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 14,573			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
С	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	4 1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
3а	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	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
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	-50		
•	2. resy to line su or say and the organization metorin occount.	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?	6 a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	- ' · · · · · · · · · · · · · · · · · · 		
9	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?			
۸-	Did the annual was a second to a second to second a distribution and the castian 40003	8		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
о О	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter	9b		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
٠	against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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 Enter the amount of reserves the organization is required to maintain by the states in	13a		
	which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
_	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		Ī

orm	m 990 (2016)				Page (
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O		' respo	nse to l	_
	Check if Schedule O contains a response or note to any line in this Part VI		<u> </u>		✓
Se	Section A. Governing Body and Management				
1a	La Enter the number of voting members of the governing body at the end of the tax year	18		Yes	No
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	b Enter the number of voting members included in line 1a, above, who are independent 1b	10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation business relationship or a business relation business	tionship with any other	2		No
3	Did the organization delegate control over management duties customarily performed by or uno 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 F	orm 990 was filed?	4		No
5	5 Did the organization become aware during the year of a significant diversion of the organization	n's assets? .	5		No
6	5 Did the organization have members or stockholders?		6		No
7a	7a Did the organization have members, stockholders, or other persons who had the power to elect members of the governing body?	or appoint one or more	7a		No
b	b Are any governance decisions of the organization reserved to (or subject to approval by) members on sother than the governing body?	pers, stockholders, or	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertained the following	aken during the year by			
а	a The governing body?		8a	Yes	
b	b Each committee with authority to act on behalf of the governing body?		8 b	Yes	
9	• • • • • • • • • • • • • • • • • • • •		9		No
Se	Section B. Policies (This Section B requests information about policies not required b		Code	<u> </u>	
		,		Yes	No
10a	Da 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 su and branches to ensure their operations are consistent with the organization's exempt purposes		10b		
11a	la Has the organization provided a complete copy of this Form 990 to all members of its governing form?		11a	Yes	
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990				
	2a Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Yes	
	b Were officers, directors, or trustees, and key employees required to disclose annually interests				
	conflicts?		12b		No
·	Schedule O how this was done		12c		No
13	B 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	5 Did the process for determining compensation of the following persons include a review and appersons, comparability data, and contemporaneous substantiation of the deliberation and decis	proval by independent ion?			
а	a The organization's CEO, Executive Director, or top management official		15a	Yes	
b	${f b}$ 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)		$\neg \uparrow$		
16a	5a Did the organization invest in, contribute assets to, or participate in a joint venture or similar at taxable entity during the year?	rrangement with a	16a		No
b	b If "Yes," did the organization follow a written policy or procedure requiring the organization to a in joint venture arrangements under applicable federal tax law, and take steps to safeguard the				
	status with respect to such arrangements?		16b		
	Section C. Disclosure				
17		000 T (FC) () (5)			
18	available for public inspection. Indicate how you made these available. Check all that apply	, , , , , , , , , , , , , , , , , , , ,			
19					
20	policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization KEVIN CHESNIAK 821 PARVIEW BOULEVARD LOMBARD, IL 60148 (800) 323-7268	s books and records			
	FIXEVER CHESIVERY SZELI MINVERA BOOFFAMING FOLIDMING TE 00140 (000) 353-7500				0 (2010

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

Part VII and Independent Contractors

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

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

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

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

 List all of the organization's former officers, of reportable compensation from the organization 					pen	sated	emp	ployees who receive	ed more than \$100	,000
• List all of the organization's former director organization, more than \$10,000 of reportable co										
List persons in the following order individual trus compensated employees, and former such persoi		rs, ınstı	tutio	nal t	rust	ees, d	offic	ers, key employees	s, highest	
\square Check this box if neither the organization no	r any related or	ganızat	ion c	omp	ens	ated a	ny (current officer, dire	ctor, or trustee	
(A) Name and Title	(B) Average hours per week (list any hours for related	(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-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
(1) JAMES W WHITE TRUSTEE (CHAIRMAN)	3 00 40 00	X						0	99,184	19,997
(2) JODY SHEA TRUSTEE (VICE-CHAIRMAN)	3 00	x						0	0	0
(3) MARK PELLERITO TRUSTEE	3 00	Х						0	0	0
(4) JAMES BELL TRUSTEE	3 00 40 00	Х						0	122,624	34,192
(5) JOSEPH TUCCI TRUSTEE	3 00	х						0	0	0
(6) CHRISTINA ERNST TRUSTEE	3 00	X						0	0	0
(7) HENRY STANSKI JR TRUSTEE	3 00 40 00	х						0	164,267	0
(8) BRYAN STAGE TRUSTEE	3 00 40 00	x						0	134,241	38,775
(9) DARRAN AYRES TRUSTEE	3 00	X						0	0	0
(10) MICHAEL TROUTMAN TRUSTEE	3 00	х						0	0	0
(11) TRAVIS ERI TRUSTEE	3 00	х						0	0	0
(12) MARK CUNNINGHAM TRUSTEE	3 00 40 00	X						0	155,139	34,733
(13) RHETT JACKSON TRUSTEE	3 00	X						0	0	0
(14) RANDY WILLIAMS	3 00	Х						0	0	0

0 0 Х TRUSTEE 3 00 (15) WILLIAM GREEN TRUSTEE Х 0 0 3 00 (16) SEAN MCCARVILLE 0 149,898 TRUSTEE 40 00 3 00 (17) STEVE WHITE 0 130.268 Х 50,551 TRUSTEE 40 00 Form **990** (2016)

2

3

5

1

300 E RANDOLPH CHICAGO, IL 60601 VALUE OPTIONS

240 CORPORATE BLVD NORFOLK, VA 23502 **EXPRESS SCRIPTS**

ONE EXPRESS WAY ST LOUIS, MO 63121 MEDICAL COST MANAGMENT

COMPUSYS OF UTAH

2156 W 2200 S

105 W ADAMS SUITE 2200 CHICAGO, IL 60603

CLAIMS PROCESSOR

1b Sub-Total .

Page 8 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Part VII (B) (C) (A) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated

than one box, unless person

compensation

109,027

100,522

705 949

compensation

0

O

0

0

3

4

5

Description of services

PRESCRIPTION BENEFIT PROVIDER

HOSPITAL UTILIZATION REVIEW

HRA ADMINISTRATION

MENTAL HEALTH SERVICES

PPO PROVIDER

1,215,608

amount of other

37,028

35,320

33.883

33,591

428,825

No

Nο

Nο

Compensation

13,752,429

1,997,315

1,483,800

1,229,043

623,136

Form **990** (2016)

Yes

Yes

	week (list any hours			n of	ficer	and a		from the organization (W-	from related organizations	compensation from the organization and related organizations	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)		
(18) MICHAEL FOLLETT	3 00	x						0	114,677	0	
TRUSTEE - NEW	40 00								,		
(19) JIM BATES	3 00	x						0	145,310	48,765	
TRUSTEE - PAST	40 00	[115,515		
(20) KEVIN CHESNIAK	40 00			х				248,398	0	61,990	
	T · · ·	l	ı	I	I	ı	l	,		I/	

•

٠

(,	40 00		x		248,398	
ADMINISTRATOR			,,		210,030	
(21) JEFFREY MARSHALL	40 00			×	128,139	
IT DIRECTOR	•••			^	120,133	
(22) MARY GARITE	40 00			×	119,863	
DIRECTOR OF OPERATIONS	•••			_^	117,003	

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

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such

services rendered to the organization? If "Yes," complete Schedule J for such person

Name and business address

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

from the organization Report compensation for the calendar year ending with or within the organization's tax year

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

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on

hours per

IT DIRECTOR					
(22) MARY GARITE	40 00			×	
DIRECTOR OF OPERATIONS		•••		;	
(23) KATHLYN HAMES	40 00			×	
DATA PROCESSING MANAGER		••••		^	
(24) AMY FRAZIER	40 00			¥	

c Total from continuation sheets to Part VII, Section A

of reportable compensation from the organization ▶ 5

line 1a? If "Yes," complete Schedule J for such individual .

d Total (add lines 1b and 1c)

Section B. Independent Contractors

compensation from the organization ▶ 21

BLUECROSS BLUESHIELD OF ILLINOIS

Part '	VIII	Statement of	Revenue										_
		Check if Schedul	e O contains a	respo	onse or r	note to any			Ι				🗆
								A) evenue	e fu	(B) lated or xempt inction	(C Unrel busır reve	ated ness	(D) Revenue excluded from tax under sections
	1a	Federated campaigi	ns	1a					re	evenue			512-514
Grants Imounts		• Membership dues		1b									
ìra! 10u		: Fundraising events		1c									
S. C		Related organization		1d									
iii ji		Government grants (co											
S, E				1e									
ien S	ı	 All other contributions, and similar amounts no 		1f									
but	_ ا	above	ا لسماسينان مست										
ĒŌ	ַ ע	Noncash contribution in lines 1a-1f \$	ons included										
Contributions, Gifts, Grants and Other Similar Amounts	h	Total.Add lines 1a-1	f			>							
						Business	Code						
Program Service Revenue	2a	EMPLOYER CONTRIBUTI	ONS				900099	427,	965,632	427,96	5,632		
ا کھ		PARTICIPANT CONTRIBU					900099	16,	487,929	16,48	7,929		
<u>-</u>	c	PRESCRIPTION DRUG RI	EBA				900099	13,	894,658	13,89	4,658		
Ē	d	MEDICARE PART D SUBS	SID				900099	2,	548,383	2,54	8,383		
SE	e			_									
grar	f	All other program se	rvice revenue										
Ě	g-	Total. Add lines 2a-2f			>	460,	896,602						
		investment income (ir			nterest.	and other	1				Ι		
	s	ımılar amounts) .		•		•	•	9,355,44	1				9,355,441
		income from investme		mpt b	ond prod	eeds 🕨	•						
	5 F	Royalties		•		• •	<u> </u>						
	63	Gross rents	(ı) Real		(11)	Personal	4						
	va	Gross reins											
	b	Less rental expenses					1						
	c	Rental income or					-						
	٠	(loss)											
	d	Net rental income of	r (loss)			· •							
			(ı) Securit	ies	(11)	Other							
		Gross amount from sales of	615,9	58,332									
		assets other than inventory											
	h	Less cost or					-						
		other basis and sales expenses	613,8	31,362									
	c	Gain or (loss)	2,1	26,970			1						
	d	Net gain or (loss)				>	1	2,126,97	0				2,126,970
		Gross income from fu											
ıne		(not including \$ contributions reporte		of									
₹ Ş		See Part IV, line 18		а									
Other Revenue		Less direct expenses		b									
Jer		Net income or (loss)		-	ents .	• •							
5		Gross income from g See Part IV, line 19		es									
				а									
	b	Less direct expenses	s	b									
	C	Net income or (loss)	from gaming	actıvıt	ies .	. •							
	10a	Gross sales of invent returns and allowand											
				a									
	b	Less cost of goods s	sold	b			1						
	С	Net income or (loss)	from sales of	ınvent	ory .	. •							
		Miscellaneous	Revenue		Busir	ess Code							
	11:	a											
	b												
	c												
	d	All other revenue .					1						
	e	Total. Add lines 11a	-11d			>							
	12	Total revenue. See	Instructions					472.25		460.00			
								472,379,01	3	460,896,602		0	11,482,411

Form 990 (2	016)
Part IX	Statement of Functional Expenses

orm 990 (2016) Page 10								
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	-							
Check if Schedule O contains a response or note to any	line in this Part IX			<u>, 🛚 </u>				
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) Fundraisingexpenses				
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	456,039,529							
5 Compensation of current officers, directors, trustees, and key employees	310,388							
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	4,298,618							
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	950,497							
9 Other employee benefits	726,290							
10 Payroll taxes	361,485							
11 Fees for services (non-employees)								
a Management								
b Legal	122,790							
c Accounting	205,207							
d Lobbying								
e Professional fundraising services See Part IV, line 17								
f Investment management fees	740,032							
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,029,805							
12 Advertising and promotion								
13 Office expenses	1,318,253							
14 Information technology	449,240							
15 Royalties								
16 Occupancy	206,711							
17 Travel								
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .								
19 Conferences, conventions, and meetings	165,731							
20 Interest								
21 Payments to affiliates								
22 Depreciation, depletion, and amortization	177,684							
23 Insurance	116,983							
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 FEES MANDATED BY ACA	167,066							
b DOCUMENT IMAGING	21,227							
c								
d								
e All other expenses								
25 Total functional expenses. Add lines 1 through 24e	467,407,536							
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 ► ☐ If following SOP 98-2 (ASC 958-720)								

10a

10b

Check if Schedule O contains a response or note to any line in this Part IX .			<u> ⊔</u>
	(A) Beginning of year		(B) End of year
1 Cash-non-interest-bearing	28,614,366	1	40,261,119
2 Savings and temporary cash investments	10,724,224	2	14,885,185

1,466,789

700.385

Page **11**

47,346,140

466,698

766,404

324.908.726

345.318.223

15.976.812

789.929.307

1,184,149

2,830,875

19.095.331

23,110,355

0

766,818,952

766,818,952

789.929.307

Form **990** (2016)

3

4

5

6

8

9

10c

11

12

13

14

15

16

17

18

19

20

21

22 23

24

25

26

27

28

29

30

31

32

33

34

43,246,957

488.871

892.372

344.876.431

313.725.892

1.115.397

1,157,493

2,857,850

7.892.522

11,907,865

731,776,645

731,776,645

743.684.510

743.684.510

Savings and temporary cash investments	
Pledges and grants receivable, net	
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	

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

3 4

5

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

Part II of Schedule L

Inventories for sale or use .

b Less accumulated depreciation

Grants payable . . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Notes and loans receivable, net

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

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 .

Investments—program-related See Part IV, line 11

Other assets See Part IV, line 11

Tax-exempt bond liabilities

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

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

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

Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

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

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

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

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

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

basis Complete Part VI of Schedule D

Intangible assets

Accounts payable and accrued expenses

2c

3a

3b

Yes

No

Form 990 (2016)

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

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

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

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

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

Audit Act and OMB Circular A-133?

Additional Data

Software Version: **EIN:** 36-6066988

Name: LINE CONSTRUCTION BENEFIT FUND

Software ID:

Form 990 (2016)

Form 990, Part III, Line 4a: PROVIDE HEALTH AND WELFARE BENEFITS FOR ELIGIBLE MEMBERS

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

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

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. OMB No 1545-0047

DLN: 93493304022047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

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

Name of the organization **Employer identification number** LINE CONSTRUCTION BENEFIT FUND 36-6066988 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during 3 Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes 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? ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c C Number of conservation easements included in (c) acquired after 8/17/06, 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 > 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? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? □ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the 2 following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2016

Par	Organizations Main	ntaining Collections	of Art, H	istoricai i	reasu	ires, or	Otner:	Similar As	ssets (co	intinued)	
3	Using the organization's acquisitems (check all that apply)	ation, accession, and othe	er records, o	check any of	the fo	llowing th	nat are a	significant i	use of its	collection	
а	Public exhibition			d 🗌	Loan	or excha	nge prog	rams			
b	Scholarly research			e 🗌	Othe	r					
c	Preservation for future ge	enerations									
4	Provide a description of the org	janızation's collections an	d explain h	ow they furt	her the	e organiza	ation's ex	empt purpo	se in		
5	During the year, did the organizassets to be sold to raise funds							ılar	☐ Yes		No
Pa	rt IV Escrow and Custod	lial Arrangements.									
		nization answered "Ye	s" on Forn	n 990, Part	IV, lı	ne 9, or	reporte	d an amou	unt on Fo	rm 990,	Part
1a	Is the organization an agent, tr included on Form 990, Part X?	rustee, custodian or other	ntermedia	ary for contr	bution	s or othe	r assets i	not	☐ Yes		lo
ь	If "Yes," explain the arrangeme	ent in Part VIII and comp	lete the foll	lowing table		Г		Δ	mount		_
C	Beginning balance	ent in Part Alli and Comp	iete tile ioli	lowing table		<u> </u>	1c		inount		_
d	Additions during the year					-	1d				_
е	Distributions during the year					f	1e				_
f	Ending balance					T I	1f				_
2a	Did the organization include an	n amount on Form 990, Pa	art X, line 2	1, for escrov	v or cu	ıstodıal ad	count lia	bility?	☐ Yes		— Jo
b	If "Yes," explain the arrangeme	ont in Bart VIII. Chock ha	ra if the av	nlanation ha	- haan	provided	ın Dart \	/			10
		Complete if the organ		·		•				· <u> </u>	
	Endownient Funds	(a)Curre		(b)Prior yea				(d)Three year		e) Four yea	rs back
1 a	Beginning of year balance										
b	Contributions										
c	Net investment earnings, gains,	and losses									
d	Grants or scholarships										
е	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percenta	age of the current year en	d balance ((line 1g, colu	mn (a))) held as	;				
а	Board designated or quasi-endo	owment ►									
b	Permanent endowment >										
c	Temporarily restricted endowm	ient ▶									
_	The percentages on lines 2a, 2b	· ·									
3а	Are there endowment funds not organization by	t in the possession of the	organizatio	on that are r	ield an	d adminis	stered for	the		Yes	No
	(i) unrelated organizations .								3a(
	(ii) related organizations .								3a(ii)	
b	\	-			۲۶.				31	b	
4	Describe in Part XIII the intend		on's endow	ment funds							
Pa	Tt VI Land, Buildings, an	1d Equipment. nization answered 'Yes	' on Form	n 000 Dart	T\/ lin	no 11a (Saa Forr	m QQN Dar	t V line	10	
	Description of property	(a) Cost or other basis (investment)		or other basis (epreciation		I)Book valu	e
1a	Land		1								
	Buildings		+			1					
	Leasehold improvements		+			1					
	Equipment		+	1.4	66,789			700,385			766,404
	Other		+	-7.	,			,			
	al. Add lines 1a through 1e (Colur	mn (d) must equal Form	990, Part X	(, column (B,), line i	10(c)) .	. 1	•			766,404

Part VII Investments—Other Securities. Complete if th See Form 990, Part X, line 12.	ie organization answe	red 'Yes' on Form 99	90, Part IV, line 11b.
(a) Description of security or category (including name of security)	(b)Book value		od of valuation of-year market value
(1)Financial derivatives			,
(2)Closely-held equity interests	124 547 004		_
(A) HEDGE FUNDS OF FUNDS	131,547,084		_ F
(B) COMMON AND COLLECTIVE EQUITY FUNDS	168,501,860		F
(C) REAL ESTATE INVESTMENT FUNDS (C)	45,269,279		F
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	345,318,223		
Part VIIII Investments—Program Related. Complete if		ered 'Yes' on Form 9	990, Part IV, line 11c.
See Form 990, Part X, line 13. (a) Description of investment	(b) Book value		od of valuation
(1)		Cost or end-o	of-year market value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•		
Part IX Other Assets. Complete if the organization answered	'Yes' on Form 990, Part	IV, line 11d See Form	
(a) Description	1		(b) Book value
(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 a See Form 990, Part X, line 25.	nswered 'Yes' on Forr	n 990, Part IV, line 1	l1e or 11f.
1. (a) Description of liability	(b) Boo	ok value	
(1) Federal income taxes			
RECIPROCITY CONTRIBUTIONS PAYABLE		2,475,082	
COLLATERAL HELD FOR SECURITIES ON LOAN		15,413,544	
DUE TO BROKER - PENDING INVESTMENT TRADES (4)		1,206,705	
(5)			
(6)			
(7)			
(8)			
(9)	<u> </u>		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions In Part XIII, provide the text of	the footnote to the ora:	19,095,331	coments that reports the

Part XI

2

а

b

c

1

2

b

d

е 3

а

b

c

Part XIII

5

4

Schedule D (Form 990) 2016

Page 4

30,070,830

740,032

472,379,013

466,667,504

466.667.504

740,032

467,407,536

Schedule D (Form 990) 2015

471,638,981

Donated services and use of facilities . Recoveries of prior year grants . . .

Net unrealized gains (losses) on investments . . .

2d

2c

Other (Describe in Part XIII) . . d е Add lines 2a through 2d 3 Subtract line 2e from line 1 .

Other (Describe in Part XIII)

Add lines 4a and 4b . . .

Investment expenses not included on Form 990, Part VIII, line 7b.

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

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

Other (Describe in Part XIII)

Supplemental Information

Donated services and use of facilities .

Prior year adjustments

Other (Describe in Part XIII) .

Add lines 2a through 2d .

Add lines 4a and 4b .

Return Reference

See Additional Data Table

Subtract line 2e from line 1 .

Other losses .

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

4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 b 5

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements .

Part XII

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

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

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

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

4a 4b

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2a

2b

2a

2b

2c

2d

4b

Explanation

740,032

30,070,830

4c

2e

3

4c

5

740,032

2e

3

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

Schedule D (Form 990) 2016

Additional Data

Software ID: Software Version:

EIN: 36-6066988

Name: LINE CONSTRUCTION BENEFIT FUND

Supplemental Information

Return Reference PART X, LINE 2

Explanation THE PLAN FILES FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, FORM 990-T, EXEMPT ORGANIZATION BUSINESS INCOME TAX REPORTING, AND FORM 5500, ANNUAL RETURN/REPORT OF EMPLOY EE BENEFIT PLAN THE PLAN'S RETURNS ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SER VICE UNTIL THE APPLICABLE STATUTE OF LIMITATIONS EXPIRE

DLN: 93493304022047

OMB No 1545-0047

Compensation Information

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

Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.qov/form990.

Open to Public Inspection

2015

Department of the Treasury Internal Revenue Service

Schedule J (Form 990)

Employer identification number Name of the organization

ЦNI	CONSTRUCTION BENEFIT FUND				
		36-6066988			
Pa	rt I Questions Regarding Compensation	1			
				Yes	No
1 a		vided 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			
	First-class or charter travel	Housing allowance or residence for personal use			
	☐ Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the org reimbursement or provision of all of the expenses des	ganization follow a written policy regarding payment or scribed above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to redirectors, trustees, officers, including the CEO/Executive for the control of the ceo/Executive for	eimbursing or allowing expenses incurred by all utive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organ organization's CEO/Executive Director Check all the used by a related organization to establish compensation				
	Compensation committee				
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, For a related organization	Part VII, Section A, line 1a with respect to the filing organizati	on		
а	Receive a severance payment or change-of-control p	payment?	4a		No
b	Participate in, or receive payment from, a supplemen	ital nonqualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-ba	sed compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and pro	ovide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizati	ions must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, compensation contingent on the revenues of	•			
а	The organization?		5a		
b	Any related organization?		5b		
	If "Yes," on line 5a or 5b, describe in Part III				
6	For persons listed on Form 990, Part VII, Section A, compensation contingent on the net earnings of	, line 1a, did the organization pay or accrue any			
а	The organization?		6 a		
b	Any related organization?		6b		
	If "Yes," on line 6a or 6b, describe in Part III				
7	For persons listed on Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," de		7		
8	Were any amounts reported on Form 990, Part VII, p subject to the initial contract exception described in in Part III	oald or accured pursuant to a contract that was Regulations section 53 4958-4(a)(3)? If "Yes," describe	8		
9	If "Yes" on line 8, did the organization also follow the section 53 4958-6(c)?	e rebuttable presumption procedure described in Regulations	9		

DIRECTOR OF OPERATIONS

0

(ii)

0

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule 1, 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)(1)-(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 (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (E) Total of columns (F) Compensation in (D) Nontaxable column(B) reported other deferred benefits (B)(I)-(D)(11) (111) Base as deferred on prior Other reportable compensation Bonus & incentive (I) compensation compensation compensation Form 990 1 JAMES BELLTRUSTEE (i) 0 0 122,624 O O 24,592 9,600 156.816 0 (ii) 2 HENRY STANSKI JR 0 (i) 0 0 0 0 Ω TRUSTEE 164,267 0 0 0 0 164.267 Ω (ii) 3 BRYAN STAGETRUSTEE 0 (i) 0 0 0 0 Ω 134,241 0 0 29,175 173,016 9,600 Ω (ii) 4 MARK CUNNINGHAM 0 (i) 0 0 0 0 Ω Ω TRUSTEE 155,139 0 0 0 34,733 189,872 Ω (ii) 5 STEVE WHITETRUSTEE 0 (i) 0 0 0 0 0 127,933 2,335 0 34,527 16,024 180,819 0 (ii) 6 JIM BATESTRUSTEE - PAST 0 (i) n 0 0 0 0 145,310 0 0 39,165 9,600 194,075 0 (ii) 7 KEVIN CHESNIAK 233,398 15,000 (i) 0 51,910 10,080 310,388 0 **ADMINISTRATOR** 0 0 0 0 0 0 (ii) 8 JEFFREY MARSHALL 118,639 (i) 9,500 0 26,948 10,080 165,167 0 IT DIRECTOR 0 0 0 0 0 0 0 (ii) 9 MARY GARITE 110,363 (i) 9,500 0 25,240 155,183 0 10,080

0

0

0

0

0

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

Schedule J (Form 990) 2015

Software ID: Software Version:

EIN: 36-6066988

Name: LINE CONSTRUCTION BENEFIT FUND

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

(i) Base Compensation		(i) Base Compensation	of W-2 and/or 1099-MISC compensation (ii) (iii) Bonus & Other incentive reportable compensation compensation		(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(I)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1JAMES BELLTRUSTEE	(1)	0	0	0	0	0	0	0
	(11)	122,624	0	0	24,592	9,600	156,816	0
1HENRY STANSKI JR TRUSTEE	(1)	0	0	0	0	0	0	0
	(11)	164,267	0	0	0		 - 164,267	0
2BRYAN STAGETRUSTEE	(1)	0	0	0	0	0	0	0
	(11)	134,241	0	0	29,175	9,600	173,016	0
3MARK CUNNINGHAM TRUSTEE	(1)	0	0	0	0	0	0	0
	(11)	155,139	0	0	0	34,733	189,872	0
4STEVE WHITETRUSTEE	(1)	0	0	0	0	0	0	0
	(11)	127,933	0	2,335	34,527	16,024	180,819	0
5JIM BATESTRUSTEE - PAST	(1)	0	0	0	0	0	0	0
	(11)	145,310	0	0	39,165	9,600	194,075	0
6 KEVIN CHESNIAK ADMINISTRATOR	(1)	233,398	15,000	0	51,910			0
	(11)	0	0	0	0			0
7 JEFFREY MARSHALL IT DIRECTOR	(1)	118,639	9,500	0	26,948	10,080	165,167	0
	(11)	0	0	0	0			0
8MARY GARITE DIRECTOR OF OPERATIONS	(1)	110,363	9,500	0	25,240	10,080	155,183	0
	(11)	0	0	0	0	0		0

efile GRAPH	: 93493304022047				
SCHEDUL (Form 990 or EZ)	OMB No 1545-0047 2016 Open to Public Inspection				
Name of the org LINE CONSTRUCTI		tion		36-6066988	tification number
Return Reference			Explanation		
FORM 990, PART VI, SECTION B, LINE 11B	THE COMPLETED FORM 990 V	NAS PROVIDED TO THE	E ENTIRE BOARD OF TRUSTE	ES PRIOR TO ITS	S FILING

Explanation Return Reference

990 Schedule O, Supplemental Information

LINE 15

FORM 990. THE ADMINISTRATOR'S ANNUAL BASE SALARY AND BONUS ARE DETERMINED ON AN ANNUAL BASIS BY THE PART VI. ORGANIZATION'S BUDGET COMMITTEE

SECTION B.

Return Explanation

990 Schedule O, Supplemental Information

LINE 19

FORM 990, THE ORGANIZATION'S PLAN BOOKLET IS AVAILABLE ON THE ORGANIZATION'S WEBSITE THE OTHER GOVE PART VI, RNING POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST SECTION C.

efile GRAPHIC print - DC	NOT PROCESS As Filed Data -										DLN: 93493:	304022	047
SCHEDULE R (Form 990)	Related O	_					-		37		OMB No :	16	17
Department of the Treasury Internal Revenue Service			oout Schedul							<u>90</u> .	Open to		3
Name of the organization LINE CONSTRUCTION BENEFIT FUND								Empl	oyer identifi	cation	number		
ENE CONSTROCTION DENETT FORD								36-60	066988				
Part I Identification	of Disregarded Entities Complete If t	he organ	ızatıon answ	ered "Yes	" on Form	990, Part	IV, line 33	3.					
Name, address, and	(a) EIN (if applicable) of disregarded entity		(b) Primary a		Legal dom	c) nicile (state n country)	(d) Total inco	ome	(e) End-of-year as	sets	(f Direct co ent		
	of Related Tax-Exempt Organization npt organizations during the tax year.	s Comple	ete if the org	anızatıon	answered	"Yes" on F	orm 990,	Part IV	, line 34 bed	cause	it had one or	more	
	(a) d EIN of related organization	Prim			(c) Legal domicile (state or foreign country)			(e) Public charity status (if section 501(c)(3))		(f) Direct controllin entity		Section (13) cor enti	512(b) ntrolled ty?
												Yes	No
For Panerwork Reduction Ac	t Notice, see the Instructions for Form 99	20		Ca	t No 5013	357				Sche	dule R (Form	990) 20	16

(a) Name, address, and EIN o related organization	of	(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	(I Disprop alloca	1) rtionate tions?	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	ral or laging	(k) Percenta <u>c</u> ownershi
					311)			Yes	No		Yes	No	
t IV Identification of Related Organ because it had one or more relate						zation ansv	vered "Yes	" on F	orm 9	90, Part IV,	line	34	
(a) Name, address, and EIN of related organization	(b) Primary activity	do (state	(c) Legal omicile or foreign untry)		entity (C co	(e) e of entity orp, S corp, or trust)	(f) Share of total Income		(g) of end- year assets	-of- Percei owne	ntage	(13	(i) ction 512 i) control entity?
												<u> </u>	

Schedule R (Form 990) 2016

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
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)	1 g		No
h Purchase of assets from related organization(s)	1h		No

d	Loans or loan guarantees to or for related organization(s)	10	NO
е	Loans or loan guarantees by related organization(s)	1e	No
f	Dividends from related organization(s)	1 f	No
g	Sale of assets to related organization(s)	1 g	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
			$\overline{}$

Loans of loan guarantees by related organization(s)			
Dividends from related organization(s)	1f		No
	1g	一一	No
Purchase of assets from related organization(s)	1h	T	No
Exchange of assets with related organization(s)	1i	\neg	No
Lease of facilities, equipment, or other assets to related organization(s)	1j	\neg	No
Lease of facilities, equipment, or other assets from related organization(s)	1k		No
Performance of services or membership or fundraising solicitations for related organization(s)	11	T	No
Performance of services or membership or fundraising solicitations by related organization(s)	1m	T	No
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	7	No
Sharing of paid employees with related organization(s)	10	<u> </u>	No
			_
•	Dividends from related organization(s)	Dividends from related organization(s)	Dividends from related organization(s)

g	Sale of assets to related organization(s)	1-9		140
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
I	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
0	Sharing of paid employees with related organization(s)	10		No
р	Reimbursement paid to related organization(s) for expenses	1 p		No
q	Reimbursement paid by related organization(s) for expenses	1 q		No
r	Other transfer of cash or property to related organization(s)	1r	Yes	
s	Other transfer of cash or property from related organization(s)	1s	Yes	
$\overline{}$	If the angular to any of the above is "Yes," see the instructions for information on who must complete this line, including sovered relationships and transportion thresholds			

g painp					+-
p Reimbursement paid to related organization(s) for expenses				1p	No
q Reimbursement paid by related organization(s) for expenses				1q	No
r Other transfer of cash or property to related organization(s)				1r Yes	5
${f s}$ Other transfer of cash or property from related organization(s)				1s Ye	5
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete the	is line, including covered	relationships and tran	saction thresholds		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved		

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

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



Software ID: Software Version:

EIN: 36-6066988

Name: LINE CONSTRUCTION BENEFIT FUND

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

Form 990, Schedule R, Part II - Identification of Related	Tax-Exempt Organizat		1	1	1	1	
(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 5: (b)(13) controller entity?	d —
						Yes N	lo_
(1)	CONTRIBUTING EMPLOYER					N	lo
(1)	CONTRIBUTING EMPLOYER					N	lo
(2)	CONTRIBUTING EMPLOYER					N	lo
(3)	CONTRIBUTING EMPLOYER					N	lo
(4)	CONTRIBUTING EMPLOYER					N	lo
(5)	CONTRIBUTING EMPLOYER					N	lo
(6)	CONTRIBUTING EMPLOYER					N	lo
(7)	CONTRIBUTING EMPLOYER					N	lo
(8)	CONTRIBUTING EMPLOYER					N	lo
(9)	CONTRIBUTING EMPLOYER					N	lo
(10)	CONTRIBUTING EMPLOYER					N	lo
(11)	CONTRIBUTING EMPLOYER					N	lo
(12)	CONTRIBUTING EMPLOYER					N	lo
(13)	CONTRIBUTING EMPLOYER					N	lo
(14)	CONTRIBUTING EMPLOYER					N	lo
(15)	CONTRIBUTING EMPLOYER					N	lo
(16)	CONTRIBUTING EMPLOYER					N	lo
(17)	CONTRIBUTING EMPLOYER					N	lo
(18)	CONTRIBUTING EMPLOYER					N	lo
(19)	CONTRIBUTING EMPLOYER					N	lo

Form 990, Schedule R, Part II - Identification of Related T	ax-Exempt Organization	ns	1	1			
(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	Sectio (b)(contr enti	olled
						Yes	No
(21)	CONTRIBUTING EMPLOYER						No
(1)	CONTRIBUTING EMPLOYER						No
(2)	CONTRIBUTING EMPLOYER						No
(3)	CONTRIBUTING EMPLOYER						No
(4)	CONTRIBUTING EMPLOYER						No
(5)	CONTRIBUTING EMPLOYER						No
(6)	CONTRIBUTING EMPLOYER						No
(7)	CONTRIBUTING EMPLOYER						No
(8)	CONTRIBUTING EMPLOYER						No
(9)	CONTRIBUTING EMPLOYER						No
(10)	CONTRIBUTING EMPLOYER						No
(11)	CONTRIBUTING EMPLOYER						No
(12)	CONTRIBUTING EMPLOYER						No
(13)	CONTRIBUTING EMPLOYER						No
(14)	CONTRIBUTING EMPLOYER						No
(15)	CONTRIBUTING EMPLOYER						No
(16)	CONTRIBUTING EMPLOYER						No
(17)	CONTRIBUTING EMPLOYER						No
(18)	CONTRIBUTING EMPLOYER						No
(19)	CONTRIBUTING EMPLOYER						No

Form 990, Schedule R, Part II - Identification of Related T	ax-Exempt Organizatio	ns	1	1			
(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	Sectio (b)(contr enti	olled
						Yes	No
(41)	CONTRIBUTING EMPLOYER						No
(1)	CONTRIBUTING EMPLOYER						No
(2)	CONTRIBUTING EMPLOYER						No
(3)	CONTRIBUTING EMPLOYER						No
(4)	CONTRIBUTING EMPLOYER						No
(5)	CONTRIBUTING EMPLOYER						No
(6)	CONTRIBUTING EMPLOYER						No
(7)	CONTRIBUTING EMPLOYER						No
(8)	CONTRIBUTING EMPLOYER						No
(9)	CONTRIBUTING EMPLOYER						No
(10)	CONTRIBUTING EMPLOYER						No
(11)	CONTRIBUTING EMPLOYER						No
(12)	CONTRIBUTING EMPLOYER						No
(13)	CONTRIBUTING EMPLOYER						No
(14)	CONTRIBUTING EMPLOYER						No
(15)	CONTRIBUTING EMPLOYER						No
(16)	CONTRIBUTING EMPLOYER						No
(17)	CONTRIBUTING EMPLOYER						No
(18)	CONTRIBUTING EMPLOYER						No
(19)	CONTRIBUTING EMPLOYER						No

Form 990, Schedule R, Part II - Identification of Related T	ax-Exempt Organizatio	ns	1	1	1		
(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	Sectio (b)(contr enti	13) olled
						Yes	No
(61)	CONTRIBUTING EMPLOYER						No
(1)	CONTRIBUTING EMPLOYER						No
(2)	CONTRIBUTING EMPLOYER						No
(3)	CONTRIBUTING EMPLOYER						No
(4)	CONTRIBUTING EMPLOYER						No
(5)	CONTRIBUTING EMPLOYER						No
(6)	CONTRIBUTING EMPLOYER						No
(7)	CONTRIBUTING EMPLOYER						No
(8)	CONTRIBUTING EMPLOYER						No
(9)	CONTRIBUTING EMPLOYER						No
(10)	CONTRIBUTING EMPLOYER						No
(11)	CONTRIBUTING EMPLOYER						No
(12)	CONTRIBUTING EMPLOYER						No
(13)	CONTRIBUTING EMPLOYER						No
(14)	CONTRIBUTING EMPLOYER						No
(15)	CONTRIBUTING EMPLOYER						No
(16)	CONTRIBUTING EMPLOYER						No
(17)	CONTRIBUTING EMPLOYER						No
(18)	CONTRIBUTING EMPLOYER						No
(19)	CONTRIBUTING EMPLOYER						No

Form 990, Schedule R, Part II - Identification of Related T	ax-Exempt Organizatio	ns	1	1			
(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	Sectio (b)(contr enti	olled
						Yes	No
(81)	CONTRIBUTING EMPLOYER						No
(1)	CONTRIBUTING EMPLOYER						No
(2)	CONTRIBUTING EMPLOYER						No
(3)	CONTRIBUTING EMPLOYER						No
(4)	CONTRIBUTING EMPLOYER						No
(5)	CONTRIBUTING EMPLOYER						No
(6)	CONTRIBUTING EMPLOYER						No
(7)	CONTRIBUTING EMPLOYER						No
(8)	CONTRIBUTING EMPLOYER						No
(9)	CONTRIBUTING EMPLOYER						No
(10)	CONTRIBUTING EMPLOYER						No
(11)	CONTRIBUTING EMPLOYER						No
(12)	CONTRIBUTING EMPLOYER						No
(13)	CONTRIBUTING EMPLOYER						No
(14)	CONTRIBUTING EMPLOYER						No
(15)	CONTRIBUTING EMPLOYER						No
(16)	CONTRIBUTING EMPLOYER						No
(17)	CONTRIBUTING EMPLOYER						No
(18)	CONTRIBUTING EMPLOYER						No
(19)	CONTRIBUTING EMPLOYER						No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations									
(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		
(101)	CONTRIBUTING EMPLOYER						No		
(1)	CONTRIBUTING EMPLOYER						No		
(2)	CONTRIBUTING EMPLOYER						No		
(3)	CONTRIBUTING EMPLOYER						No		
(4)	CONTRIBUTING EMPLOYER						No		
(5)	CONTRIBUTING EMPLOYER						No		
(6)	CONTRIBUTING EMPLOYER						No		
(7)	CONTRIBUTING EMPLOYER						No		
(8)	CONTRIBUTING EMPLOYER						No		
(9)	CONTRIBUTING EMPLOYER						No		
(10)	CONTRIBUTING EMPLOYER						No		
(11)	CONTRIBUTING EMPLOYER						No		
(12)	CONTRIBUTING EMPLOYER						No		
(13)	CONTRIBUTING EMPLOYER						No		
(14)	CONTRIBUTING EMPLOYER						No		
(15)	CONTRIBUTING EMPLOYER						No		
(16)	CONTRIBUTING EMPLOYER						No		
(17)	CONTRIBUTING EMPLOYER						No		
(18)	CONTRIBUTING EMPLOYER						No		
(19)	CONTRIBUTING EMPLOYER						No		

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations									
(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		
(121)	CONTRIBUTING EMPLOYER						No		
(1)	CONTRIBUTING EMPLOYER						No		
(2)	CONTRIBUTING EMPLOYER						No		
(3)	CONTRIBUTING EMPLOYER						No		
(4)	CONTRIBUTING EMPLOYER						No		
(5)	CONTRIBUTING EMPLOYER						No		
(6)	CONTRIBUTING EMPLOYER						No		
(7)	CONTRIBUTING EMPLOYER						No		
(8)	CONTRIBUTING EMPLOYER						No		
(9)	CONTRIBUTING EMPLOYER						No		
(10)	CONTRIBUTING EMPLOYER						No		
(11)	CONTRIBUTING EMPLOYER						No		
(12)	CONTRIBUTING EMPLOYER						No		
(13)	CONTRIBUTING EMPLOYER						No		
(14)	CONTRIBUTING EMPLOYER						No		
(15)	CONTRIBUTING EMPLOYER						No		
(16)	CONTRIBUTING EMPLOYER						No		
(17)	CONTRIBUTING EMPLOYER						No		
(18)	CONTRIBUTING EMPLOYER						No		
(19)	CONTRIBUTING EMPLOYER						No		

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations									
(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?			
Ta						Yes	No		
(141)	CONTRIBUTING EMPLOYER						No		
(1)	CONTRIBUTING EMPLOYER						No		
(2)	CONTRIBUTING EMPLOYER						No		
(3)	CONTRIBUTING EMPLOYER						No		
(4)	CONTRIBUTING EMPLOYER						No		
(5)	CONTRIBUTING EMPLOYER						No		
(6)	CONTRIBUTING EMPLOYER						No		
(7)	CONTRIBUTING EMPLOYER						No		
(8)	CONTRIBUTING EMPLOYER						No		
(9)	CONTRIBUTING EMPLOYER						No		
(10)	CONTRIBUTING EMPLOYER						No		
(11)	CONTRIBUTING EMPLOYER						No		
(12)	CONTRIBUTING EMPLOYER						No		
(13)	CONTRIBUTING EMPLOYER						No		
(14)	CONTRIBUTING EMPLOYER						No		
(15)	CONTRIBUTING EMPLOYER						No		
(16)	CONTRIBUTING EMPLOYER						No		
(17)	CONTRIBUTING EMPLOYER						No		
(18)	CONTRIBUTING EMPLOYER						No		
(19)	CONTRIBUTING EMPLOYER						No		

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations (b)
Primary activity (d) Exempt Code (e) Public charity **(f)** Direct controlling (g) Section 512 (a) Name, address, and EIN of related organization (c) Legal domicile (state section status (b)(13)entity or foreign country) (if section 501(c) controlled entity? (3)) Yes No (161)CONTRIBUTING No EMPLOYER (1) CONTRIBUTING No **EMPLOYER** (2) CONTRIBUTING No EMPLOYER (3) CONTRIBUTING No EMPLOYER

	EMPLOYER			
(4)	CONTRIBUTING EMPLOYER			No
(5)	CONTRIBUTING			No

No

No

CONTRIBUTING

CONTRIBUTING

EMPLOYER

EMPLOYER

(6)

(7)

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (e) (f) (g) (h) (i) Primary activity Name, address, and EIN of Type of entity Legal Direct controlling Share of total Share of end-of-Percentage Section 512 (C corp, S corp, related organization domicile entity ownership (b)(13)income year (state or foreign or trust) assets controlled country) entity? Yes No (1) 21ST CENTURY CONCRETE CONTRIBUTING No **EMPLOYER** (1) 3W ELECTRIC CONTRIBUTING No **EMPLOYER** (2) 7 MILE CONTRACTING LLC CONTRIBUTING No **EMPLOYER** (3) A & A DRILLING INC CONTRIBUTING No **EMPLOYER** (4) A B C ELECTRIC COMPANY INC CONTRIBUTING No **EMPLOYER** (5) AJ EXCAVATION INC CONTRIBUTING No **EMPLOYER** (6) AM ORTEGA CONSTRUCTION INC CONTRIBUTING No EMPLOYER (7) ASAP PAVING INC CONTRIBUTING No **EMPLOYER** (8) A-1 UTILITY CONTRACTORS INC CONTRIBUTING No EMPLOYER (9) AARON RICHARDSON & SON INC CONTRIBUTING No **EMPLOYER** (10) ABBETT ELECTRIC CORPORATION CONTRIBUTING No **EMPLOYER** (11) ABC PROFESSIONAL TREE SERVICE CONTRIBUTING No **EMPLOYER** (12) ABCO ELECTRICAL CONSTRUCTION CONTRIBUTING No **EMPLOYER** (13) ABERCROMBIE PIPELINE SERVICES CONTRIBUTING No **EMPLOYER** (14) A-C ELECTRIC CO CONTRIBUTING No EMPLOYER

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (e) (f) (g) (h) (i) Name, address, and EIN of Primary activity Legal Direct controlling Type of entity Share of total Share of end-of-Percentage Section 512 (C corp, S corp, related organization domicile entity ownership (b)(13)income year or trust) (state or foreign assets controlled country) entity? Yes No (16) ACC CONSTRUCTION INC CONTRIBUTING No **EMPLOYER** (1) ACE ELECTRIC INC CONTRIBUTING No **EMPLOYER** (2) ACTION CONST & MAINTENANCE INC CONTRIBUTING No **EMPLOYER** (3) ACTIVE CONSTRUCTION INC CONTRIBUTING No **EMPLOYER** (4) ADVANCED BORING SPECIALISTS CONTRIBUTING No **EMPLOYER** (5) ADVANCED FIBER TECHNOLOGY INC CONTRIBUTING No **EMPLOYER** (6) ADVANCED LIGHTING SERVICES INC CONTRIBUTING No **EMPLOYER** (7) ADVANCED TECHNICAL SERVICES CONTRIBUTING No **EMPLOYER** (8) ADVANCED UNDERGROUND UTILITIES CONTRIBUTING No **EMPLOYER** (9) AIR 2 LLC CONTRIBUTING No **EMPLOYER** (10) ALCOA TRAFFIC CONTROL INC CONTRIBUTING No **EMPLOYER** (11) ALDRICH EXCAVATING INC CONTRIBUTING No **EMPLOYER** (12) ALDRIDGE ELECTRIC INC CONTRIBUTING No **EMPLOYER** (13) ALLIANCE POWER GROUP LLC CONTRIBUTING No **EMPLOYER** (14) ALLIED ELECTRICAL & CONTROL SY CONTRIBUTING No **EMPLOYER**

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (e) (f) (g) (h) (i) Name, address, and EIN of Primary activity Legal Direct controlling Type of entity Share of total Share of end-of-Percentage Section 512 (C corp, S corp, related organization domicile entity ownership (b)(13)income year (state or foreign or trust) assets controlled country) entity? Yes No (31) ALLSTAR TRAFFIC SOLUTIONS INC CONTRIBUTING No **EMPLOYER** (1) ALPHA & OMEGA INDUSTRIES LLC CONTRIBUTING No **EMPLOYER** (2) ALPHA ENERGY & ELECTRIC CONTRIBUTING No **EMPLOYER** (3) ALPHA PACIFIC CONCRETE CONTRIBUTING No **EMPLOYER** (4) ALVAH CONTRACTORS INC CONTRIBUTING No **EMPLOYER** (5) AMERICAN BORING CONTRIBUTING No **EMPLOYER** (6) AMERICAN CONST SERVICES INC CONTRIBUTING No **EMPLOYER** (7) AMERICAN ELECTRIC INC CONTRIBUTING No **EMPLOYER** (8) AMERICAN ELECTRICAL TESTING CONTRIBUTING No EMPLOYER (9) AMERICAN LEGACY CONST GRP INC CONTRIBUTING No **EMPLOYER** (10) AMERICAN LIGHTING & SIGNAL CONTRIBUTING No **EMPLOYER** (11) AMERICAN LINE BUILDERS - ALBAT CONTRIBUTING No **EMPLOYER** (12) AMERICAN LINE BUILDERS CHAPTER CONTRIBUTING No **EMPLOYER** (13) AMERICAN POWER DELIVERY CONTRIBUTING No **EMPLOYER** (14) AMERICAN UTIL & RESIDEN TREE CONTRIBUTING No EMPLOYER

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (e) (f) (g) (h) (i) Primary activity Name, address, and EIN of Type of entity Legal Direct controlling Share of total Share of end-of-Percentage Section 512 (C corp, S corp, (b)(13)related organization domicile entity ownership income year (state or foreign or trust) assets controlled country) entity? No Yes (46) AMERICOM TECHNOLOGY INC CONTRIBUTING No **EMPLOYER** (1) AMP ELECTRIC INC CONTRIBUTING No **EMPLOYER** (2) ANDERSON DRILLING CONTRIBUTING No **EMPLOYER** (3) ANDERSON LINE COMPANY LLC No CONTRIBUTING **EMPLOYER** (4) APEX COVANTAGE LLC CONTRIBUTING No **EMPLOYER** (5) ARBORWORKS INC CONTRIBUTING No **EMPLOYER** (6) ARC AMERICAN CONTRIBUTING No **EMPLOYER** (7) ARIZONA PIPELINE CO CONTRIBUTING No **EMPLOYER** (8) ASB CLEAN SWEEP INC CONTRIBUTING No EMPLOYER (9) ASPLUNDH CONSTRUCTION CORP CONTRIBUTING No **EMPLOYER** (10) ASPLUNDH TREE EXPERT CO CONTRIBUTING No **EMPLOYER** (11) ASSOCIATED ARBORISTS CONTRIBUTING No **EMPLOYER** (12) ATA SERVICES INC CONTRIBUTING No **EMPLOYER** (13) ATKINS ELECTRIC CO INC CONTRIBUTING No **EMPLOYER** (14) ATKINSON POWER LLC CONTRIBUTING No **EMPLOYER**

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (e) (f) (g) (h) (i) Primary activity Name, address, and EIN of Type of entity Legal Direct controlling Share of total Share of end-of-Percentage Section 512 (C corp, S corp, related organization domicile entity ownership (b)(13)income year (state or foreign or trust) assets controlled country) entity? Yes No (61) ATLANTIC TRANSFORMER SRVCS INC CONTRIBUTING No **EMPLOYER** (1) AUSTGEN ELECTRIC INC CONTRIBUTING No **EMPLOYER** (2) AVA ELECTRIC COMPANY CONTRIBUTING No **EMPLOYER** (3) AVTECH CONSTRUCTION INC CONTRIBUTING No **EMPLOYER** (4) AXL GROUP INC CONTRIBUTING No **EMPLOYER** (5) AZTRACK CONSTRUCTION LLC CONTRIBUTING No **EMPLOYER** (6) B & B ELECTRIC COMPANY CONTRIBUTING No **EMPLOYER** (7) B & J ELECTRICAL CONTRIBUTING No **EMPLOYER** (8) B & L ELECTRIC INC CONTRIBUTING No EMPLOYER (9) B B C ELECTRICAL SERVICE INC CONTRIBUTING No **EMPLOYER** (10) BACKBONE POWER SYSTEMS CONTRIBUTING No **EMPLOYER** (11) BALDWIN LINE CONSTR OF MD INC CONTRIBUTING No **EMPLOYER** (12) BALFOUR BEATTY RAIL INC CONTRIBUTING No **EMPLOYER** (13) BALOS ENGINEERING & ELEC INC CONTRIBUTING No **EMPLOYER** (14) BASIN EXCAVATING & EQUIPMENT CONTRIBUTING No EMPLOYER

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (e) (f) (g) (h) (i) Primary activity Name, address, and EIN of Type of entity Legal Direct controlling Share of total Share of end-of-Percentage Section 512 (C corp, S corp, related organization domicile entity ownership (b)(13)income year (state or foreign or trust) assets controlled country) entity? No Yes (76) BEAR ELECTRICAL SOLUTIONS INC CONTRIBUTING No **EMPLOYER** (1) BEARTOOTH ELECTRIC CO-OP INC CONTRIBUTING No **EMPLOYER** (2) BEELER CONSTRUCTION CONTRIBUTING No **EMPLOYER** (3) BERGERSON CONSTRUCTION INC No CONTRIBUTING **EMPLOYER** (4) BEST ELECTRIC CONTRIBUTING No **EMPLOYER** (5) BFD POWER SERVICES INC CONTRIBUTING No **EMPLOYER** (6) BHMG ELECTRIC INC CONTRIBUTING No **EMPLOYER** (7) BIG D ELECTRIC INC CONTRIBUTING No **EMPLOYER** (8) BIG FLAT ELECTRIC COOP CONTRIBUTING No EMPLOYER (9) BISON ELECTRIC INC CONTRIBUTING No **EMPLOYER** (10) BLACK & MCDONALD CONTRIBUTING No **EMPLOYER** (11) BLACK & MCDONALD (CLS KANSAS) CONTRIBUTING No **EMPLOYER** (12) BLACK & VEATCH CONSTRUCTION CONTRIBUTING No **EMPLOYER** (13) BLUE MTN DIRECTIONAL DRILLING CONTRIBUTING No **EMPLOYER** (14) B-MAX INC CONTRIBUTING No **EMPLOYER**

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (e) (f) (g) (h) (i) Primary activity Name, address, and EIN of Type of entity Legal Direct controlling Share of total Share of end-of-Percentage Section 512 (C corp, S corp, related organization domicile entity ownership (b)(13)income year (state or foreign or trust) assets controlled country) entity? No Yes (91) BODINE ELECTRIC OF DECATUR CONTRIBUTING No **EMPLOYER** (1) BORE-IT CORPORATION CONTRIBUTING No **EMPLOYER** (2) BOYD'S TREE SERVICE CONTRIBUTING No **EMPLOYER** (3) BRAVO ENVIRONMENTAL SVC LLC No CONTRIBUTING **EMPLOYER** (4) BRENT E WOODWARD INC CONTRIBUTING No **EMPLOYER** (5) BROADWAY ELECTRIC SERVICE CORP CONTRIBUTING No **EMPLOYER** (6) BRODHEAD WATER & LIGHT CONTRIBUTING No **EMPLOYER** (7) BRONDER TECHNICAL SERVICES CONTRIBUTING No **EMPLOYER** (8) BRUCE & MERRILEES ELECTRIC CO CONTRIBUTING No **EMPLOYER** (9) BUFFALO ELECTRIC INC CONTRIBUTING No **EMPLOYER** (10) BUILT RITE FENCE CO CONTRIBUTING No **EMPLOYER** (11) BURKE ELECTRIC INC CONTRIBUTING No **EMPLOYER** (12) BURNS CORPORATION CONTRIBUTING No **EMPLOYER** (13) BURNS ELECTRIC INC CONTRIBUTING No EMPLOYER (14) BUTLER AMERICA CONTRIBUTING No **EMPLOYER**

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (e) (f) (g) (h) (i) Name, address, and EIN of Primary activity Type of entity Legal Direct controlling Share of total Share of end-of-Percentage Section 512 (C corp, S corp, related organization domicile entity ownership (b)(13)income year (state or foreign or trust) assets controlled country) entity? Yes No (106) C A ADVANCED INCARC AMER CONTRIBUTING No **EMPLOYER** (1) C A ADVANCED INC CONTRIBUTING No **EMPLOYER** (2) C AND C POWERLINE INC CONTRIBUTING No **EMPLOYER** (3) CACHE VALLEY ELECTRIC CO CONTRIBUTING No **EMPLOYER** (4) CAIRO PUBLIC UTILITY COMPANY CONTRIBUTING No **EMPLOYER** (5) CALIBRATION & TESTING (SUNTEC) CONTRIBUTING No **EMPLOYER** (6) CAL-WEST LIGHTING & SIGNAL MAI CONTRIBUTING No **EMPLOYER** (7) CAMPBELL ELECTRIC INC CONTRIBUTING No **EMPLOYER** (8) CANNON CONSTRUCTORS INC CONTRIBUTING No **EMPLOYER** (9) CAPITAL (WAGNER-SMITH) CONTRIBUTING No **EMPLOYER** (10) CARL BOLANDER & SONS CONTRIBUTING No **EMPLOYER** (11) CARLISLE UTILITY CONTRACTORS CONTRIBUTING No **EMPLOYER** (12) CASCADE DRILLING LP CONTRIBUTING No **EMPLOYER** (13) CASTEEL CORPORATION CONTRIBUTING No **EMPLOYER** (14) CASTLE CONTRACTING LLC CONTRIBUTING No **EMPLOYER**

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (e) (f) (g) (h) (i) Name, address, and EIN of Primary activity Type of entity Legal Direct controlling Share of total Share of end-of-Percentage Section 512 (C corp, S corp, related organization domicile entity ownership (b)(13)income year (state or foreign or trust) assets controlled country) entity? Yes No (121) CC POWER LLC CONTRIBUTING No **EMPLOYER** (1) CCD CONSTRUCTION SERVICES CONTRIBUTING No **EMPLOYER** (2) CDL ELECTRIC COMPANY INC CONTRIBUTING No **EMPLOYER** (3) CENTRAL CONNECTICUT CABLE CO CONTRIBUTING No **EMPLOYER** (4) CENTRAL ELECTRIC POWER COOP CONTRIBUTING No **EMPLOYER** (5) CHAMPAIGN SIGNAL & LIGHTING CO CONTRIBUTING No **EMPLOYER** (6) CHASE EASTON ENGINEERING CONTRIBUTING No **EMPLOYER** (7) CHESAPEAKE ELECTRICAL SYS INC CONTRIBUTING No **EMPLOYER** (8) CHOICE ELECTRIC CONTRIBUTING No **EMPLOYER** (9) CHRISTENSON ELECTRIC INC CONTRIBUTING No **EMPLOYER** (10) CHRISTY WEBBER LANDSCAPE CONTRIBUTING No **EMPLOYER** (11) CHURCH AND MURDOCK ELECTRIC CONTRIBUTING No **EMPLOYER** (12) CINNOVAS DEVELOPMENT GROUP CONTRIBUTING No **EMPLOYER** (13) CITY GENERAL INC CONTRIBUTING No EMPLOYER (14) CITY LIGHT & POWER INC CONTRIBUTING No **EMPLOYER**

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (e) (f) (g) (h) (i) Primary activity Name, address, and EIN of Type of entity Legal Direct controlling Share of total Share of end-of-Percentage Section 512 (C corp, S corp, related organization domicile entity ownership (b)(13)income year (state or foreign or trust) assets controlled country) entity? No Yes (136) CITY LIGHT & POWER INC (REA) CONTRIBUTING No **EMPLOYER** (1) CITY OF STUARTMUNICIPAL UTILI CONTRIBUTING No **EMPLOYER** (2) CIVIL SUBSTATIONS INC CONTRIBUTING No **EMPLOYER** (3) CJ DRILLING INC CONTRIBUTING No **EMPLOYER** (4) CJ'S CONSTRUCTION & SEEDING CONTRIBUTING No **EMPLOYER** (5) CLAY ELECTRIC COOPERATIVE INC CONTRIBUTING No **EMPLOYER** (6) CLR ELECTRIC LLC CONTRIBUTING No **EMPLOYER** (7) CMC DIRTWORKS INC CONTRIBUTING No **EMPLOYER** (8) COLDWATER FENCE INC CONTRIBUTING No EMPLOYER (9) COLES MOULTRIE ELECTRIC COOP CONTRIBUTING No **EMPLOYER** (10) COLLINS & HERMANN CONTRIBUTING No **EMPLOYER** (11) COLLINS ELECTRICAL CONSTRUCT CONTRIBUTING No **EMPLOYER** (12) COLSTRIP ELECTRIC INC CONTRIBUTING No **EMPLOYER** (13) COLUMBIA BASIN ELECTRIC CO-OP CONTRIBUTING No EMPLOYER (14) COLVICO INC CONTRIBUTING No **EMPLOYER**

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (e) (f) (g) (h) (i) Primary activity Name, address, and EIN of Type of entity Legal Direct controlling Share of total Share of end-of-Percentage Section 512 (C corp, S corp, related organization domicile entity ownership (b)(13)income year (state or foreign or trust) assets controlled country) entity? No Yes (151) COMMONWEALTH ELECTRIC CONTRIBUTING No **EMPLOYER** (1) CONNERSVILLE UTILITIES CONTRIBUTING No **EMPLOYER** (2) CONSOLIDATED COMMUNICATIONS CONTRIBUTING No **EMPLOYER** (3) CONSPEC INC CONTRIBUTING No **EMPLOYER** (4) CONSUMERS POWER INC CONTRIBUTING No **EMPLOYER** (5) CONTRA COSTA ELECTRIC INC CONTRIBUTING No **EMPLOYER** (6) CONTROL SOLUTIONS INC CONTRIBUTING No **EMPLOYER** (7) COOS CURRY ELECTRIC COOP CONTRIBUTING No **EMPLOYER** (8) CORE BORE LLC CONTRIBUTING No EMPLOYER (9) COREVAC LLC CONTRIBUTING No **EMPLOYER** (10) CORIX UTILITIES CONTRIBUTING No **EMPLOYER** (11) CO'S TRAFFIC CONTROL INC CONTRIBUTING No **EMPLOYER** (12) COUGAR CONSTRUCTION CONTRIBUTING No **EMPLOYER** (13) CRESCENT ENTERPRISES CONTRIBUTING No EMPLOYER (14) CRUX SUBSURFACE INC CONTRIBUTING No

EMPLOYER

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (e) (f) (g) (h) (i) Primary activity Name, address, and EIN of Type of entity Legal Direct controlling Share of total Share of end-of-Percentage Section 512 (C corp, S corp, related organization domicile entity ownership (b)(13)income year (state or foreign or trust) assets controlled country) entity? Yes No (166) CSCATD TECH SERVICES LLC CONTRIBUTING No **EMPLOYER** (1) CUNNINGHAM-DAVIS CORPORATION CONTRIBUTING No **EMPLOYER** (2) CUPERTINO ELECTRIC INC CONTRIBUTING No **EMPLOYER** (3) CURTIS DRILLING CONTRIBUTING No **EMPLOYER** (4) D & D POWER INC CONTRIBUTING No **EMPLOYER** (5) D & M ELECTRICAL CONTRACTORS CONTRIBUTING No **EMPLOYER** (6) DACON CORPORATION CONTRIBUTING No EMPLOYER (7) DAHN CONSTRUCTION LLC CONTRIBUTING No **EMPLOYER** (8) DALTONS INC CONTRIBUTING No **EMPLOYER** (9) DANELLA CONSTRUCTION CORP CONTRIBUTING No **EMPLOYER** (10) DAVENPORT ELECTRIC CONTRACT CO CONTRIBUTING No **EMPLOYER** (11) DAVEY TREE EXPERT COMPANY CONTRIBUTING No **EMPLOYER** (12) DAVEY TREE SURGERY CO CONTRIBUTING No **EMPLOYER** (13) DAVIS PICKERING & COMPANY INC CONTRIBUTING No **EMPLOYER** (14) DC ELECTRIC GROUP INC CONTRIBUTING No **EMPLOYER**

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (e) (f) (g) (h) (i) Name, address, and EIN of Primary activity Type of entity Legal Direct controlling Share of total Share of end-of-Percentage Section 512 (C corp, S corp, related organization domicile entity ownership (b)(13)income year (state or foreign or trust) assets controlled country) entity? Yes No (181) DC POWER CONSTRUCTION CORP CONTRIBUTING No **EMPLOYER** (1) DCXCAVATION INC CONTRIBUTING No **EMPLOYER** (2) DELTA MONTROSE ELECTRIC ASSOC CONTRIBUTING No **EMPLOYER** (3) DELTA SERVICES LLC CONTRIBUTING No **EMPLOYER** (4) DEYOUNG POWER SYSTEMS INC CONTRIBUTING No **EMPLOYER** (5) DIETZEL ENTERPRISES INC CONTRIBUTING No **EMPLOYER** (6) DIRCKS CONCRETE SERVICES CONTRIBUTING No **EMPLOYER** (7) DIRECT ELEC OF WISCONSIN INC CONTRIBUTING No **EMPLOYER** (8) DIRT PARTOL INC CONTRIBUTING No EMPLOYER (9) DIVERSIFIED PROJECT SERV INTER CONTRIBUTING No **EMPLOYER** (10) DIVERSIFIED UTILITY SVCS INC CONTRIBUTING No **EMPLOYER** (11) DJ'S ELECTRICAL INC CONTRIBUTING No **EMPLOYER** (12) DND ELECTRIC INC CONTRIBUTING No **EMPLOYER** (13) DOMINION CONSTRUCTION COMPANY CONTRIBUTING No **EMPLOYER** (14) DONCO CONSTRUCTION LLC CONTRIBUTING No **EMPLOYER**

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (e) (f) (g) (h) (i) Name, address, and EIN of Primary activity Type of entity Legal Direct controlling Share of total Share of end-of-Percentage Section 512 (C corp, S corp, related organization domicile entity ownership (b)(13)income year (state or foreign or trust) assets controlled country) entity? Yes No (196) DONOVAN CONSTRUCTION COMPANY CONTRIBUTING No **EMPLOYER** (1) DONOVAN CONSTRUCTIONMP SYSTEM CONTRIBUTING No **EMPLOYER** (2) DOTY BROS CONSTRUCTION CO CONTRIBUTING No **EMPLOYER** (3) DOUGLAS ELECTRIC COOPERATIVE No CONTRIBUTING **EMPLOYER** (4) DRAGELAND CONSTRUCTION CONTRIBUTING No **EMPLOYER** (5) DRAKE TRAFFIC CONTROL SERVICE CONTRIBUTING No **EMPLOYER** (6) DYNALECTRIC COMPANY CONTRIBUTING No **EMPLOYER** (7) DYNATRAN DIV OF DYNALECTRIC CO CONTRIBUTING No **EMPLOYER** (8) E E ELECTRIC INC CONTRIBUTING No **EMPLOYER** (9) E Z ELECTRIC INC CONTRIBUTING No **EMPLOYER** (10) E&I GLOBAL ENERGY SERVICES INC CONTRIBUTING No **EMPLOYER** (11) EASTERN ELEC TESTING CORP CONTRIBUTING No **EMPLOYER** (12) EC COMPANY CONTRIBUTING No **EMPLOYER** (13) EDISON POWER CONSTRUCTION INC CONTRIBUTING No **EMPLOYER** (14) EGAN COMPANY CONTRIBUTING No **EMPLOYER**

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (e) (f) (g) (h) (i) Name, address, and EIN of Primary activity Type of entity Legal Direct controlling Share of total Share of end-of-Percentage Section 512 (C corp, S corp, related organization domicile entity ownership (b)(13)income year (state or foreign or trust) assets controlled country) entity? Yes No (211) EGIZII ELECTRIC INC CONTRIBUTING No **EMPLOYER** (1) EGYPTIAN ELECTRIC COOPERATIVE CONTRIBUTING No **EMPLOYER** (2) EILERTSON INC CONTRIBUTING No **EMPLOYER** (3) E-J ELECTRIC T & D LLC CONTRIBUTING No **EMPLOYER** (4) EL-ARK ELECTRIC CO INC CONTRIBUTING No **EMPLOYER** (5) ELCON CORPORATION CONTRIBUTING No **EMPLOYER** (6) ELEC INDUSTRY CERT ASSOC INC CONTRIBUTING No **EMPLOYER** (7) ELECNOR BELCO GRP CONTRIBUTING No **EMPLOYER** (8) ELECNOR HAWKEYE LLC CONTRIBUTING No EMPLOYER (9) ELECTRIC CONDUIT CONSTRUCTION CONTRIBUTING No **EMPLOYER** (10) ELECTRIC POWER CONSTRUCTORS CONTRIBUTING No **EMPLOYER** (11) ELECTRIC POWER UTILITIES CONTRIBUTING No **EMPLOYER** (12) ELECTRICAL BUILDERS INC CONTRIBUTING No **EMPLOYER** (13) ELECTRICAL CERTIFICATION INC CONTRIBUTING No **EMPLOYER** (14) ELECTRICAL CONTRACTING SERVICE CONTRIBUTING No **EMPLOYER**

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (e) (f) (g) (h) (i) Primary activity Name, address, and EIN of Type of entity Legal Direct controlling Share of total Share of end-of-Percentage Section 512 (C corp, S corp, related organization domicile entity ownership (b)(13)income year (state or foreign or trust) assets controlled country) entity? Yes No (226) ELECTRICAL SYSTEMS INC CONTRIBUTING No **EMPLOYER** (1) ELECTRICAL UTILITY SERVICES CONTRIBUTING No **EMPLOYER** (2) ELECTRICO INC CONTRIBUTING No **EMPLOYER** (3) ELEX INC No CONTRIBUTING **EMPLOYER** (4) ELITE POWER & RECOVERY INC CONTRIBUTING No **EMPLOYER** (5) ELMUND AND NELSON COMPANY CONTRIBUTING No **EMPLOYER** (6) EMPIRE ELECTRIC ASSOC (REA) CONTRIBUTING No EMPLOYER (7) ENERFAB POWER & INDUSTRIAL INC CONTRIBUTING No **EMPLOYER** (8) ENERGY MAT ALLIANCE LLC CONTRIBUTING No EMPLOYER (9) ENERGY RESOURCE SERVICES INC CONTRIBUTING No **EMPLOYER** (10) ENERSTAR POWER CORP CONTRIBUTING No **EMPLOYER** (11) ENGEL ELECTRIC CO CONTRIBUTING No **EMPLOYER** (12) ENTERPRISE ELECTRIC COMPANY CONTRIBUTING No **EMPLOYER** (13) EPST OF KANSAS INC CONTRIBUTING No **EMPLOYER** (14) ESSEXVILLE ELECTRIC CONTRIBUTING No **EMPLOYER**

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (e) (f) (g) (h) (i) Primary activity Name, address, and EIN of Type of entity Legal Direct controlling Share of total Share of end-of-Percentage Section 512 (C corp, S corp, related organization domicile entity ownership (b)(13)income year (state or foreign or trust) assets controlled country) entity? No Yes (241) EVANS BUILDING & EXCAVATING CONTRIBUTING No **EMPLOYER** (1) EXCEL ENGINEERING INC CONTRIBUTING No **EMPLOYER** (2) EXTREME EXCAVATING CONTRIBUTING No **EMPLOYER** (3) FAITH ELEC & GENERAL BLDG CONT No CONTRIBUTING **EMPLOYER** (4) FAMILY TREE SERVICE INC CONTRIBUTING No **EMPLOYER** (5) FBS INC CONTRIBUTING No **EMPLOYER** (6) FERNDALE ELECTRIC CO INC CONTRIBUTING No **EMPLOYER** (7) FET CONSTRUCTION CONTRIBUTING No **EMPLOYER** (8) FLUOR MAINTENANCE SERVICES CONTRIBUTING No EMPLOYER (9) FOREST LAKE CONTRACTING INC CONTRIBUTING No **EMPLOYER** (10) FOUR O SIX UNDERGROUND CONTRIBUTING No **EMPLOYER** (11) FOX POWER INC CONTRIBUTING No **EMPLOYER** (12) FRONT LINE POWER CONSTRUCTION CONTRIBUTING No **EMPLOYER** (13) FULL BORE INC CONTRIBUTING No **EMPLOYER** (14) G5 TEK SOLUTIONS CONTRIBUTING No **EMPLOYER**

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (e) (f) (g) (h) (i) Name, address, and EIN of Primary activity Legal Direct controlling Type of entity Share of total Share of end-of-Percentage Section 512 (C corp, S corp, related organization domicile entity ownership (b)(13)income year (state or foreign or trust) assets controlled country) entity? Yes No (256) GARDNER & SMITH CONSTRUCTION CONTRIBUTING No **EMPLOYER** (1) GARNET ELECTRIC CO INC CONTRIBUTING No **EMPLOYER** (2) GARY NEWTON BACKHOE SERVICE CONTRIBUTING No **EMPLOYER** (3) GEO PACIFIC SERVICES INC CONTRIBUTING No **EMPLOYER** (4) GERSTNER ELECTRIC INC CONTRIBUTING No **EMPLOYER** (5) GILBERT COMPANIES INC CONTRIBUTING No **EMPLOYER** (6) GILLTREE INC CONTRIBUTING No **EMPLOYER** (7) GLENWOOD ELECTRIC INC CONTRIBUTING No **EMPLOYER** (8) GLOBAL TOWER SERVICE INC CONTRIBUTING No **EMPLOYER** (9) GLW INC CONTRIBUTING No **EMPLOYER** (10) GRAND VALLEY RURAL POWER LINES CONTRIBUTING No **EMPLOYER** (11) GRATTAN LINE CONSTRUCTION CORP CONTRIBUTING No **EMPLOYER** (12) GRAY'S POWER SUPPLY CONTRIBUTING No **EMPLOYER** (13) GREAT LAKES POWER & PIPE INC CONTRIBUTING No **EMPLOYER** (14) GREEN ENERGY FOUNDATIONS LLC CONTRIBUTING No **EMPLOYER**

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (e) (f) (g) (h) (i) Name, address, and EIN of Primary activity Type of entity Legal Direct controlling Share of total Share of end-of-Percentage Section 512 (C corp, S corp, related organization domicile entity ownership (b)(13)income year (state or foreign or trust) assets controlled country) entity? Yes No (271) GREENWAY ELECTRIC CONTRIBUTING No **EMPLOYER** (1) GREG SHANDEL CONSTR CONTRIBUTING No **EMPLOYER** (2) GROUND PIERCING CONTRIBUTING No **EMPLOYER** (3) GROUNDHOG UTILITY CONSTRUCTION CONTRIBUTING No **EMPLOYER** (4) GUBMK CONSTRUCTORS CONTRIBUTING No **EMPLOYER** (5) H & H ELECTRIC COMPANY CONTRIBUTING No **EMPLOYER** (6) H & H UTILITY EXCAVATING CONTRIBUTING No **EMPLOYER** (7) HABERMEHL ELECTRIC INC CONTRIBUTING No **EMPLOYER** (8) HAMILTON COUNTY CONSTRUCTION CONTRIBUTING No **EMPLOYER** (9) HAMPTON TEDDER ELEC CO INC CONTRIBUTING No **EMPLOYER** (10) HANKINS CONSTRUCTION CONTRIBUTING No **EMPLOYER** (11) HARLAN ELECTRIC COMPANY CONTRIBUTING No **EMPLOYER** (12) HARRELD'S HIGH VOLTAGE INC CONTRIBUTING No **EMPLOYER** (13) HAVERFIELD AVIATION INC CONTRIBUTING No **EMPLOYER** (14) HAWK ENTERPRISES INC CONTRIBUTING No **EMPLOYER**

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (e) (f) (g) (h) (i) Primary activity Name, address, and EIN of Type of entity Legal Direct controlling Share of total Share of end-of-Percentage Section 512 (C corp, S corp, (b)(13)related organization domicile entity ownership income year (state or foreign or trust) assets controlled country) entity? Yes No (286) HEART UTILITIES CONSTRUCTION CONTRIBUTING No **EMPLOYER** (1) HECKER AND COMPANY INC CONTRIBUTING No **EMPLOYER** (2) HENKELS AND MCCOY INC CONTRIBUTING No **EMPLOYER** (3) HENSON FOUNDATION DRILLING INC No CONTRIBUTING **EMPLOYER** (4) HERMAN WEISSKER INC CONTRIBUTING No **EMPLOYER** (5) HERNANDEZ ELECTRIC CONTRIBUTING No **EMPLOYER** (6) HERRMAN & GOETZ INC CONTRIBUTING No EMPLOYER (7) HERRON VALLEY INC CONTRIBUTING No **EMPLOYER** (8) HIGH COUNTRY LINE CORP CONTRIBUTING No EMPLOYER (9) HIGH DESERT COMMUNICATIONS CONTRIBUTING No **EMPLOYER** (10) HIGH PLAINS POWER CONTRIBUTING No **EMPLOYER** (11) HIGH VOLTAGE ELECTRIC CONTRIBUTING No **EMPLOYER** (12) HIGH VOLTAGE TECHNICAL SERVICE CONTRIBUTING No **EMPLOYER** (13) HILINE NATION LLC CONTRIBUTING No **EMPLOYER** (14) HILL CONSTRUCTION CONTRIBUTING No **EMPLOYER**

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (e) (f) (g) (h) (i) Name, address, and EIN of Primary activity Type of entity Legal Direct controlling Share of total Share of end-of-Percentage Section 512 (C corp, S corp, related organization domicile entity ownership (b)(13) income year (state or foreign or trust) assets controlled country) entity? Yes No (301) HI-VOLTAGE SPLICING CO INC CONTRIBUTING No EMPLOYER (1) HMS CONSTRUCTION INC CONTRIBUTING No EMPLOYER (2) HOLMES ELECTRIC CONTRIBUTING No **EMPLOYER** (3) HOME TOWNE ELECTRIC INC CONTRIBUTING No EMPLOYER (4) HOOD RIVER ELECTRIC CO OP CONTRIBUTING No EMPLOYER. (5) HOOPER CONSTRUCTION CORP CONTRIBUTING No EMPLOYER (6) HOOPER CORP GREEN COVE SPRING CONTRIBUTING No IEMPLOYER | (7) HOT LINE CONSTRUCTION INC CONTRIBUTING No **EMPLOYER** (8) HOWELL DRILLING INC CONTRIBUTING No EMPLOYER (9) HUMMEL ELECTRIC INC CONTRIBUTING No EMPLOYER (10) HUNT ELECTRIC CORP CONTRIBUTING No IEMPLOYER I (11) HUTCHINS PAVING & ENGINEERING CONTRIBUTING No EMPLOYER (12) HYDAKER-WHEATLAKE COMPANY CONTRIBUTING No IEMPLOYER I (13) HYDROEXCAVATING INC CONTRIBUTING No IEMPLOYER ! (14) I B ABEL INC CONTRIBUTING No IEMPLOYER |

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (e) (f) (g) (h) (i) Primary activity Name, address, and EIN of Type of entity Legal Direct controlling Share of total Share of end-of-Percentage Section 512 (C corp, S corp, related organization domicile entity ownership (b)(13)income year (state or foreign or trust) assets controlled country) entity? No Yes (316) I C R ELECTRIC INC CONTRIBUTING No **EMPLOYER** (1) ICELAND CONSTRUCTION INC CONTRIBUTING No **EMPLOYER** (2) IDAHO FALLS POWER CONTRIBUTING No **EMPLOYER** (3) IN PHASE ELECTRIC INC CONTRIBUTING No **EMPLOYER** (4) INDUSTRIAL I & E INC CONTRIBUTING No **EMPLOYER** (5) INFRASOURCE UNDERGROUND CONSTR CONTRIBUTING No **EMPLOYER** (6) INSERV CONTRIBUTING No **EMPLOYER** (7) INTEC SERVICES INC CONTRIBUTING No **EMPLOYER** (8) INTEGRATED ELECTRICAL SOLUTION CONTRIBUTING No **EMPLOYER** (9) INTEGRITY GENERAL ENGINEERING CONTRIBUTING No **EMPLOYER** (10) INTERCON CONSTRUCTION INC CONTRIBUTING No **EMPLOYER** (11) INTERMOUNTAIN ELECTRIC INC CONTRIBUTING No **EMPLOYER** (12) INTERNATIONAL LINE BUILDERS CONTRIBUTING No **EMPLOYER** (13) INTREN INC CONTRIBUTING No EMPLOYER (14) ION ELECTRIC LLC CONTRIBUTING No **EMPLOYER**

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (e) (f) (g) (h) (i) Primary activity Name, address, and EIN of Type of entity Legal Direct controlling Share of total Share of end-of-Percentage Section 512 (C corp, S corp, (b)(13)related organization domicile entity ownership income year (state or foreign or trust) assets controlled country) entity? No Yes (331) IRISH ELECTRIC CORPORATION CONTRIBUTING No **EMPLOYER** (1) J & D EXCAVATION CONTRIBUTING No **EMPLOYER** (2) J & M CONTRACTING CORP CONTRIBUTING No **EMPLOYER** (3) J & R UNDERGROUND LLC CONTRIBUTING No **EMPLOYER** (4) J RANCK ELECTRIC INC CONTRIBUTING No **EMPLOYER** (5) J CLOUD INC CONTRIBUTING No **EMPLOYER** (6) JA WOUTERS INC CONTRIBUTING No **EMPLOYER** (7) JF EDWARDS CONSTRUCTION CO CONTRIBUTING No **EMPLOYER** (8) JF ELECTRIC INC CONTRIBUTING No EMPLOYER (9) JH HASSINGER INC CONTRIBUTING No **EMPLOYER** (10) JH MOORE ELECTRIC INC CONTRIBUTING No **EMPLOYER** (11) JW DIDADO ELECTRIC INC CONTRIBUTING No **EMPLOYER** (12) JW DIDADO LLC CONTRIBUTING No **EMPLOYER** (13) JACKSON UTILITIES LLC CONTRIBUTING No EMPLOYER (14) JACO CONSTRUCTION INC CONTRIBUTING No **EMPLOYER**

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (e) (f) (g) (h) (i) Primary activity Name, address, and EIN of Type of entity Legal Direct controlling Share of total Share of end-of-Percentage Section 512 (C corp, S corp, related organization domicile entity ownership (b)(13)income year (state or foreign or trust) assets controlled country) entity? Yes No (346) JAEGER VACUUM EXCAVATION CONTRIBUTING No **EMPLOYER** (1) JAMM POWER SERIVCE LLC CONTRIBUTING No **EMPLOYER** (2) JEFF MILLER CONSTRUCTION INC CONTRIBUTING No **EMPLOYER** (3) JERRY HAYNES ELECTRIC CO CONTRIBUTING No **EMPLOYER** (4) JJ BARNEY CONSTRUCTION INC CONTRIBUTING No **EMPLOYER** (5) JKT HOLDINGS CONTRIBUTING No **EMPLOYER** (6) JOE TANTARDINO LOGGING INC CONTRIBUTING No **EMPLOYER** (7) JOHN BURNS ELECTRIC CO CONTRIBUTING No **EMPLOYER** (8) JOHN E KELLY & SONS ELEC CONST CONTRIBUTING No **EMPLOYER** (9) JOPLIN INDUSTRIAL ELEC INC CONTRIBUTING No **EMPLOYER** (10) JORDAN HIGH VOLTAGE INC CONTRIBUTING No **EMPLOYER** (11) JOSCO CONSTRUCTION SERVICES CONTRIBUTING No **EMPLOYER** (12) JOYCE ELECTRICAL INC CONTRIBUTING No **EMPLOYER** (13) KR SWERDFEGER CONSTRUCTION CONTRIBUTING No EMPLOYER (14) KW EMERSON INC CONTRIBUTING No **EMPLOYER**

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (e) (f) (g) (h) (i) Primary activity Name, address, and EIN of Type of entity Legal Direct controlling Share of total Share of end-of-Percentage Section 512 (C corp, S corp, (b)(13)related organization domicile entity ownership income year (state or foreign or trust) assets controlled country) entity? No Yes (361) KARV INC CONTRIBUTING No **EMPLOYER** (1) KELSO-BURNETT ELECTRIC CO CONTRIBUTING No **EMPLOYER** (2) KEMP WEST INC CONTRIBUTING No **EMPLOYER** (3) KENNY'S ELECTRICAL CO INC No CONTRIBUTING **EMPLOYER** (4) KENT POWER CONTRIBUTING No **EMPLOYER** (5) KENT UTILITIES LLC CONTRIBUTING No **EMPLOYER** (6) KERNE AMERICA INC CONTRIBUTING No **EMPLOYER** (7) KEY LINE CONSTRUCTORS INC CONTRIBUTING No **EMPLOYER** (8) KILIAN POWER LLC CONTRIBUTING No EMPLOYER (9) KILLMER ELECTRIC CO INC CONTRIBUTING No **EMPLOYER** (10) KINDNESS GENERAL CONTRACTORS CONTRIBUTING No **EMPLOYER** (11) KIRBY CABLE SERVICE INC CONTRIBUTING No **EMPLOYER** (12) KLONDYKE CONSTRUCTION LLC CONTRIBUTING No **EMPLOYER** (13) KLT ENTERPRISES LLC CONTRIBUTING No EMPLOYER (14) KNOBEL'S ELECTRIC INC CONTRIBUTING No **EMPLOYER**

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (e) (f) (g) (h) (i) Primary activity Name, address, and EIN of Type of entity Legal Direct controlling Share of total Share of end-of-Percentage Section 512 (C corp, S corp, (b)(13)related organization domicile entity ownership income year (state or foreign or trust) assets controlled country) entity? No Yes (376) KROEKER CONSTRUCTION CONTRIBUTING No **EMPLOYER** (1) KS ENERGY SERVICES LLC CONTRIBUTING No **EMPLOYER** (2) KSSC INC CONTRIBUTING No **EMPLOYER** (3) KUENZI II INC CONTRIBUTING No **EMPLOYER** (4) KUHARCHIK CONSTRUCTION INC CONTRIBUTING No **EMPLOYER** (5) KV STRUCTURES INC CONTRIBUTING No **EMPLOYER** (6) KVA ELECTRIC INC CONTRIBUTING No **EMPLOYER** (7) L P D ELECTRIC INC CONTRIBUTING No **EMPLOYER** (8) LE MYERS CONTRIBUTING No **EMPLOYER** (9) LK COMSTOCK NATIONAL TRANSIT CONTRIBUTING No **EMPLOYER** (10) LAMKE TRENCHING & EXCAVATING CONTRIBUTING No **EMPLOYER** (11) LAND SERVICES INC CONTRIBUTING No **EMPLOYER** (12) LANZ INDUSTRIAL WELDING INC CONTRIBUTING No **EMPLOYER** (13) LASER ELECTRIC INC CONTRIBUTING No EMPLOYER (14) LAWRENCE ELECTRIC CO INC CONTRIBUTING No **EMPLOYER**

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (e) (f) (g) (h) (i) Primary activity Name, address, and EIN of Type of entity Legal Direct controlling Share of total Share of end-of-Percentage Section 512 (C corp, S corp, related organization domicile entity ownership (b)(13)income year (state or foreign or trust) assets controlled country) entity? No Yes (391) LE COM INC CONTRIBUTING No **EMPLOYER** (1) LIBERTY ELECTRIC LLC CONTRIBUTING No **EMPLOYER** (2) LINCOLN CONSTRUCTION CORP CONTRIBUTING No **EMPLOYER** (3) LINDSEY ELECTRIC COMPANY INC CONTRIBUTING No **EMPLOYER** (4) LINE CONSTRUCTION SERVICES LLC CONTRIBUTING No **EMPLOYER** (5) LINE INSPECTION INC CONTRIBUTING No **EMPLOYER** (6) LIVE ACTION GEN ENGINEERING CONTRIBUTING No **EMPLOYER** (7) LOGGERS UNLIMITED INC CONTRIBUTING No **EMPLOYER** (8) LOY CLARK PIPELINE COMPANY CONTRIBUTING No **EMPLOYER** (9) LUCCHETTI EXCAVATING CONTRIBUTING No **EMPLOYER** (10) LUCKY BUCKS EQUIPMENT RENTAL CONTRIBUTING No **EMPLOYER** (11) M & A POWER COOPERATIVE CONTRIBUTING No **EMPLOYER** (12) MA STEINER CONSTRUCTION CONTRIBUTING No **EMPLOYER** (13) MJ ELECGREAT LAKES LINE BL CONTRIBUTING No EMPLOYER (14) MJ ELECTRIC INC CONTRIBUTING No **EMPLOYER**

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (e) (f) (g) (h) (i) Primary activity Name, address, and EIN of Type of entity Legal Direct controlling Share of total Share of end-of-Percentage Section 512 (C corp, S corp, related organization domicile entity ownership (b)(13)income year (state or foreign or trust) assets controlled country) entity? Yes No (406) MACHADO & SONS CONTRIBUTING No **EMPLOYER** (1) MAD ELECTRIC CONSTRUCTION CONTRIBUTING No **EMPLOYER** (2) MAGNUM BORING CONTRIBUTING No **EMPLOYER** (3) MAGNUM POWER LLC No CONTRIBUTING **EMPLOYER** (4) MAIN ELECTRIC LTD CONTRIBUTING No **EMPLOYER** (5) MAIN LITE ELECTRIC CO INC CONTRIBUTING No **EMPLOYER** (6) MARABLE-PIRKLE SERVICES INC CONTRIBUTING No EMPLOYER (7) MARIAS RIVER ELEC COOPERATIVE CONTRIBUTING No **EMPLOYER** (8) MARINA LANDSCAPE INC CONTRIBUTING No EMPLOYER (9) MARIO'S TREE SERVICE CONTRIBUTING No **EMPLOYER** (10) MARK ONE ELECTRIC CO INC CONTRIBUTING No **EMPLOYER** (11) MARTELL ELECTRIC CONTRIBUTING No **EMPLOYER** (12) MARTINEZ UTILITY SERVICES INC CONTRIBUTING No **EMPLOYER** (13) MASS ELECTRIC CONSTR CO CONTRIBUTING No **EMPLOYER** (14) MASS ELECTRIC CONSTRUCTION CONTRIBUTING No EMPLOYER

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (e) (f) (g) (h) (i) Name, address, and EIN of Primary activity Type of entity Legal Direct controlling Share of total Share of end-of-Percentage Section 512 (C corp, S corp, related organization domicile entity ownership (b)(13)income year (state or foreign or trust) assets controlled country) entity? Yes No (421) MASTER ELECTRIC INC CONTRIBUTING No **EMPLOYER** (1) MATCHINSKI ENTERPRISES INC CONTRIBUTING No **EMPLOYER** (2) MATRIX SERVICE IN CONTRIBUTING No **EMPLOYER** (3) MATRIX SERVICE INDUSTRIAL CONT CONTRIBUTING No **EMPLOYER** (4) MAX ELECTRIC INC CONTRIBUTING No **EMPLOYER** (5) MCDADE WOODCOCK INC CONTRIBUTING No **EMPLOYER** (6) MCDONOUGH ELECTRIC CONST CORP CONTRIBUTING No **EMPLOYER** (7) MDRM INDUSTRIES INC CONTRIBUTING No **EMPLOYER** (8) MEADE ELECTRIC COMPANY INC CONTRIBUTING No EMPLOYER (9) MESA LINE SERVICES CONTRIBUTING No **EMPLOYER** (10) MEYER & MEYER SERVICES INC CONTRIBUTING No **EMPLOYER** (11) MEYER ELECTRIC CO INC CONTRIBUTING No **EMPLOYER** (12) MGE UNDERGROUND INC CONTRIBUTING No **EMPLOYER** (13) MICHELS CORPORATION CONTRIBUTING No **EMPLOYER** (14) MICHELS PIPELINE CONSTR INC CONTRIBUTING No EMPLOYER

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (e) (f) (g) (h) (i) Primary activity Name, address, and EIN of Type of entity Legal Direct controlling Share of total Share of end-of-Percentage Section 512 (C corp, S corp, ownership related organization domicile entity (b)(13)income year (state or foreign or trust) assets controlled country) entity? Yes No (436) MICHELS POWER CONTRIBUTING No **EMPLOYER** (1) MICHELS POWER (SUPERIOR ELEC) CONTRIBUTING No **EMPLOYER** (2) MICHELS POWER (SUPERIOR NW) CONTRIBUTING No **EMPLOYER** (3) MICHELS POWER INC CONTRIBUTING No **EMPLOYER** (4) MIDLAND ELEC & CONTRACTING INC CONTRIBUTING No **EMPLOYER** (5) MIDWEST ACCESS SOLUTIONS LLC CONTRIBUTING No **EMPLOYER** (6) MIDWEST CRANE & RIGGING LLC CONTRIBUTING No EMPLOYER (7) MIDWEST FOUNDATION SVCS LLC CONTRIBUTING No **EMPLOYER** (8) MIDWEST POWERLINE CONTRIBUTING No EMPLOYER (9) MIDWEST POWERLINE LLC CONTRIBUTING No **EMPLOYER** (10) MIDWEST REBAR SERVICES LLC CONTRIBUTING No **EMPLOYER** (11) MIDWESTERN ELECTRIC INC CONTRIBUTING No **EMPLOYER** (12) MILLER BROS CONTRIBUTING No **EMPLOYER** (13) MILLER CONSTRUCTION CO INC CONTRIBUTING No **EMPLOYER** (14) MJG INC CONTRIBUTING No **EMPLOYER**

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (e) (f) (g) (h) (i) Primary activity Name, address, and EIN of Type of entity Legal Direct controlling Share of total Share of end-of-Percentage Section 512 (C corp, S corp, related organization domicile entity ownership (b)(13)income year (state or foreign or trust) assets controlled country) entity? No Yes (451) MOHAWK ELECTRIC LLC CONTRIBUTING No **EMPLOYER** (1) MONSTER EQUIPMENT LLC CONTRIBUTING No **EMPLOYER** (2) MOORE FENCE CONTRIBUTING No **EMPLOYER** (3) MOORHEAD ELECTRIC INC No CONTRIBUTING **EMPLOYER** (4) MORSE ELECTRIC INC CONTRIBUTING No **EMPLOYER** (5) MOST WANTED DRILLING LLC CONTRIBUTING No **EMPLOYER** (6) MOTOR CITY ELECTRIC UTILITIES CONTRIBUTING No EMPLOYER (7) MOUNTAIN F ENTERPRISES INC CONTRIBUTING No **EMPLOYER** (8) MOUNTAIN G ENGINEERING CONTRIBUTING No EMPLOYER (9) MOUNTAIN POWER CONSTRUCTION CO CONTRIBUTING No **EMPLOYER** (10) MOWBRAY'S TREE SERVICE INC CONTRIBUTING No **EMPLOYER** (11) MOZA CONSTRUCTION INC CONTRIBUTING No **EMPLOYER** (12) MP SYSTEMS INC CONTRIBUTING No **EMPLOYER** (13) MP TECHNOLOGIES LLC CONTRIBUTING No **EMPLOYER** (14) MT BAKER CABLE LLC CONTRIBUTING No **EMPLOYER**

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (e) (f) (g) (h) (i) Primary activity Name, address, and EIN of Type of entity Legal Direct controlling Share of total Share of end-of-Percentage Section 512 (C corp, S corp, related organization domicile entity ownership (b)(13)income year (state or foreign or trust) assets controlled country) entity? Yes No (466) MWI INC CONTRIBUTING No **EMPLOYER** (1) MZI ELECTRIC INC CONTRIBUTING No **EMPLOYER** (2) NATIONAL CONDUCTOR CONSTR INC CONTRIBUTING No **EMPLOYER** (3) NATIONAL LIGHT & POWER INC CONTRIBUTING No **EMPLOYER** (4) NATIONAL SECURITY TECHNOLOGIES CONTRIBUTING No **EMPLOYER** (5) NATIONAL TECHNOLOGIES LLC CONTRIBUTING No **EMPLOYER** (6) NEAL-LYNN INC CONTRIBUTING No **EMPLOYER** (7) NELSON TREE SERVICE INC CONTRIBUTING No **EMPLOYER** (8) NEVADA BKD CORP CONTRIBUTING No EMPLOYER (9) NEW RIVER ELECTRICAL CORP CONTRIBUTING No **EMPLOYER** (10) NEWKIRK ELECTRIC ASSOC INC CONTRIBUTING No **EMPLOYER** (11) NEW-MAC ELECTRIC COOP INC CONTRIBUTING No **EMPLOYER** (12) NEWMAN CONSTRUCTION II INC CONTRIBUTING No **EMPLOYER** (13) NEWTRON INC CONTRIBUTING No **EMPLOYER** (14) NEWVILLE ELECTRIC SERVICES CONTRIBUTING No EMPLOYER

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (e) (f) (g) (h) (i) Name, address, and EIN of Primary activity Type of entity Legal Direct controlling Share of total Share of end-of-Percentage Section 512 (C corp, S corp, related organization domicile entity ownership (b)(13)income year (state or foreign or trust) assets controlled country) entity? Yes No (481) NEWVILLE ELECTRIC SERVICES CONTRIBUTING No **EMPLOYER** (1) NOR-CAL BUILDERS CONTRIBUTING No **EMPLOYER** (2) NORRIS TOWER INC CONTRIBUTING No **EMPLOYER** (3) NORTH HOUSTON POLE LINE CORP No CONTRIBUTING **EMPLOYER** (4) NORTH UNIT IRRIGATION DISTRICT CONTRIBUTING No **EMPLOYER** (5) NORTH WESTERN ELECTRICAL CORP CONTRIBUTING No **EMPLOYER** (6) NORTHEASTERN LINE CONTRIBUTING No EMPLOYER (7) NORTHERN CLEARING INC CONTRIBUTING No **EMPLOYER** (8) NORTHERN DIRECTIONAL DRILLING CONTRIBUTING No EMPLOYER (9) NORTHLINE UTILITIES CONTRIBUTING No **EMPLOYER** (10) NORTHWEST HIGH VOLTAGE SERVICE CONTRIBUTING No **EMPLOYER** (11) NORTHWEST LINE BUILDERS LLC CONTRIBUTING No **EMPLOYER** (12) NORTHWEST UTILITY SERVICES CONTRIBUTING No **EMPLOYER** (13) NOVI ENVIONMENTAL CONTRIBUTING No **EMPLOYER** (14) NPL CONSTRUCTION CONTRIBUTING No EMPLOYER

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (e) (f) (g) (h) (i) Primary activity Name, address, and EIN of Type of entity Legal Direct controlling Share of total Share of end-of-Percentage Section 512 (C corp, S corp, related organization domicile entity ownership (b)(13)income year (state or foreign or trust) assets controlled country) entity? Yes No (496) NRG POWER CONTRIBUTING No **EMPLOYER** (1) OBERLANDER ELECTRIC CO CONTRIBUTING No **EMPLOYER** (2) O'CONNELL ELECTRIC CO CONTRIBUTING No **EMPLOYER** (3) OCONTO ELECTRIC COOPERATIVE CONTRIBUTING No **EMPLOYER** (4) O'DUFFY BROTHERS CONTRIBUTING No **EMPLOYER** (5) OIL FIELD ELECTRIC CO INC CONTRIBUTING No **EMPLOYER** (6) OIL FIELD TREE SERVICE INC CONTRIBUTING No **EMPLOYER** (7) OLSEN EXCAVATION & GRADING CONTRIBUTING No **EMPLOYER** (8) OLSON BROTHERS PRO VAC LLC CONTRIBUTING No **EMPLOYER** (9) OMAHA ELECTRIC SERVICE INC CONTRIBUTING No **EMPLOYER** (10) ONE SOURCE POWER LLC CONTRIBUTING No **EMPLOYER** (11) O'NEILL ELECTRIC INC CONTRIBUTING No **EMPLOYER** (12) ONESOURCE DISTRIBUTORS LLC CONTRIBUTING No **EMPLOYER** (13) ORCAS POWER & LIGHT CONTRIBUTING No **EMPLOYER** (14) OREGON ELECTRIC GROUP CONTRIBUTING No **EMPLOYER**

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (e) (f) (g) (h) (i) Primary activity Name, address, and EIN of Type of entity Legal Direct controlling Share of total Share of end-of-Percentage Section 512 (C corp, S corp, (b)(13)related organization domicile entity ownership income year (state or foreign or trust) assets controlled country) entity? Yes No (511) OSMOSE CONTRIBUTING No **EMPLOYER** (1) OUTBACK DVBE INC CONTRIBUTING No **EMPLOYER** (2) OUTBACK POWER COMPANY CONTRIBUTING No **EMPLOYER** (3) OUTDOOR LIGHTING CONST CO INC CONTRIBUTING No **EMPLOYER** (4) OUTSOURCE UTILITY CONTRACTOR CONTRIBUTING No **EMPLOYER** (5) OVERHEAD LINES LLC CONTRIBUTING No **EMPLOYER** (6) OZARK BORDER ELECTRIC COOP CONTRIBUTING No **EMPLOYER** (7) P & G POWER CORP CONTRIBUTING No **EMPLOYER** (8) P H CONSTRUCTION CONTRIBUTING No EMPLOYER (9) PACHECO UTILITY LINE BLDR INC CONTRIBUTING No **EMPLOYER** (10) PACIFIC COAST TREE EXPERTS CONTRIBUTING No **EMPLOYER** (11) PACIFIC GOLD MARKETING INC CONTRIBUTING No **EMPLOYER** (12) PAE CONTRIBUTING No **EMPLOYER** (13) PAJARO VALLEY ELECTRIC INC CONTRIBUTING No **EMPLOYER** (14) PAR ELECTRICAL CONTR INC CONTRIBUTING No **EMPLOYER**

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (e) (f) (g) (h) (i) Primary activity Name, address, and EIN of Type of entity Legal Direct controlling Share of total Share of end-of-Percentage Section 512 (C corp, S corp, related organization domicile entity ownership (b)(13)income year (state or foreign or trust) assets controlled country) entity? Yes No (526) PARKIA INC CONTRIBUTING No **EMPLOYER** (1) PARMETER GENERAL ENG & SERV CONTRIBUTING No **EMPLOYER** (2) PARSONS ELECTRIC LLC CONTRIBUTING No **EMPLOYER** (3) PATRIOT GENERAL ENGINEERING No CONTRIBUTING **EMPLOYER** (4) PAUL G SENFT & SONS TRENCHING CONTRIBUTING No **EMPLOYER** (5) PETRELLI ELECTRIC CONTRIBUTING No **EMPLOYER** (6) PEXX INC CONTRIBUTING No **EMPLOYER** (7) PHILLIPS & JORDAN INC CONTRIBUTING No **EMPLOYER** (8) PIEPER ELECTRIC INC CONTRIBUTING No EMPLOYER (9) PIEPER ELECTRICMP SYSTEMS CONTRIBUTING No **EMPLOYER** (10) PIEPERLINE CONTRIBUTING No **EMPLOYER** (11) PIEPERLINEMP SYSTEMS CONTRIBUTING No **EMPLOYER** (12) PINNACLE POWER SERVICES INC CONTRIBUTING No **EMPLOYER** (13) PINNER ELECTRIC INC CONTRIBUTING No **EMPLOYER** (14) PIONEER ELECTRIC POWER INC CONTRIBUTING No EMPLOYER

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (e) (f) (g) (h) (i) Primary activity Name, address, and EIN of Type of entity Legal Direct controlling Share of total Share of end-of-Percentage Section 512 (C corp, S corp, (b)(13)related organization domicile entity ownership income year (state or foreign or trust) assets controlled country) entity? No Yes (541) PJ HELICOPTERS INC CONTRIBUTING No **EMPLOYER** (1) PMI ENERGY SOLUTIONS LLC CONTRIBUTING No **EMPLOYER** (2) PMI SYSTEMS INC CONTRIBUTING No **EMPLOYER** (3) POTELCO INC CONTRIBUTING No **EMPLOYER** (4) POWER CITY ELECTRIC INC CONTRIBUTING No **EMPLOYER** (5) POWER COM CONTRIBUTING No **EMPLOYER** (6) POWER CONTRACTING (PINE VALLEY CONTRIBUTING No **EMPLOYER** (7) POWER FOUNDATIONS LLC CONTRIBUTING No **EMPLOYER** (8) POWER GRADE CONTRIBUTING No EMPLOYER (9) POWER LINE SOLUTIONS CONTRIBUTING No **EMPLOYER** (10) POWER SERVICES GROUP CONTRIBUTING No **EMPLOYER** (11) POWER TECHNOLOGY INC CONTRIBUTING No **EMPLOYER** (12) POWER X CONTRIBUTING No **EMPLOYER** (13) POWERGRID SPECIALTIES INC CONTRIBUTING No **EMPLOYER** (14) POWERHOUSE GRADING CONTRIBUTING No **EMPLOYER**

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (e) (f) (g) (h) (i) Primary activity Name, address, and EIN of Type of entity Legal Direct controlling Share of total Share of end-of-Percentage Section 512 (C corp, S corp, related organization domicile entity ownership (b)(13)income year (state or foreign or trust) assets controlled country) entity? Yes No (556) POWERLINERS INC CONTRIBUTING No **EMPLOYER** (1) PRECISION CONSTRUCTION SERVICE CONTRIBUTING No **EMPLOYER** (2) PRECISION DAYLIGHTING INC CONTRIBUTING No **EMPLOYER** (3) PREFERRED POWER SOLUTIONS CONTRIBUTING No **EMPLOYER** (4) PREMIER ELECTRICAL CORPORATION CONTRIBUTING No **EMPLOYER** (5) PREMIER POWER PROFESSIONALS CONTRIBUTING No **EMPLOYER** (6) PRIDE ELECTRIC CONTRIBUTING No **EMPLOYER** (7) PRIMARY SOURCE ELECTRIC LLC CONTRIBUTING No **EMPLOYER** (8) PRIME ELECTRIC CONTRIBUTING No EMPLOYER (9) PRITCHARD ELECTRIC CONTRIBUTING No **EMPLOYER** (10) PRO ELECTRIC INC CONTRIBUTING No **EMPLOYER** (11) PRO TRAFFIC SERVICES INC CONTRIBUTING No **EMPLOYER** (12) PROCAL ELECTRIC CONTRIBUTING No **EMPLOYER** (13) PROFESSIONAL CONSTRUCTION SERV CONTRIBUTING No **EMPLOYER** (14) PRO-TECH CABLING SYSTEMS INC CONTRIBUTING No EMPLOYER

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (e) (f) (g) (h) (i) Primary activity Name, address, and EIN of Type of entity Legal Direct controlling Share of total Share of end-of-Percentage Section 512 (C corp, S corp, (b)(13)related organization domicile entity ownership income year (state or foreign or trust) assets controlled country) entity? No Yes (571) PRYSMIAN CONSTRUCTION SERVICE CONTRIBUTING No **EMPLOYER** (1) PRYSMIAN CONSTRUCTION SERVICE CONTRIBUTING No **EMPLOYER** (2) Q3 CONTRACTING CONTRIBUTING No **EMPLOYER** (3) QSP UTILITY LLC CONTRIBUTING No **EMPLOYER** (4) QUALITY ASSURANCE SUPPORT GRP CONTRIBUTING No **EMPLOYER** (5) QUALITY GENERAL ENGINEERING CONTRIBUTING No **EMPLOYER** (6) QUALITY LINE COMPANY CONTRIBUTING No **EMPLOYER** (7) QUALITY LINES INC CONTRIBUTING No **EMPLOYER** (8) QUANTUM CROSSINGS LLC CONTRIBUTING No EMPLOYER (9) RE YATES ELECTRIC INC CONTRIBUTING No **EMPLOYER** (10) RH HOLDINGS CONTRIBUTING No **EMPLOYER** (11) RJ ALLEN INC CONTRIBUTING No **EMPLOYER** (12) ROW RESOURCES LLC CONTRIBUTING No **EMPLOYER** (13) RTL CONTRIBUTING No EMPLOYER (14) RS ELECTRIC UTILITY SERVICES CONTRIBUTING No EMPLOYER

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (e) (f) (g) (h) (i) Name, address, and EIN of Primary activity Legal Direct controlling Type of entity Share of total Share of end-of-Percentage Section 512 (C corp, S corp, related organization domicile entity ownership (b)(13)income year (state or foreign or trust) assets controlled country) entity? Yes No (586) RADER EXCAVATING INC CONTRIBUTING No **EMPLOYER** (1) RAINBOW WATER SERVICES CONTRIBUTING No **EMPLOYER** (2) RAUHORN ELECTRIC INC CONTRIBUTING No **EMPLOYER** (3) RAWHIDE EXCAVATION INC CONTRIBUTING No **EMPLOYER** (4) RAZORS EDGE GRADING & EXCAV CONTRIBUTING No **EMPLOYER** (5) REHM ELECTRIC SHOP INC CONTRIBUTING No **EMPLOYER** (6) RELIANCE ENGINEERING CONTRIBUTING No **EMPLOYER** (7) RICHARD ELEC CONST (REC) CONTRIBUTING No **EMPLOYER** (8) RICHARDS CONSTRUCTION CO CONTRIBUTING No EMPLOYER (9) RICHARDSON-WAYLAND ELEC CORP CONTRIBUTING No **EMPLOYER** (10) RICK EMMET TRUCKING CONTRIBUTING No **EMPLOYER** (11) RIGGS-DISTLER & COMAPNY INC CONTRIBUTING No **EMPLOYER** (12) ROADWAY CONSTRUCTION SERVICES CONTRIBUTING No **EMPLOYER** (13) ROBERSON WAITE ELECTRIC CONTRIBUTING No **EMPLOYER** (14) ROBERT HENRY CORPORATION CONTRIBUTING No EMPLOYER

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (e) (f) (g) (h) (i) Name, address, and EIN of Primary activity Type of entity Legal Direct controlling Share of total Share of end-of-Percentage Section 512 (C corp, S corp, related organization domicile entity ownership (b)(13)income year or trust) (state or foreign assets controlled country) entity? Yes No (601) ROBINSON BROTHERS CONSTR INC CONTRIBUTING No **EMPLOYER** (1) ROCKY MOUNTAIN CONTRACTORS INC CONTRIBUTING No **EMPLOYER** (2) ROEMER UTILITY SERVICES LLC CONTRIBUTING No **EMPLOYER** (3) ROKSTAD POWER INC CONTRIBUTING No **EMPLOYER** (4) RON'S BACKHOE RENTAL INC CONTRIBUTING No **EMPLOYER** (5) ROSENDIN ELECTRIC INC CONTRIBUTING No **EMPLOYER** (6) ROYER BROTHERS TREE SERVICE CONTRIBUTING No **EMPLOYER** (7) RPC LIMITED PARTNERSHIP CONTRIBUTING No **EMPLOYER** (8) RUTKOSKI FENCING INC CONTRIBUTING No EMPLOYER (9) SACHS ELECTRIC COMPANY CONTRIBUTING No **EMPLOYER** (10) SALINA TREE SERVICE INC CONTRIBUTING No **EMPLOYER** (11) SALISH CONSTRUCTION COMPANY CONTRIBUTING No **EMPLOYER** (12) SAN DIEGO GRADING CONTRIBUTING No **EMPLOYER** (13) SAN MIGUEL POWER ASSOC INC CONTRIBUTING No **EMPLOYER** (14) SARGENT ELECTRIC COMPANY CONTRIBUTING No EMPLOYER

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (e) (f) (g) (h) (i) Primary activity Name, address, and EIN of Type of entity Legal Direct controlling Share of total Share of end-of-Percentage Section 512 (C corp, S corp, related organization domicile entity ownership (b)(13)income year (state or foreign or trust) assets controlled country) entity? No Yes (616) SASCO ELECTRIC CONTRIBUTING No **EMPLOYER** (1) SAUNDERS LINE CONSTRUCTION CONTRIBUTING No **EMPLOYER** (2) SCHNEIDER ELEC ST LOUIS LLC CONTRIBUTING No **EMPLOYER** (3) SE-ENERGY No CONTRIBUTING **EMPLOYER** (4) SELCAT INC CONTRIBUTING No **EMPLOYER** (5) SELCON UTILITY INC CONTRIBUTING No **EMPLOYER** (6) SE-MA-NO ELECTRIC COOPERATIVE CONTRIBUTING No **EMPLOYER** (7) SEMO ELECTRIC COOPERATIVE CONTRIBUTING No **EMPLOYER** (8) SENN CONSTRUCTION COMPANY CONTRIBUTING No **EMPLOYER** (9) SERVICE ELECTRIC COMPANY CONTRIBUTING No **EMPLOYER** (10) SERVICE ONE CONTRIBUTING No **EMPLOYER** (11) SHADE TREE SERVICE INC CONTRIBUTING No **EMPLOYER** (12) SHAMBAUGH AND SON INC CONTRIBUTING No **EMPLOYER** (13) SHELLEY ELECTRIC INC CONTRIBUTING No EMPLOYER (14) SHO-ME-POWER COOPERATIVE CONTRIBUTING No EMPLOYER

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (e) (f) (g) (h) (i) Name, address, and EIN of Primary activity Type of entity Legal Direct controlling Share of total Share of end-of-Percentage Section 512 (C corp, S corp, related organization domicile entity ownership (b)(13)income year (state or foreign or trust) assets controlled country) entity? Yes No (631) SHOWCASE CONCRETE CORP CONTRIBUTING No **EMPLOYER** (1) SIEMENS INDUSTRY INC CONTRIBUTING No **EMPLOYER** (2) SILLER CONSTRUCTION CO CONTRIBUTING No **EMPLOYER** (3) SJL CONSTRUCTION No CONTRIBUTING **EMPLOYER** (4) SKF CONTRACTING INC CONTRIBUTING No **EMPLOYER** (5) SKYLINE ELECTRIC COMPANY CONTRIBUTING No **EMPLOYER** (6) SKYLINE TREE SERVICE CONTRIBUTING No **EMPLOYER** (7) SMART GRID SOLUTIONS LLC CONTRIBUTING No **EMPLOYER** (8) SO CAL UTILITY CONTRACTORS CONTRIBUTING No EMPLOYER (9) SONOMA CONSTRUCTION CONTRIBUTING No **EMPLOYER** (10) SOSAYA & SONS CONSTR INC CONTRIBUTING No **EMPLOYER** (11) SOUTHEASTERN IL ELEC COOP CONTRIBUTING No **EMPLOYER** (12) SOUTHERN CONTRACTING COMPANY CONTRIBUTING No **EMPLOYER** (13) SOUTHERN IL ELECTRIC COOP CONTRIBUTING No **EMPLOYER** (14) SOUTHERN ILLINOIS POWER CONTRIBUTING No EMPLOYER

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (e) (f) (g) (h) (i) Name, address, and EIN of Primary activity Type of entity Legal Direct controlling Share of total Share of end-of-Percentage Section 512 (C corp, S corp, related organization domicile entity ownership (b)(13)income year (state or foreign or trust) assets controlled country) entity? Yes No (646) SOUTHERN INDIANA POWER CONTRIBUTING No **EMPLOYER** (1) SOUTHWEST ADMINISTRATORS CONTRIBUTING No **EMPLOYER** (2) SPALJ CONSTRUCTION CO CONTRIBUTING No **EMPLOYER** (3) SPAULDING CONSTRUCTION No CONTRIBUTING **EMPLOYER** (4) SPE UTILITY CONTR LLC FL DIV CONTRIBUTING No **EMPLOYER** (5) SPE UTILITY CONTRACTORS CONTRIBUTING No **EMPLOYER** (6) SPERRY BROTHERS INC CONTRIBUTING No **EMPLOYER** (7) SPOON RIVER ELECTRIC COOP(REA) CONTRIBUTING No **EMPLOYER** (8) SPOON RIVER ELECTRIC COOP INC CONTRIBUTING No **EMPLOYER** (9) ST FRANCIS ELECTRIC CONTRIBUTING No **EMPLOYER** (10) STANDARD ELECTRIC CO INC CONTRIBUTING No **EMPLOYER** (11) STANLEY ELECTRIC COMPANY CONTRIBUTING No **EMPLOYER** (12) STATE-LINE CONTRACTORS INC CONTRIBUTING No **EMPLOYER** (13) STATION ELECTRIC INC CONTRIBUTING No **EMPLOYER** (14) STROLES TRI-SERVICE CONTRIBUTING No **EMPLOYER**

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (e) (f) (g) (h) (i) Primary activity Name, address, and EIN of Type of entity Legal Direct controlling Share of total Share of end-of-Percentage Section 512 (C corp, S corp, related organization domicile entity ownership (b)(13)income year (state or foreign or trust) assets controlled country) entity? Yes No (661) STURGEON ELEC CALIFORNIA LLC CONTRIBUTING No **EMPLOYER** (1) STURGEON ELECTRIC CO CONTRIBUTING No **EMPLOYER** (2) SUBSTATION SPECIALIST INC CONTRIBUTING No **EMPLOYER** (3) SUMMIT LINE CONSTRUCTION CONTRIBUTING No **EMPLOYER** (4) SUNDOWN ELECTRIC CO CONTRIBUTING No **EMPLOYER** (5) SUPERIOR BORING & TRENCHING CONTRIBUTING No **EMPLOYER** (6) SUPERIOR GROUP THE CONTRIBUTING No EMPLOYER (7) SUPREME INDUSTRIES INC CONTRIBUTING No **EMPLOYER** (8) SUREFIRE UNDERGROUND & CONSULT CONTRIBUTING No **EMPLOYER** (9) SURPRISE VALLEY ELECT CORP CONTRIBUTING No **EMPLOYER** (10) SWANILLON INC CONTRIBUTING No **EMPLOYER** (11) SWANSON BACKHOE CONTRIBUTING No **EMPLOYER** (12) SYNERGY TREE TRIMMING INC CONTRIBUTING No **EMPLOYER** (13) T & D POWER CONTRIBUTING No **EMPLOYER** (14) T & T ELECTRIC CO INC CONTRIBUTING No **EMPLOYER**

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (e) (f) (g) (h) (i) Primary activity Name, address, and EIN of Type of entity Legal Direct controlling Share of total Share of end-of-Percentage Section 512 (C corp, S corp, (b)(13)related organization domicile entity ownership income year (state or foreign or trust) assets controlled country) entity? No Yes (676) TBH ASSOCIATES CONTRIBUTING No **EMPLOYER** (1) TABBERT CONSTRUCTION INC CONTRIBUTING No **EMPLOYER** (2) TAFF CONSTRUCTION INC CONTRIBUTING No **EMPLOYER** (3) TANNER ELECTRIC CONTRIBUTING No **EMPLOYER** (4) TAYLOR ELECTRIC COMPANY CONTRIBUTING No **EMPLOYER** (5) TAYLOR ELECTRIC COMPANY INC CONTRIBUTING No **EMPLOYER** (6) TEL-POWER INC CONTRIBUTING No **EMPLOYER** (7) THAYER INVESTMENTS LLC CONTRIBUTING No **EMPLOYER** (8) THAYER POWER & COMM CONTRIBUTING No EMPLOYER (9) THOMAS ELEC SYSTEMS & TESTING CONTRIBUTING No **EMPLOYER** (10) THOMPSON ELECTRIC INC CONTRIBUTING No **EMPLOYER** (11) THORNE ELECTRIC INC CONTRIBUTING No **EMPLOYER** (12) THORNE'S TREE SERVICE INC CONTRIBUTING No **EMPLOYER** (13) THREE PHASE LINE CONST INC CONTRIBUTING No **EMPLOYER** (14) TICE ELECTRIC CO CONTRIBUTING No **EMPLOYER**

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (e) (f) (g) (h) (i) Name, address, and EIN of Primary activity Type of entity Legal Direct controlling Share of total Share of end-of-Percentage Section 512 (C corp, S corp, related organization domicile entity ownership (b)(13)income year (state or foreign or trust) assets controlled country) entity? Yes No (691) TITAN CONSTRUCTION INC CONTRIBUTING No **EMPLOYER** (1) TITAN ELECTRICAL CONTRACTING CONTRIBUTING No **EMPLOYER** (2) TITAN SERVICES INC CONTRIBUTING No **EMPLOYER** (3) TOP OF THE LINE ELEC CONTR INC CONTRIBUTING No **EMPLOYER** (4) TRANSCON COMPANY LLC CONTRIBUTING No **EMPLOYER** (5) TREES INC CONTRIBUTING No **EMPLOYER** (6) TRICE CONSTRUCTION COMPANY CONTRIBUTING No EMPLOYER (7) TRICE UNDERGROUND INC CONTRIBUTING No **EMPLOYER** (8) TRI-COUNTY ELECTRIC COOP INC CONTRIBUTING No EMPLOYER (9) TRI-STATE DIRECTIONAL DRILLING CONTRIBUTING No **EMPLOYER** (10) TRI-STATE DRILLING INC CONTRIBUTING No **EMPLOYER** (11) TRI-STATE GENERATION & TRANS CONTRIBUTING No **EMPLOYER** (12) TRI-TECH ELECTRIC INC CONTRIBUTING No **EMPLOYER** (13) TRI-TECHNIC INC CONTRIBUTING No **EMPLOYER** (14) TSU TREE SERV UNLIMITED INC CONTRIBUTING No EMPLOYER

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (e) (f) (g) (h) (i) Name, address, and EIN of Primary activity Legal Direct controlling Type of entity Share of total Share of end-of-Percentage Section 512 (C corp, S corp, related organization domicile entity ownership (b)(13)income year (state or foreign or trust) assets controlled country) entity? Yes No (706) TTR SUBSTATIONS CONTRIBUTING No **EMPLOYER** (1) TURNER & SONS CO INC CONTRIBUTING No **EMPLOYER** (2) US UTILITY CONTR CO INC CONTRIBUTING No **EMPLOYER** (3) ULTRA ENGINEERING CONTRACTORS CONTRIBUTING No **EMPLOYER** (4) UMATILLA ELECTRIC COOPERATIVE CONTRIBUTING No **EMPLOYER** (5) UNDERGROUND CONSTRUCTION CONTRIBUTING No **EMPLOYER** (6) UNION ENGINEERING CORP CONTRIBUTING No **EMPLOYER** (7) UNITED POWER CONTRACTORS INC CONTRIBUTING No **EMPLOYER** (8) UNITED SUPERIOR I & E GROUP CONTRIBUTING No **EMPLOYER** (9) UNITED WELDING OF BRAINERD CONTRIBUTING No **EMPLOYER** (10) UNITED WELDING OF BRAINERD CONTRIBUTING No **EMPLOYER** (11) USM PLANT SERVICES INC CONTRIBUTING No **EMPLOYER** (12) UTEC CONSTRUCTORS INC CONTRIBUTING No **EMPLOYER** (13) UTILITY CONSTRUCTORS INC CONTRIBUTING No **EMPLOYER** (14) UTILITY DYNAMICS CORPORATION CONTRIBUTING No EMPLOYER

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (e) (f) (g) (h) (i) Name, address, and EIN of Primary activity Type of entity Legal Direct controlling Share of total Share of end-of-Percentage Section 512 (C corp, S corp, related organization domicile entity ownership (b)(13)income year (state or foreign or trust) assets controlled country) entity? No Yes (721) UTILITY LINE CONSTRUCTION CONTRIBUTING No **EMPLOYER** (1) UTILITY LINE MANAGEMENT CONTRIBUTING No **EMPLOYER** (2) UTILITY SERVICE & MAINT INC CONTRIBUTING No **EMPLOYER** (3) UTILITY SOLUTIONS MIDWEST DIV No CONTRIBUTING **EMPLOYER** (4) UTILITY TREE SERVICE CONTRIBUTING No **EMPLOYER** (5) VACQUA INDUSTRIAL SERVICE CONTRIBUTING No **EMPLOYER** (6) VALLEY ELEC CO OF MT VERNON CONTRIBUTING No **EMPLOYER** (7) VALLEY HYDRO-EXCAVATION LLC CONTRIBUTING No **EMPLOYER** (8) VANALT ELECTRICAL CONSTR INC CONTRIBUTING No **EMPLOYER** (9) VCI UTILITY SERVICES INC CONTRIBUTING No **EMPLOYER** (10) VECA ELECTRIC CONTRIBUTING No **EMPLOYER** (11) VETERAN POWER INC CONTRIBUTING No **EMPLOYER** (12) VIGILANTE ELECTRIC COOPERATIVE CONTRIBUTING No **EMPLOYER** (13) VILLAGE OF LADD CONTRIBUTING No **EMPLOYER** (14) VILLAGE OF RIVERTON (NOT REA) CONTRIBUTING No EMPLOYER

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (e) (f) (g) (h) (i) Name, address, and EIN of Primary activity Type of entity Legal Direct controlling Share of total Share of end-of-Percentage Section 512 (C corp, S corp, related organization domicile entity ownership (b)(13)income year (state or foreign or trust) assets controlled country) entity? Yes No (736) VINTON MUNICIPAL ELEC UTILITY CONTRIBUTING No **EMPLOYER** (1) VIRGIL COOK & SON INC CONTRIBUTING No **EMPLOYER** (2) V-MAX ELECTRIC INC CONTRIBUTING No **EMPLOYER** (3) VOLK ENVIRONMENTAL SOLUTIONS CONTRIBUTING No **EMPLOYER** (4) W JAMES CONSTRUCTION INC CONTRIBUTING No **EMPLOYER** (5) WA CHESTER LLC CONTRIBUTING No **EMPLOYER** (6) WA RASIC CONTRUCTION CO INC CONTRIBUTING No EMPLOYER (7) WW SCHAUB ELECTRIC COMPANY CONTRIBUTING No **EMPLOYER** (8) WARD ELECTRIC CO INC CONTRIBUTING No EMPLOYER (9) WARD ENGINEERING INC CONTRIBUTING No **EMPLOYER** (10) WASATCH ELECTRIC CONTRIBUTING No **EMPLOYER** (11) WATT CONSTRUCTION SERVICE INC CONTRIBUTING No **EMPLOYER** (12) WATTERS STORM DRAIN STRUCTURES CONTRIBUTING No **EMPLOYER** (13) WEAVER ELECTRIC INC CONTRIBUTING No **EMPLOYER** (14) WELLINGTON ENERGY INC CONTRIBUTING No **EMPLOYER**

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (e) (f) (g) (h) (i) Name, address, and EIN of Primary activity Legal Direct controlling Type of entity Share of total Share of end-of-Percentage Section 512 (C corp, S corp, related organization domicile entity ownership (b)(13)income year (state or foreign or trust) assets controlled country) entity? Yes No (751) WESCO DISTRIBUTION CONTRIBUTING No **EMPLOYER** (1) WEST END ELECTRIC CO INC CONTRIBUTING No **EMPLOYER** (2) WESTERN CONST SPECIALISTS INC CONTRIBUTING No **EMPLOYER** (3) WESTERN FOUNDATIONS & SHORING CONTRIBUTING No **EMPLOYER** (4) WESTERN LINE CONSTRUCTORS CHAP CONTRIBUTING No **EMPLOYER** (5) WESTERN LINE RENOVATORS INC CONTRIBUTING No **EMPLOYER** (6) WESTERN RIM ENGINEERING LLC CONTRIBUTING No **EMPLOYER** (7) WESTERN UTILITY CABLE INC CONTRIBUTING No **EMPLOYER** (8) WESTERN UTILITY ELECTRIC INC CONTRIBUTING No **EMPLOYER** (9) WHATEVER IT TAKES ELEC CONTR CONTRIBUTING No **EMPLOYER** (10) WHEATLAND RURAL ELECTRIC ASSN CONTRIBUTING No **EMPLOYER** (11) WHEELER ELECTRIC INC CONTRIBUTING No **EMPLOYER** (12) WHEELER EXCAVATING LLC CONTRIBUTING No **EMPLOYER** (13) WHITE CONSTRUCTION CONTRIBUTING No **EMPLOYER** (14) WHITEFISH ENERGY CONSTRUCTORS CONTRIBUTING No **EMPLOYER**

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (e) (f) (g) (h) (i) Name, address, and EIN of Primary activity Legal Direct controlling Type of entity Share of total Share of end-of-Percentage Section 512 (C corp, S corp, related organization domicile entity ownership (b)(13)income year or trust) (state or foreign assets controlled country) entity? Yes No (766) WILLEY CONSTRUCTION CONTRIBUTING No **EMPLOYER** (1) WILLIAM CHARLES ELEC (ROCKFORD CONTRIBUTING No **EMPLOYER** (2) WILLIAMSON FENCE & SPRINKLERS CONTRIBUTING No **EMPLOYER** (3) WILSON CONSTRUCTION COMPANY CONTRIBUTING No **EMPLOYER** (4) WIN ENERGY CONTRIBUTING No **EMPLOYER** (5) WINDY TREE SERVICE CONTRIBUTING No **EMPLOYER** (6) WISCONSIN UTILITY EXPOSURE INC CONTRIBUTING No **EMPLOYER** (7) WISSEHR ELECTRICAL CONTRACTORS CONTRIBUTING No **EMPLOYER** (8) WOODWALKERS ELEC CONTR INC CONTRIBUTING No **EMPLOYER** (9) WOODWALKERS ELECTRIC LLC CONTRIBUTING No **EMPLOYER** (10) WOODWARD BROTHERS INC CONTRIBUTING No **EMPLOYER** (11) WORLEY PARSONS CONTRIBUTING No **EMPLOYER** (12) WRIGHT TREE SERV OF THE WEST CONTRIBUTING No **EMPLOYER** (13) WRIGHT TREE SERVICE INC CONTRIBUTING No **EMPLOYER** (14) WYOMING ELECTRIC & SIGNAL INC CONTRIBUTING No EMPLOYER

(g) (h) (i) (a) (b) (c) (d) (e) Name, address, and EIN of Primary activity Legal Direct controlling Type of entity Share of total Share of end-of-Percentage Section 512 related organization (b)(13)domicile entity (C corp, S corp, ownership income year or trust) controlled (state or foreign assets country) entity? Yes No (781) XCEL ENERGY CONTRIBUTING No **EMPLOYER** (1) XTREME POWERLINE CONTRIBUTING Nο **EMPLOYER** Nο

No

(2) YUKON CONSTRUCTION CONTRIBUTING EMPLOYER

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

CONTRIBUTING **EMPLOYER**

CONTRIBUTING

EMPLOYER

(3) ZACHA UNDERGROUND CONSTRUCTION

(4) ZIELIE'S TREE SERVICE