Department of the Treasury

Internal Revenue Service

DLN: 93493311021848 OMB No 1545-0047

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

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

▶ Do not enter social security numbers on this form as it may be made public ▶ Information about Form 990 and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>

Open to Public Inspection

| ΔF                          | or the                 | 2017 ca  | <br>alendar vear, or tax vear be                        | eginning 01-01-2017 , and ending 12-  | 31-2017       |                                   |                |                        |
|-----------------------------|------------------------|--|---|---|---------------|-----------------------------------|----------------|------------------------|
|                             | ck if app              |  | C Name of organization                                  |   | JI 1017       |                                   | er identif     | ication number         |
|                             | dress ch               |  | LINE CONSTRUCTION BENEFIT                               | 36-6066   | 5988          |                                   |                |                        |
|                             | me chan<br>itial retur | -  | Doing business as                                       |   |               |                                   |                |                        |
|                             |                        | erminated  | -   |   |               |                                   |                |                        |
| ☐ Amended return            |                        |  | Number and street (or P O box<br>821 PARKVIEW BOULEVARD | if mail is not delivered to street address) Room/s  | suite         | E Telephon                        | e number       |                        |
| ☐ Ap                        | plication              | pending  |   |   |               | (800) 32                          | 23-7268        |                        |
|                             |                        |  | LOMBARD, IL 60148                                       | country, and ZIP or foreign postal code   |               | 6.6                               |                | 266 724 502            |
|                             |                        |  | <b>F</b> Name and address of prin                       | cipal officer   | lu(a)         |                                   | •              | ,266,724,592           |
|                             |                        |  | JODY SHEA   | espai officer   | "(a)          | Is this a group ret subordinates? | urn for        | □Yes <b>☑</b> No       |
|                             |                        |  | 821 PARKVIEW BOULEVARD<br>LOMBARD, IL 60148             |   | Н(b)          | Are all subordinate               | es             | ☐ Yes ☐No              |
| <b>I</b> Ta                 | x-exemp                | t status   | ☐ 501(c)(3) <b>☑</b> 501(c) ( 9                         | ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527  |               | included?<br>If "No," attach a li | ist (see       |                        |
| J W                         | ebsite:                | : <b>▶</b> WW  | W LINECO ORG  | ) 4 (IIISERE III)   | H(c)          | Group exemption                   | •              | •                      |
|                             |                        |  |   |   |               |                                   |                |                        |
| <b>K</b> For                | n of orga              | anızatıon  | ☐ Corporation ☑ Trust ☐                                 | Association ☐ Other ►   | <b>L</b> Year | of formation 1963                 | <b>M</b> State | of legal domicile IL   |
| Da                          | rt I                   | Sumi   | marv  |   |               |                                   |                |                        |
| 14.                         | _                      |  |   | on or most significant activities   |               |                                   |                |                        |
| œ.                          |                        |  | ND WELFARÉ FUND   |   |               |                                   |                |                        |
| Activities & Governance     |                        |  |   |   |               |                                   |                |                        |
| eE                          | _                      |  |   |   |               |                                   |                |                        |
| ΛOκ                         | 2 C                    | heck thi   | s box ▶ ☐ If the organization                           | discontinued its operations or disposed of  | more tha      | in 25% of its net as              |                | ١                      |
| .×5                         | 1                      |  |   | rning body (Part VI, line 1a)   |               |                                   | 3              | 18                     |
| <u>\$</u>                   | 1                      |  |   | n calendar year 2017 (Part V, line 2a)  |               |                                   | 5              | 74                     |
| ₹                           | 6 T                    | 6  | 0   |   |               |                                   |                |                        |
| Act                         | 1                      | 7a   | 0   |   |               |                                   |                |                        |
| •                           | 1                      |  |   | Part VIII, column (C), line 12 from Form 990-T, line 34                                   |               |                                   | 7b             | 0                      |
|                             |                        |  | aca sames taxaste mome                                  |   | <del></del>   | Prior Year                        | 1.5            | Current Year           |
| _                           | 8 C                    | ontribut   | ions and grants (Part VIII, line                        | e 1h)   |               |                                   | 0              | 0                      |
| ē.                          | 1                      |  | service revenue (Part VIII, line                        |   | 460,896,6     | 502                               | 521,554,678    |                        |
| Ravenue                     | 1                      | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d )                    |   |   |               |                                   |                | 14,910,893             |
| <u>~</u>                    | <b>11</b> 0            | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 |   |   |               |                                   |                |                        |
|                             | 12 To                  | otal reve  | enue—add lines 8 through 11                             | (must equal Part VIII, column (A), line 12)   |               | 472,379,0                         | 13             | 536,465,571            |
|                             | <b>13</b> G            | irants an  | nd similar amounts paid (Part :                         | IX, column (A), lines 1–3)....  |               |                                   | 0              | 0                      |
|                             | 14 B                   | enefits p  | oald to or for members (Part I                          | X, column (A), line 4)  |               | 456,039,5                         | 529            | 524,344,307            |
| &                           | <b>15</b> S            | alarıes,   | 278   | 6,657,645   |               |                                   |                |                        |
| Expenses                    | <b>16</b> a P          | rofessio   | nal fundraising fees (Part IX, o                        | column (A), line 11e)   |               |                                   | 0              | 0                      |
| Š.                          | <b>b</b> To            | otal fundr   | aising expenses (Part IX, column (I                     | D), line 25) ▶0   |               |                                   |                | _                      |
| ш                           | 1                      |  | ,                 | nes 11a-11d, 11f-24e)   |               | 4,720,7                           | 729            | 4,253,882              |
|                             | 1                      |  | ,   | equal Part IX, column (A), line 25)   |               | 467,407,5                         |                | 535,255,834            |
| . 0                         | 19 R                   | evenue   | less expenses Subtract line 1                           | 8 from line 12  |               | 4,971,4                           |                | 1,209,737              |
| Net Assets or Fund Balances |                        |  |   |   | вед           | inning of Current Yo              | ear            | End of Year            |
| Sel                         | 20 T                   | otal asse  | ets (Part X, line 16)                                   |   |               | 789,929,3                         | 307            | 841,620,134            |
| A A                         | 21 To                  | otal liabi   | ılıtıes (Part X, line 26)                               |   |               | 23,110,3                          | 355            | 28,358,269             |
| žΞ                          | 22 N                   | et asset   | s or fund balances Subtract li                          | ne 21 from line 20  |               | 766,818,9                         | 52             | 813,261,865            |
|                             | t II                   |  | ature Block   |   |               |                                   | <b>'</b>       |                        |
|                             |                        |  |   | camined this return, including accompanying lete. Declaration of preparer (other than off |               |                                   |                |                        |
|                             | nowled                 |  | i, it is true, correct, and comp                        | rete Declaration of preparer (other than on   | incer ) is b  | asea on an informe                |                |                        |
|                             | - 1                    | *****  | •   |   |               | 2018-11-07                        |                |                        |
| Sign                        | .                      | Signatu  | ire of officer  |   |               | Date                              |                |                        |
| Here                        |                        | KEVIN  | CHESNIAK EXECUTIVE DIRECTOR                             |   |               |                                   |                |                        |
|                             |                        |  | r print name and title                                  |   |               |                                   |                |                        |
|                             |                        |  | rint/Type preparer's name                               | Preparer's signature  | Date          |                                   | TIN            |                        |
| Paid                        | d                      | Ľ  | RAIG RESCH  | CRAIG RESCH   |               | Check LJ If P                     | 0084463        | 5                      |
| Pre                         | parer                  | <b>⊢</b>   | Irm's name LEGACY PROFESS                               |   |               | Firm's EIN ► 32-                  |                |                        |
|                             | Only                   | 1  | ırm's address ► 4 WESTBROOK CO                          |   |               | Phone no (312) 3                  | 368-0500       |                        |
|                             |                        |  | WESTCHESTER, IL   | 60154   |               |                                   |                | <u>_</u>               |
|                             |                        |  |   | shown above? (see instructions)   |               |                                   | <u>√</u> \     | ſes □ No               |
| For F                       | aperw                  | ork Red  | duction Act Notice, see the                             | separate instructions.  | Cat           | No 11282Y                         |                | Form <b>990</b> (2017) |

Cat No 11282Y

Form **990** (2017)

| Form | 990 (2017)           |                                 |  |                                 | Page           | 2  |  |  |  |
|------|----------------------|---------------------------------|--|---------------------------------|----------------|----|--|--|--|
| Par  | t IIII Statement     | of Program Service Acc          | omplishments                                 |                                 |                | _  |  |  |  |
|      | Check if Sche        | edule O contains a response or  | note to any line in this Part III .          |                                 | 🗆              | ]_ |  |  |  |
| 1    | Briefly describe the | organization's mission          |  |                                 |                | _  |  |  |  |
| PRO\ | /IDE HEALTH AND WE   | LFARE BENEFITS FOR ELIGIBL      | E MEMBERS                                    |                                 |                | _  |  |  |  |
|      |                      |                                 |  |                                 |                | _  |  |  |  |
| _    | D. J. th             |                                 |  |                                 |                | —  |  |  |  |
| 2    | -                    |                                 | gram services during the year which v        | were not listed on              | ☐ Yes ☑ No     |    |  |  |  |
|      |                      | the prior Form 990 or 990-EZ?   |  |                                 |                |    |  |  |  |
| 3    | •                    |                                 | o<br>gnificant changes in how it conducts, . | any program                     |                |    |  |  |  |
| 3    | services?            | any program                     | ☐ Yes ☑ No                                   |                                 |                |    |  |  |  |
|      |                      | ese changes on Schedule O       |  |                                 | Lifes Lino     |    |  |  |  |
| 4    | •                    | <del>-</del>                    | iplishments for each of its three large      | st program services, as measure | nd by expenses |    |  |  |  |
| -    | Section 501(c)(3) ar | nd 501(c)(4) organizations are  | required to report the amount of gra         |                                 |                |    |  |  |  |
|      | expenses, and rever  | nue, if any, for each program s | ervice reported                              |                                 |                |    |  |  |  |
| 4a   | (Code                | ) (Expenses \$                  | including grants of \$                       | ) (Revenue \$                   | )              | _  |  |  |  |
| 70   | See Additional Data  | / (Expenses #                   | including grants or \$                       | / (Nevenue \$                   | ,              |    |  |  |  |
|      |                      |                                 |  |                                 |                | _  |  |  |  |
| 4b   | (Code                | ) (Expenses \$                  | including grants of \$                       | ) (Revenue \$                   | )              | _  |  |  |  |
|      | ·                    |                                 |  |                                 | ,              |    |  |  |  |
|      |                      |                                 |  |                                 |                | _  |  |  |  |
|      |                      |                                 |  |                                 |                | _  |  |  |  |
|      |                      |                                 |  |                                 |                | _  |  |  |  |
|      |                      |                                 |  |                                 |                | _  |  |  |  |
|      |                      |                                 |  |                                 |                | _  |  |  |  |
|      | -                    |                                 |  |                                 |                | _  |  |  |  |
|      |                      |                                 |  |                                 |                | _  |  |  |  |
|      |                      |                                 |  |                                 |                | _  |  |  |  |
|      | /G                   | ) (F                            |  |                                 |                | _  |  |  |  |
| 4c   | (Code                | ) (Expenses \$                  | including grants of \$                       | ) (Revenue \$                   | )              |    |  |  |  |
|      |                      |                                 |  |                                 |                | _  |  |  |  |
|      |                      |                                 |  |                                 |                | _  |  |  |  |
|      |                      |                                 |  |                                 |                | _  |  |  |  |
|      |                      |                                 |  |                                 |                | _  |  |  |  |
|      |                      |                                 |  |                                 |                | _  |  |  |  |
|      |                      |                                 |  |                                 |                | _  |  |  |  |
|      |                      |                                 |  |                                 |                | _  |  |  |  |
|      |                      |                                 |  |                                 |                | _  |  |  |  |
|      |                      |                                 |  |                                 |                | _  |  |  |  |
| 4d   | Other program servi  | ices (Describe in Schedule O )  | grants of \$                                 | (Revenue \$                     | )              |    |  |  |  |
|      | Total program ser    |                                 | grantes Or \$                                | (IVEAGUINE A                    | )              | _  |  |  |  |
| 4e   | TOTAL DEGGEAM SEE    | vice expenses ►                 |  |                                 |                |    |  |  |  |

or X as applicable

**Checklist of Required Schedules** 

1

Page 3

No

Νo

Νo

Nο

No

Nο

Nο

Nο

No

Nο

Nο

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No

Nο

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Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete

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 🛸 . . . . . . . . . . .

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,

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 . . . .

Nο Nο Nο No

8 10

Yes

Yes

Yes

Yes

Yes

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11d

11e

11f

12a

12b

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14a

14b

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| Form 990 (2017) |   |     |     |    |  |  |  |
|-----------------|---|-----|-----|----|--|--|--|
| Par             | t IV Checklist of Required Schedules (continued)  |     |     |    |  |  |  |
|                 |   |     | Yes | No |  |  |  |
| 20a             | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 20a |     | No |  |  |  |
| b               | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20b |     |    |  |  |  |
| 21              | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II   | 21  |     | No |  |  |  |
| 22              | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | 22  |     | No |  |  |  |
| 23              | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>                   | 23  | Yes |    |  |  |  |
| 24a             | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a | 24a |     | No |  |  |  |
| b               | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b |     |    |  |  |  |
| С               | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  | 24c |     |    |  |  |  |
| d               | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d |     |    |  |  |  |
| 25a             | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>  | 25a |     |    |  |  |  |

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

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b 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? 26 Nο

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

26 contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member 27 Nο 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)

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

28a

28b

28c

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35h

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Yes

Yes

Form **990** (2017)

No

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Nο

Nο

Nο

Nο

Nο

Nο

Νo

Nο

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

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)?

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

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

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.

organization? 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 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 . . .

|     | 990 (2017)   |            |     | Page |
|-----|--|------------|-----|------|
| Par |  |            |     | _    |
|     | Check if Schedule O contains a response or note to any line in this Part V   |            |     | Ш    |
|     | Enterthe growth and are Box 2 of Ferma 1000 February of first conductible  |            | Yes | No   |
|     | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 15,124  Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0   |            |     |      |
|     |  |            |     |      |
|     | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?   | <b>1</b> c | 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   |            |     |      |
| h   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | 2b         | Yes |      |
| _   | <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)   |            |     |      |
| 3a  | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3a         | Yes |      |
| b   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O  | 3b         | Yes |      |
| 4a  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a         |     | No   |
| b   | If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  |            |     |      |
| 5a  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a         |     | No   |
|     | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   |            |     | No   |
|     |  | 5b         |     | 140  |
| С   | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?   | 5c         |     |      |
| 6a  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?                                    | <b>6</b> 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         |     |      |
| g   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7g         |     |      |
| h   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | 7h         |     |      |
| 8   | Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?   | 8          |     |      |
| 9a  | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a         |     |      |
| b   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9b         |     |      |
| 0   | Section 501(c)(7) organizations. Enter   |            |     |      |
|     | Initiation fees and capital contributions included on Part VIII, line 12   10a   |            |     |      |
| b   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b  |            |     |      |
| 1   | Section 501(c)(12) organizations. Enter  |            |     |      |
| а   | Gross income from members or shareholders  |            |     |      |
|     | Gross income from other sources (Do not net amounts due or paid to other sources   |            |     |      |
|     | 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        |     |      |
|     | 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.   |            |     |      |
| а   | Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> 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   |
| h   | If "Yes," has it filed a Form 720 to report these payments ? If "No," provide an explanation in Schedule O   | 14b        |     |      |

| orm | 1 990 (2017)   |                  |          | Page (  |
|-----|--|------------------|----------|---------|
| Par | <b>Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 through 7b below, and for 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule 0 See instructions  | or a "No" respo  | nse to l | _       |
|     | Check if Schedule O contains a response or note to any line in this Part VI  |                  |          | ✓       |
| Se  | ection A. Governing Body and Management  |                  |          |         |
| 1a  | 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   | Enter the number of voting members included in line 1a, above, who are independent  1b   | 9                |          |         |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any officer, director, trustee, or key employee?  | other 2          |          | No      |
| 3   | Did the organization delegate control over management duties customarily performed by or under the direct sup of officers, directors or trustees, or key employees to a management company or other person? .  | ervision 3       |          | No      |
| 4   | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed  | i <sup>7</sup> 4 |          | No      |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's assets? .   | 5                |          | No      |
| 6   | Did the organization have members or stockholders?   | . 6              |          | No      |
| 7a  | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one o members of the governing body?   | r more <b>7a</b> |          | No      |
| b   | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders persons other than the governing body?  | , or <b>7b</b>   |          | No      |
| 8   |  | ear by           |          |         |
| а   | The governing body?  | 8a               | Yes      |         |
| ь   | Each committee with authority to act on behalf of the governing body?  | 8b               | Yes      |         |
| 9   |  | e 🗔              |          | No      |
| Se  | ection B. Policies (This Section B requests information about policies not required by the Internal R  |                  | <u> </u> |         |
|     |  |                  | Yes      | No      |
| 10a | Did the organization have local chapters, branches, or affiliates?   | 10a              |          | No      |
|     | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliand branches to ensure their operations are consistent with the organization's exempt purposes?   | -                |          |         |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filin   | ng the 11a       | Yes      |         |
| b   | Describe in Schedule O the process, if any, used by the organization to review this Form 990   |                  |          |         |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13  | 12a              | Yes      |         |
|     | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris   | -                |          |         |
|     | conflicts?   | 12b              |          | No      |
| ·   | Schedule O how this was done   | 12c              |          | No      |
| 13  | Did the organization have a written whistleblower policy?  | . 13             |          | No      |
| 14  | Did the organization have a written document retention and destruction policy?   | . 14             | Yes      |         |
| 15  | Did the process for determining compensation of the following persons include a review and approval by indepen persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   | dent             |          |         |
| а   | The organization's CEO, Executive Director, or top management official   | . 15a            | Yes      |         |
| b   | Other officers or key employees of the organization  | . 15b            | Yes      |         |
|     | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)   |                  |          |         |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with taxable entity during the year?  | a .   16a        |          | No      |
| b   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its partic in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's experience.                         | ıpatıon          |          |         |
|     | status with respect to such arrangements?  | 16b              |          |         |
|     | ection C. Disclosure   |                  |          |         |
| 17  | List the States with which a copy of this Form 990 is required to be filed   |                  |          |         |
| 18  | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3) available for public inspection. Indicate how you made these available. Check all that apply  | s only)          |          |         |
| 19  | Own website Another's website  Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of intel policy, and financial statements available to the public during the tax year | rest             |          |         |
| 20  | state the name, address, and telephone number of the person who possesses the organization's books and recomplex NEVIN CHESNIAK 821 PARVIEW BOULEVARD LOMBARD, IL 60148 (800) 323-7268   | rds              |          |         |
|     | PICEVIT CHESTIAN 021 FANVIEW BOOLEVAND COMBAND, 15 00140 (000) 323-7200  |                  |          | 0 (2017 |

(15) MICHAEL TROUTMAN TRUSTEE

(16) JAMES W WHITE

(17) STACY WILSON

TRUSTEE

TRUSTEE

Part VII

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

and Independent Contractors

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

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

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

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

| List persons in the following order individual trus<br>compensated employees, and former such person |   | 10, 11100      |                       |                                 | ., 450   | , .         | JC  | ers, key employees   | ,, mgmese  |        |
|--|---|----------------|-----------------------|---------------------------------|--|-------------|---|--|--|--------|
| Check this box if neither the organization no  | r any related o   | ganızat        | ion c                 | omp                             | ens  | ated a      | any o   | current officer, dire  | ctor, or trustee   |        |
| <b>(A)</b><br>Name and Title   | (B) Average hours per week (list any hours for related organizations below dotted line) | tha<br>pers    | e bo<br>both          | t che<br>ox, u<br>h an<br>or/tr | more unless compens extee)  Former rustee  Highest compens |             | (D) Reportable compensation from the organization (W- 2/1099- MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | (F) Estimated amount of other compensation from the organization and related organizations |        |
|  |   | l trustee<br>F | Institutional Trustee |                                 | oyee   | compensated |   |  |  |        |
| (1) JODY SHEA TRUSTEE - CHARIMAN   | 3 00  | x              |                       |                                 |  |             |   | 0  | 0  | 0      |
| (2) BRYAN STAGE<br>TRUSTEE - VICE CHAIRMAN   | 3 00<br>40 00   | ×              |                       |                                 |  |             |   | 0  | 136,376  | 41,350 |
| (3) DARRAN AYRES TRUSTEE   | 3 00  | х              |                       |                                 |  |             |   | 0  | 0  | 0      |
| (4) JAMES BELL TRUSTEE   | 3 00<br>40 00   | ×              |                       |                                 |  |             |   | 0  | 124,382  | 16,735 |
| (5) MARK CUNNINGHAM TRUSTEE  | 3 00  | ×              |                       |                                 |  |             |   | 0  | 159,756  | 36,370 |
| (6) BRENT DONOHUE<br>TRUSTEE   | 3 00  | ×              |                       |                                 |  |             |   | 0  | 154,459  | 49,845 |
| (7) TRAVIS ERI<br>TRUSTEE  | 3 00  | ×              |                       |                                 |  |             |   | 0  | 161,805  | 48,189 |
| (8) CHRISTINA ERNST<br>TRUSTEE   | 3 00  |                |                       |                                 |  |             |   | 0  | 0  | 0      |
| (9) MIKE FOLLETT<br>TRUSTEE  | 3 00<br>40 00   | ×              |                       |                                 |  |             |   | 0  | 114,677  | 0      |
| (10) WILLIAM GREEN<br>TRUSTEE  | 3 00  | х              |                       |                                 |  |             |   | 0  | 0  | 0      |
| (11) RHETT JACKSON<br>TRUSTEE  | 3 00  | х              |                       |                                 |  |             |   | 0  | 0  | 0      |
| (12) MARK PELLERITO<br>TRUSTEE   | 3 00  | х              |                       |                                 |  |             |   | 0  | 0  | 0      |
| (13) GLEN PETZNICK<br>TRUSTEE  | 3 00<br>40 00   | ×              |                       |                                 |  |             |   | 0  | 111,606  | 37,660 |
| (14) HENRY STANSKI JR<br>TRUSTEE   | 3 00<br>40 00   | ×              |                       |                                 |  |             |   | 0  | 164,076  | 0      |
|  |   |                |                       | _                               | -  | -           | _   |  |  |        |

3 00

3 00

40 00 3 00 Х

20,292

0

97,317

0

ONE EXPRESS WAY ST LOUIS, MO 63121 MEDICAL COST MANAGMENT

105 W ADAMS SUITE 2200 CHICAGO, IL 60603 CHANGE HEALTHCARE

3055 LEBANON PIKE SUITE 1000 NASHVILLE, TN 37214

compensation from the organization ► 21

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

Page 8

|          | <b>(A)</b><br>Name and Title  | (B) Average hours per week (list any hours            | than c                            | one b  | ox, ι<br>an of | ot che<br>unles<br>fficer | neck mo<br>ess pers<br>er and a<br>tee)          | rson             | (D) Reportable compensation from the organization (W- | (E) Reportable compensation from related organizations | Estim<br>amount<br>comper<br>from            | (F) Estimated amount of other compensation from the organization and |  |
|----------|---|---|-----------------------------------|--|----------------|---------------------------|--|------------------|---|--|--|--|--|
|          |   | for related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director | In stitutional Trust⊭⊬                           | Officei        | key employee              | Highest compensated emptovies                    | Former           | 2/1099-MISC)  | (W- 2/1099-<br>MISC)                                   | rela<br>organiz                              | ited   |  |
| ·        | RANDY WILLIAMS  | 3 00  | ×                                 |  |                | '                         | '  |                  | 0   | )  | 0  | 0  |  |
| TRUS     | TEE<br>SEAN MCCARVILLE  | 3 00  | <del></del>                       | <del>                                     </del> | $\vdash$       | +-'                       | <del></del> '                                    | +-'              | <u> </u>  | <u></u>  | +  |  |  |
| `        |   |   | ×                                 | '  |                | '                         | '  |                  | 0   | 106,192  | 2  | 0  |  |
|          | TEE - PAST<br>STEVE WHITE   | 40 00<br>3 00   |                                   | +  | $\vdash$       | +-                        | <del>  '</del>                                   | <del> </del>   - |   | <del>                                     </del>       | +  |  |  |
|          | TEE - PAST  |   | ×                                 | '  |                | '                         | '  |                  | 0   | 131,911  | 1  | 49,297   |  |
| (21) 1   | OSEPH TUCCI   |   |                                   | $\vdash$   | $\vdash$       | +                         | <del>                                     </del> | +                |   | <del>                                     </del>       | +  |  |  |
| TRUS     | TEE - PAST  | ···   | ×                                 | '  |                | '                         | '  |                  | 0   | C  | 0  | 0  |  |
| (22) k   | KEVIN CHESNIAK  | 40 00   |                                   |  |                | T                         |  |                  | 360.066   | <u> </u>   |  |  |  |
|          | NISTRATOR   | ···   |                                   | '  | ×              | '                         | '  |                  | 260,068   |  | 0  | 65,112   |  |
| (23) J   | EFFREY MARSHALL   | 40 00   |                                   |  |                |                           | ×  |                  | 122 741   | ,  | 0  | 20 250   |  |
| IT DIF   | RECTOR  | <u></u>   | <u> </u>                          |  | L              | L'                        | '  | <u> </u>         | 132,741   |  | <u> </u>                                     | 38,359   |  |
| (24) N   | MARY GARITE   | 40 00   |                                   |  |                |                           | X  |                  | 135,165   |  | 0  | 36,595   |  |
| DIREC    | CTOR OF OPERATIONS  |   | ••••                              | <u> </u>   | $\perp$        | ⊥'                        | <u></u>  | ⊥'               | 155,105   |  | 1  | 30,333   |  |
|          | (ATHLYN HAMES   | 40 00   |                                   |  |                | '                         | ×  | [ '              | 111,991   | Γ,   | 0  | 35,134   |  |
|          | PROCESSING MANAGER  | <u> </u>  |                                   | <u> </u>   | $\perp$        | ⊥_'                       | <u> </u>   | ⊥_'              | /   |  | 1  |  |  |
|          |   | 1   |                                   | '  |                | '                         | '  |                  |   |  |  |  |  |
| 1b S     | Sub-Total   |   |                                   | •  |                | 7                         | <u> </u>   | _                |   |  |  |  |  |
|          | otal from continuation sheets to Part   | •   |                                   |  |                |                           | <u> </u>   |                  |   |  |  |  |  |
| d T      | otal (add lines 1b and 1c)  |   |                                   |  |                |                           | <b>&gt;</b>                                      |                  | 639,965   | 1,462,557  |  | 474,938  |  |
| 2        | Total number of individuals (including but of reportable compensation from the orga               |   | those li                          | sted a   | abov           | /e) v                     | vho red  | ceive            | ed more than \$100                                    | ,,000  |  |  |  |
| i        |   |   |                                   |  |                |                           |  |                  |   | _  | Yes  | No   |  |
| 3        | Did the organization list any <b>former</b> officine 1a? <i>If "Yes," complete Schedule J for</i> | ,   |                                   |  |                | ,                         |  | _                |   | mployee on 3   | 3  | No   |  |
| 4        | For any individual listed on line 1a, is the organization and related organizations grandvidual   |   |                                   |  |                |                           |  |                  |   | the 4  |  |  |  |
| 5        | Did any person listed on line 1a receive o services rendered to the organization? If "            |   |                                   |  |                |                           |  |                  |   | dual for   |  |  |  |
| <u> </u> |   |   |                                   |  |                | <u>uc</u>                 | <i>pc, 50</i>                                    | <u>, .</u>       |   | 2  | <u>;                                    </u> | No   |  |
| Se<br>1  | ection B. Independent Contractors  Complete this table for your five highest of                   |   | denene                            |  |                |                           |  |                  |   | 100 000 of compa                                       |  |  |  |
| <b>!</b> | from the organization Report compensati   |   |                                   |  |                |                           |  |                  |   |  | NSation                                      |  |  |
|          |   | (A)   |                                   | -  |                |                           |  |                  | Doscrir   | (B)  | (Composi                                     |  |  |
| BLUE     | Name and b<br>CROSS BLUESHIELD OF ILLINOIS  | ousiness address                                      |                                   |  | —              | —                         |  |                  | PPO PROVIDER  | otion of services<br>R                                 |  | nsation<br>2,845,689   |  |
|          | RANDOLPH  |   |                                   |  |                |                           |  |                  |   |  |  |  |  |
| CHICA    | AGO, IL 60601   |   |                                   |  |                |                           |  |                  |   |  |  |  |  |
| BEAC     | ON HEALTH OPTIONS   |   |                                   |  |                |                           |  |                  | MENTAL HEALT  | TH SERVICES  | 1  | 1,876,746  |  |
|          | ORPORATE BLVD   |   |                                   |  |                |                           |  |                  |   |  |  |  |  |
| -        | OLK, VA 23502<br>ESS SCRIPTS  |   |                                   |  |                |                           |  |                  | PRESCRIPTION  | N BENEFIT PROVIDER                                     | . 1  | 1,813,585  |  |
|          |   |   |                                   |  |                |                           |  |                  |   |  |  |  |  |

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

HOSPITAL UTILIZATION REVIEW

PRINTING & SHIPPING

1,347,266

748,375

Form **990** (2017)

| Part   |            | (2017)  Statement of                             | Revenue          |         |                   |                                 |            |                    |                                |                                  |            | Page <b>9</b>  |
|--|------------|--|------------------|---------|-------------------|---------------------------------|------------|--------------------|--------------------------------|----------------------------------|------------|--|
|  |            | Check if Schedul                                 | e O contains     | a respo | onse or note to a | ny line in th<br>(A<br>Total re | ()         | Rela<br>ex<br>fui  | (B) ated or cempt nction venue | (C)<br>Unrela<br>busine<br>reven | ted<br>ess | (D) Revenue excluded from tax under sections 512-514 |
|  | 12         | Federated campaig                                | ns               | 1a      |                   |                                 |            | 16                 | venue [                        |                                  |            | 312-314  |
| Contributions, Gifts, Grants and Other Similar Amounts | ı          | <b>b</b> Membership dues                         |                  | 1b      |                   | _                               |            |                    |                                |                                  |            |  |
| Gra<br>not   | ١,         | c Fundraising events                             |                  | 1c      |                   | _                               |            |                    |                                |                                  |            |  |
| IS.  | ١,         | <b>d</b> Related organizatio                     | ns               | 1d      |                   | _                               |            |                    |                                |                                  |            |  |
| Gif  | ١,         | e Government grants (c                           | ontributions)    | 1e      |                   | _                               |            |                    |                                |                                  |            |  |
| ns,  | ۱,         | f All other contributions                        | , gıfts, grants, |         | <u> </u>          | _                               |            |                    |                                |                                  |            |  |
| Contributions, Gifts,<br>and Other Similar A           |            | and similar amounts n<br>above                   | ot included      | 1f      |                   | _                               |            |                    |                                |                                  |            |  |
| ë  | ١,         | g Noncash contribution                           | ons included     |         |                   |                                 |            |                    |                                |                                  |            |  |
| a tr   |            | ın lınes 1a-1f \$                                |                  |         |                   |                                 |            |                    |                                |                                  |            |  |
| <u>ة</u> ك   | _ h        | <b>Total.</b> Add lines 1a-1                     | lf               |         | •                 |                                 |            |                    |                                |                                  |            |  |
| e L  |            |  |                  |         | Busine            | ess Code                        |            |                    |                                |                                  |            |  |
| ven  | 2a         | EMPLOYER CONTRIBUTI                              | ONS              |         |                   | 900099                          |            | 411,146            | 482,41                         |                                  |            |  |
| a <u>k</u>   |            | PRESCRIPTION DRUG R                              |                  |         |                   | 900099                          |            | 612,614            |                                | 2,614                            |            |  |
| MC6  |            | PARTICIPANT CONTRIBUTED  <br>PRESCRIPTION DRUG S |                  |         |                   | 900099                          |            | 179,241<br>351,677 | 17,17                          | 1,677                            |            |  |
| ₹.   |            |  |                  |         |                   |                                 |            | ,                  |                                | -,                               |            |  |
| Program Service Revenue                                | e          |  |                  | _       |                   |                                 |            |                    |                                |                                  |            |  |
| rog  |            | All other program se                             |                  |         | 52                | 1,554,678                       |            |                    |                                |                                  |            |  |
| ۵  |            | Total.Add lines 2a-2i                            |                  |         | <u> </u>          |                                 |            | _                  |                                |                                  |            |  |
|  | <b>3</b> : | Investment income (i<br>similar amounts)  .      | ncluding divid   |         | interest, and oth | er  <br>▶                       | 10,054,98  | 7                  |                                |                                  |            | 10,054,987   |
|  |            | Income from investme                             |                  |         | ond proceeds      | <b>•</b>                        |            |                    |                                |                                  |            |  |
|  | 5          | Royalties  |                  |         |                   | <b>▶</b>                        |            |                    |                                |                                  |            |  |
|  |            |  | (ı) Rea          | I       | (II) Personal     |                                 |            |                    |                                |                                  |            |  |
|  | 6a         | Gross rents                                      |                  |         |                   |                                 |            |                    |                                |                                  |            |  |
|  | b          | Less rental expenses                             |                  |         |                   |                                 |            |                    |                                |                                  |            |  |
|  | _          | : Rental income or                               |                  |         |                   | _                               |            |                    |                                |                                  |            |  |
|  | •          | (loss)   |                  |         |                   |                                 |            |                    |                                |                                  |            |  |
|  | d          | Net rental income o                              |                  |         |                   | •                               |            |                    |                                |                                  |            |  |
|  | _          | Cross amount                                     | (ı) Securi       | ties    | (II) Other        |                                 |            |                    |                                |                                  |            |  |
|  | /a         | Gross amount<br>from sales of<br>assets other    | 735,:            | 114,927 |                   |                                 |            |                    |                                |                                  |            |  |
|  |            | than inventory                                   |                  |         |                   |                                 |            |                    |                                |                                  |            |  |
|  | b          | Less cost or                                     | 700              |         |                   |                                 |            |                    |                                |                                  |            |  |
|  |            | other basis and sales expenses                   |                  | 259,021 |                   |                                 |            |                    |                                |                                  |            |  |
|  |            | Gain or (loss)                                   |                  | 355,906 |                   | _                               | 4,855,90   | 6                  |                                |                                  |            | 4.955.006  |
|  |            | I Net gain or (loss) . Gross income from f       |                  |         | <b>•</b>          | <u> </u>                        | 4,855,90   | 0                  |                                |                                  |            | 4,855,906  |
| <u> </u>   | - u        | (not including \$                                |                  | of      |                   |                                 |            |                    |                                |                                  |            |  |
| e  |            | contributions reporte<br>See Part IV, line 18    |                  |         |                   |                                 |            |                    |                                |                                  |            |  |
| ev.  | ь          | Less direct expense                              |                  |         |                   | $\dashv$                        |            |                    |                                |                                  |            |  |
| erl  | c          | : Net income or (loss)                           | from fundra      | sıng ev | ents •            |                                 |            |                    |                                |                                  |            |  |
| Other Revenue  | 9a         | Gross income from g<br>See Part IV, line 19      |                  | ies     |                   |                                 |            |                    |                                |                                  |            |  |
| •  |            | See Part IV, line 19                             |                  | a       | }                 |                                 |            |                    |                                |                                  |            |  |
|  | b          | Less direct expense                              | s                | b       |                   |                                 |            |                    |                                |                                  |            |  |
|  | c          | : Net income or (loss)                           | from gaming      | activit | ies •             |                                 |            |                    |                                |                                  |            |  |
|  | 10a        | Gross sales of invent<br>returns and allowand    |                  |         |                   |                                 |            |                    |                                |                                  |            |  |
|  |            | returns and anoware                              |                  | а       |                   |                                 |            |                    |                                |                                  |            |  |
|  | b          | Less cost of goods s                             | sold             | b       |                   |                                 |            |                    |                                |                                  |            |  |
|  | c          | Net income or (loss)                             |                  | invent  | tory ▶            |                                 |            |                    |                                |                                  |            |  |
|  |            | Miscellaneous                                    | Revenue          |         | Business Code     | e                               |            |                    |                                |                                  |            |  |
|  | 11         | .a   |                  |         |                   |                                 |            |                    |                                |                                  |            |  |
|  |            |  |                  |         |                   |                                 |            |                    |                                |                                  |            |  |
|  | b          | •  |                  |         |                   |                                 |            |                    |                                |                                  |            |  |
|  |            |  |                  |         |                   |                                 |            |                    |                                |                                  |            |  |
|  | C          | :  |                  |         |                   |                                 |            |                    |                                |                                  |            |  |
|  |            |  |                  |         |                   |                                 |            |                    |                                |                                  |            |  |
|  |            | All other revenue .                              |                  |         |                   |                                 |            |                    |                                | -                                |            |  |
|  |            | Total. Add lines 11a                             |                  |         | •                 |                                 |            |                    |                                |                                  |            |  |
|  | 12         | ! Total revenue. See                             | Instructions     | • •     |                   |                                 | 536,465,57 | 1                  | 521,554,678                    |                                  | 0          |  |
|  |            |  |                  |         |                   |                                 |            |                    |                                |                                  |            | Farma 000 (2017)                                     |

| orm 990 (2017)                                       |   |                                |                              |                                     | Page <b>10</b>             |
|--|---|--------------------------------|------------------------------|-------------------------------------|----------------------------|
|  | <b>nent of Functional Expenses</b><br>d 501(c)(4) organizations must complete all col                                     | lumns All other orga           | anızatıons must com          | plete column (A)                    |                            |
| Check if S   | Schedule O contains a response or note to any   | line in this Part IX           |                              |                                     | 🗆                          |
| Do not include amo<br>7b, 8b, 9b, and 10b            | ounts reported on lines 6b,<br>o of Part VIII.  | ( <b>A</b> )<br>Total expenses | (B) Program service expenses | (C) Management and general expenses | (D)<br>Fundraisingexpenses |
|  | r assistance to domestic organizations and iments. See Part IV, line 21   |                                |                              |                                     |                            |
| <b>2</b> Grants and othe IV, line 22                 | r assistance to domestic individuals. See Part  |                                |                              |                                     |                            |
|  | r assistance to foreign organizations, foreign<br>nd foreign individuals See Part IV, line 15                             |                                |                              |                                     |                            |
| 4 Benefits paid to                                   | or for members  | 524,344,307                    |                              |                                     |                            |
| <b>5</b> Compensation of key employees               | f current officers, directors, trustees, and  | 325,180                        |                              |                                     |                            |
| defined under se                                     | ot included above, to disqualified persons (as ection 4958(f)(1)) and persons described in (3)(B)                         |                                |                              |                                     |                            |
| 7 Other salaries ar                                  | nd wages  | 4,188,520                      |                              |                                     |                            |
|  | cruals and contributions (include section 401 employer contributions)   | 942,724                        |                              |                                     |                            |
| 9 Other employee                                     | benefits  | 766,548                        |                              |                                     |                            |
| 10 Payroll taxes .                                   |   | 434,673                        |                              |                                     |                            |
| 11 Fees for services                                 | <b>⊢</b>  |                                |                              |                                     |                            |
| a Management .                                       | ` '. '. '.  |                                |                              |                                     |                            |
|  |   | 95,917                         |                              |                                     |                            |
| -  |   | 210,359                        |                              |                                     |                            |
| d Lobbying   | -   |                                |                              |                                     |                            |
|  | draising services See Part IV, line 17  |                                |                              |                                     |                            |
|  | lagement fees   | 751,345                        |                              |                                     |                            |
| g Other (If line 11                                  | g amount exceeds 10% of line 25, column line 11g expenses on Schedule 0)  | 475,611                        |                              |                                     |                            |
|  | promotion   |                                |                              |                                     |                            |
| _  | ·   | 1,119,682                      |                              |                                     |                            |
| 13 Office expenses                                   | F   | 542,849                        |                              |                                     |                            |
|  | nnology   | 342,043                        |                              |                                     |                            |
| <b>15</b> Royalties                                  | -   | 246.760                        |                              |                                     |                            |
| 16 Occupancy .                                       |   | 346,768                        |                              |                                     |                            |
| <b>17</b> Travel                                     | <u> </u>  |                                |                              |                                     |                            |
| federal, state, o                                    | vel or entertainment expenses for any<br>r local public officials •   |                                |                              |                                     |                            |
| <b>19</b> Conferences, co                            | nventions, and meetings   | 177,484                        |                              |                                     |                            |
| <b>20</b> Interest                                   |   |                                |                              |                                     |                            |
| <b>21</b> Payments to affi                           | <u>⊢</u>  |                                |                              |                                     |                            |
| <b>22</b> Depreciation, de                           | pletion, and amortization   | 159,855                        |                              |                                     |                            |
| <b>23</b> Insurance .                                |   | 176,809                        |                              |                                     |                            |
| miscellaneous ex                                     | Itemize expenses not covered above (List xpenses in line 24e If line 24e amount line 25, column (A) amount, list line 24e |                                |                              |                                     |                            |
| a FEES MANDATI                                       | ·   | 179,073                        |                              |                                     |                            |
| <b>b</b> DOCUMENT IM                                 | AGING   | 18,130                         |                              |                                     |                            |
| c  |   |                                |                              |                                     |                            |
| d  |   |                                |                              |                                     |                            |
| e All other exper                                    | nses  |                                |                              |                                     |                            |
| <u></u>  | al expenses. Add lines 1 through 24e  | 535,255,834                    |                              |                                     |                            |
| 26 Joint costs. Correported in colur educational cam | mplete this line only if the organization<br>mn (B) joint costs from a combined<br>paign and fundraising solicitation     |                                |                              |                                     |                            |
| Check here ► [                                       | ☐ if following SOP 98-2 (ASC 958-720)   |                                |                              |                                     |                            |

26,570,773

48.703.585

513,440

651,211

344.128.135

352,775,128

12.655.610

841,620,134

1,140,548

3,287,445

23.930.276

28,358,269

0

813,261,865

813,261,865

841.620.134

Form **990** (2017)

(B) End of year

Page **11** 

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

Cash-non-interest-bearing

Savings and temporary cash investments .

Investments-publicly traded securities .

Intangible assets . . . . .

Other assets See Part IV, line 11 .

Grants payable . .

Deferred revenue .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

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.

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 .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

Investments—other securities See Part IV, line 11 .

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

Escrow or custodial account liability Complete Part IV of Schedule D

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

Investments-program-related See Part IV, line 11

| 3 | Pledges and grants receivable, net   |            | 3 |            |
|---|--|------------|---|------------|
| 4 | Accounts receivable, net   | 47,346,140 | 4 | 55,622,252 |
| 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L  |            | 5 |            |
| 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L |            | 6 |            |
| 7 | Notes and loans receivable, net  |            | 7 |            |
|   |  |            |   |            |

(A)

Beginning of year

40,261,119

14.885.185

1

2

8

9

10c

11

12

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14

15

16

17

18

19

20

21

22 23

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31

32

33

34

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

766,818,952

766,818,952

789.929.307

| Ass |  |
|-----|--|
| 4   |  |
|     |  |
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|     |  |
|     |  |
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|        | 6              |
|--------|----------------|
| Assets | 7<br>8<br>9    |
|        | 10             |
|        | 11             |
|        | 12             |
|        | 13             |
|        | 14             |
|        | 15             |
|        | 16<br>17<br>18 |
|        | 17             |
|        |                |
|        | 19<br>20       |
|        | 20             |
| Sé     | 21             |
| litie  | 22             |
| Liabi  | 23             |
|        | 24             |

26

27

28

29

31

32

33

34

Fund Balances

Assets or 30

Net

Inventories for sale or use . Prepaid expenses and deferred charges a Land, buildings, and equipment cost or other 1,511,450 basis Complete Part VI of Schedule D 10a 860,239 b Less accumulated depreciation 10b

Page **12** 

36.107.997

2c

3a

3b

Yes

No

Form **990** (2017)

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . 5 5

Form 990 (2017)

1 Accounting method used to prepare the Form 990

consolidated basis, or both ✓ Separate basis

Audit Act and OMB Circular A-133?

6 7 8 Other changes in net assets or fund balances (explain in Schedule O) . . . . . . . . . 9 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10

9.125.179 813,261,865 Part XII **Financial Statements and Reporting** Check if Schedule O contains a response or note to any line in this Part XII . . . . . Yes No

☐ Cash ☑ Accrual ☐ Other

☐ Both consolidated and separate basis

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a Nο If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis Consolidated basis ☐ Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b Yes

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

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

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

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

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

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

Consolidated basis

#### Additional Data

# Software Version:

Software ID:

Name: LINE CONSTRUCTION BENEFIT FUND

**EIN:** 36-6066988

Form 990 (2017)

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

### **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.

DLN: 93493311021848 OMB No 1545-0047

> Open to Public Inspection

Internal Revenue Service

Department of the Treasury

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

| Par | t IIII        | Organizations Maintaini  | ng Collections o                  | of Art, Hist   | orical T            | reasu     | res, or Othe     | r Similar Ass    | ets (cc    | ntınued)                                      |
|-----|---------------|--|-----------------------------------|----------------|---------------------|-----------|------------------|------------------|------------|---|
| 3   |               | g the organization's acquisition, a<br>s (check all that apply)          | ccession, and other               | records, che   | eck any of          | the fol   | lowing that are  | a significant us | e of its o | collection                                    |
| а   |               | Public exhibition  |                                   |                | d 🗌                 | Loan      | or exchange pr   | ograms           |            |   |
| b   |               | Scholarly research   |                                   |                | е 🗌                 | Other     |                  |                  |            |   |
| c   |               | Preservation for future generati   | ons                               |                |                     |           |                  |                  |            |   |
| 4   | Provi<br>Part | ide a description of the organizati<br>XIII                              | on's collections and              | explain how    | they furt           | her the   | e organization's | exempt purpose   | e in       |   |
| 5   |               | ng the year, did the organization<br>ts to be sold to raise funds rather |                                   |                |                     |           |                  | imilar           | ☐ Yes      | □ No  |
| Pa  | rt IV         |  |                                   |                |                     |           |                  |                  |            |   |
|     |               | Complete if the organization X, line 21.                                 | n answered "Yes                   | " on Form 9    | 990, Part           | : IV, lır | ne 9, or repoi   | ted an amoun     | t on Fo    | orm 990, Part                                 |
| 1a  |               | e organization an agent, trustee,<br>ded on Form 990, Part X?            | custodian or other                | ıntermediary   | for contri          | butions   | s or other asset |                  | ☐ Yes      | □ No  |
| b   | If "Ye        | es," explain the arrangement in F  | art XIII and comple               | ete the follow | ıng table           |           |                  | Am               | ount       |   |
| c   | Begir         | nning balance  | ·                                 |                | _                   |           | 1c               |                  |            |   |
| d   | Addıt         | tions during the year  |                                   |                |                     |           | 1d               |                  |            |   |
| е   | Distri        | ibutions during the year   |                                   |                |                     |           | 1e               |                  |            |   |
| f   | Endır         | ng balance   |                                   |                |                     |           | 1f               |                  |            |   |
| 2a  | Dıd t         | he organization include an amoui   | nt on Form 990, Pai               | t X, line 21,  | for escrov          | v or cus  | stodial account  | liability?       | ☐ Yes      |   |
| b   | If "Y∈        | es," explain the arrangement in P  | art XIII Check here               | e if the expla | nation has          | s been    | provided in Par  | t XIII           |            |   |
| Pa  | rt V          | Endowment Funds. Com   | olete if the organ                | ization ansi   | wered "Y            | es" on    | Form 990, F      | art IV, line 10  |            |   |
|     |               |  | (a)Currer                         | t year (       | <b>b)</b> Prior yea | ar (      | (c)Two years bac | k (d)Three years | back (     | e)Four years back                             |
| 1a  | Beginn        | ning of year balance   |                                   |                |                     |           |                  |                  |            |   |
| b   | Contril       | butions  |                                   |                |                     |           |                  |                  |            |   |
| c   | Net in        | vestment earnings, gains, and los  | sses                              |                |                     |           |                  |                  |            |   |
| d   | Grants        | s or scholarships  |                                   |                |                     |           |                  |                  |            |   |
| е   |               | expenditures for facilities<br>rograms                                   |                                   |                |                     |           |                  |                  |            |   |
| f   | Admın         | istrative expenses   |                                   |                |                     |           |                  |                  |            |   |
| g   | End of        | year balance   |                                   |                |                     |           |                  |                  |            |   |
| 2   | Provi         | de the estimated percentage of t   | he current year end               | l balance (lın | e 1g, colu          | mn (a)    | ) held as        |                  |            |   |
| а   | Board         | d designated or quasi-endowmen   | t <b>►</b>                        |                |                     |           |                  |                  |            |   |
| b   | Perm          | nanent endowment 🟲   |                                   |                |                     |           |                  |                  |            |   |
| С   | Temp          | porarily restricted endowment <b>&gt;</b>                                |                                   |                |                     |           |                  |                  |            |   |
|     | The p         | percentages on lines 2a, 2b, and   | 2c should equal 100               | )%             |                     |           |                  |                  |            |   |
| 3а  | organ         | here endowment funds not in the<br>nization by                           | possession of the                 | organization   | that are h          | eld and   | d administered   | for the          | _          | Yes No  |
|     | • •           | nrelated organizations   |                                   |                |                     |           |                  |                  | 3a(        |   |
| b   | . ,           | related organizations<br>es" on 3a(ii), are the related orga             | nizations listed as a             | ogurad on S    | chodulo E           |           |                  |                  | 3a(<br>3l  | -   |
| 4   |               | ribe in Part XIII the intended use                                       |                                   |                |                     | •         |                  |                  |            | <u>,                                     </u> |
|     | rt VI         |  |                                   | Tro chaomine   |                     |           |                  |                  |            |   |
|     |               | Complete if the organization   |                                   | " on Form 9    | 990, Part           | : IV, lır | ne 11a. See F    | orm 990, Part    | : X, line  | 10.   |
|     | Descr         | ription of property (a) C  | ost or other basis<br>investment) | (b) Cost or o  |                     |           | (c) Accumulate   |                  |            | ) Book value                                  |
| 1a  | Land          |  |                                   |                |                     |           |                  |                  |            |   |
|     | Buildin       |  |                                   |                |                     |           |                  |                  |            |   |
|     |               | nold improvements  |                                   |                |                     |           |                  |                  |            |   |
|     |               | ment   |                                   |                | 1,5                 | 11,450    |                  | 860,239          |            | 651,211                                       |
|     | Other         |  |                                   |                | -,-                 | ,         |                  |                  |            | ,   |
|     |               | lines 1a through 1e (Column (d)  | must equal Form 9                 | 90, Part X. c  | olumn (B)           | ), line 1 | (O(c))           | <b>&gt;</b>      |            | 651,211                                       |

| Part VII Investments—Other Securities. Complete if   | the organization ansv | vered "Yes" on Form 99   | 00, Part IV, line 11b.                     |
|--|-----------------------|--------------------------|--|
| See Form 990, Part X, line 12.  (a) Description of security or category                                  | (b) Book value        |                          | od of valuation                            |
| (Including name of security)  (1) Financial derivatives  |                       | Cost or end-of           | f-year market value                        |
| (2) Closely-held equity interests  |                       |                          |  |
| (3) Other(A) HEDGE FUNDS OF FUNDS  | 96,975,812            |                          | F  |
| (B) COMMON AND COLLECTIVE EQUITY FUNDS   | 207,589,240           |                          | F  |
| (C) REAL ESTATE INVESTMENT FUNDS   | 48,210,076            |                          | F  |
| (D)  | 10,210,070            |                          |  |
| (E)  |                       |                          |  |
| (F)  |                       |                          |  |
| (G)  |                       |                          |  |
| (H)  |                       |                          |  |
|  |                       |                          |  |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12)  Part VIII Investments—Program Related. | <b>▶</b> 352,775,128  |                          |  |
| Complete if the organization answered 'Yes' on   |                       |                          |  |
| (a) Description of investment  | (b) Book value        |                          | od of valuation<br>f-year market value     |
| (1)  |                       |                          |  |
| (2)  |                       |                          |  |
| (3)  |                       |                          |  |
| (4)  |                       |                          |  |
| (5)  |                       |                          |  |
|  |                       |                          |  |
| (6)  |                       |                          |  |
| (7)  |                       |                          |  |
| (8)  |                       |                          |  |
| (9)  |                       |                          |  |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  | <b>•</b>              |                          |  |
| Part IX Other Assets. Complete if the organization answer (a) Descripti                                  |                       | rt IV, line 11d See Form | 990, Part X, line 15 <b>(b)</b> Book value |
| (1)  |                       |                          | (-,  |
| (2)  |                       |                          |  |
| (3)  |                       |                          |  |
| (4)  |                       |                          |  |
|  |                       |                          |  |
| (5)  |                       |                          |  |
| (6)  |                       |                          |  |
| (7)  |                       |                          |  |
| (8)  |                       |                          |  |
| (9)  |                       |                          |  |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15 )  |                       |                          | <b>•</b>                                   |
| <b>Part X Other Liabilities.</b> Complete if the organization See Form 990, Part X, line 25.             | answered 'Yes' on Fo  | rm 990, Part IV, line 1  | 1e or 11f.                                 |
| 1. (a) Description of liability  | <b>(b)</b> B          | ook value                |  |
| (1) Federal income taxes   |                       |                          |  |
| RECIPROCITY CONTRIBUTIONS PAYABLE  |                       | 4,079,793                |  |
| COLLATERAL HELD FOR SECURITIES ON LOAN   |                       | 12,140,134               |  |
| DUE TO BROKER - PENDING INVESTMENT TRADES (4)  |                       | 7,710,349                |  |
| (5)  |                       |                          |  |
|  |                       |                          |  |
| (6)  |                       |                          |  |
| (7)  |                       |                          |  |
| (8)  |                       |                          |  |
| (9)  |                       |                          |  |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )  | <b>•</b>              | 23,930,276               |  |
| 2. Liability for uncertain tax positions. In Part XIII, provide the text                                 |                       |                          |  |

Part XI

2

b

c

Part XII

5

1

2

3

b

5

Part XIII

See Additional Data Table

Schedule D (Form 990) 2017

Page 4

36,107,997

535,714,226

534,504,489

751,345

535.255.834

Schedule D (Form 990) 2017

#### 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1

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

Add lines **4a** and **4b** . . . . .

Donated services and use of facilities . . .

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

Supplemental Information

Subtract line 2e from line 1 . . . .

Add lines 2a through 2d . .

Return Reference

Not conveniend and discount

| a | Net unrealized gains (losses) on investments | • | • | • | • |  |
|---|--|---|---|---|---|--|
| b | Donated services and use of facilities       |   |   |   |   |  |
| С | Recoveries of prior year grants              |   |   |   |   |  |
| d | Other (Describe in Part XIII )               |   |   |   |   |  |
| e | Add lines 2a through 2d                      |   |   |   |   |  |
|   | Subtract line <b>2e</b> from line <b>1</b>   |   |   |   |   |  |
|   |  |   |   |   |   |  |

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 . . .

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

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

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

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

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

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

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2c 2d Investment expenses not included on Form 990, Part VIII, line 7b .

4a 4b

2a

2b

2a 2b

2c

2d

4a

4b

Explanation

2e 3 751,345

2e

3

4c

5

751,345

36,107,997

4c Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

| 751,345     |
|-------------|
| 536,465,571 |
|             |
| 534,504,489 |
|             |
|             |
|             |

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

Schedule D (Form 990) 2017

#### Additional Data

Software Version:

**EIN:** 36-6066988

Name: LINE CONSTRUCTION BENEFIT FUND

#### Supplemental Information

# Return Reference Explanation ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE THE PLAN TO EVALUATE TAX POSITIONS TAKEN BY THE PLAN AND RECOGNIZE A TAX LIABILITY IF THE PLAN HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINAT ION BY TAX AUTHORITIES THE PLAN IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS, HOW

EVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS

Software ID:

| efil       | e GRAPHIC pi                          | rint - DO NOT PROCESS   | As Filed Data                        | a -  | DLN: 934                | 19331       | 1021   | 848  |
|------------|---------------------------------------|---|--------------------------------------|--|-------------------------|-------------|--------|------|
| Sch        | nedule J                              | Co  | mpensati                             | on Information   | 40                      | 1B No       | 1545-0 | 0047 |
| •          | m 990) tment of the Treasury          | ► Complete if the orga  | Compensa<br>anization answ<br>Attach | rustees, Key Employees, and Hig<br>ited Employees<br>ered "Yes" on Form 990, Part IV<br>to Form 990.<br>(Form 990) and its instructions  | , line 23.              | <b>2</b> () |        |      |
| •          | al Revenue Service                    | 7 Information ab  |                                      | gov/form990.   |                         |             | ectio  |      |
|            | me of the organiz<br>E CONSTRUCTION B |   |                                      |  | Employer identificat    | ion nu      | ımber  |      |
| LIIVI      | E CONSTRUCTION B                      | ENEITITIONS   |                                      |  | 36-6066988              |             |        |      |
| Pa         | rt I Questi                           | ons Regarding Compensat   | ion                                  |  |                         |             |        |      |
| <b>1</b> a |                                       |   |                                      | the following to or for a person liste<br>y relevant information regarding the   |                         |             | Yes    | No   |
|            | ☐ First-class                         | s or charter travel   |                                      | Housing allowance or residence for   | personal use            |             |        |      |
|            | ☐ Travel for                          | companions  |                                      | Payments for business use of perso   | nal residence           |             |        |      |
|            | Tax idemi                             | nıfıcatıon and gross-up payments  | . 📙                                  | Health or social club dues or initiati   | on fees                 |             |        |      |
|            | ☐ Discretion                          | nary spending account   | Ш                                    | Personal services (e g , maid, chauf   | feur, chef)             |             |        |      |
| b          |                                       | xes in line 1a are checked, did th<br>all of the expenses described abo |                                      | ollow a written policy regarding payn<br>plete Part III to explain   | nent or reimbursement   | 1b          |        |      |
| 2          |                                       |   |                                      | or allowing expenses incurred by all   |                         | 2           |        |      |
|            | directors, truste                     | ees, officers, including the CEO/E                                      | xecutive Director                    | r, regarding the items checked in line   | e 1a <sup>7</sup>       |             |        |      |
| 3          | organization's C                      | CEO/Executive Director Check all  | that apply Do r                      | d to establish the compensation of the compensation of the control |                         |             |        |      |
|            | <b>☑</b> Compens                      | ation committee   |                                      | Written employment contract  |                         |             |        |      |
|            | ☐ Independ                            | ent compensation consultant   |                                      | Compensation survey or study   |                         |             |        |      |
|            | ☐ Form 990                            | of other organizations  | ✓                                    | Approval by the board or compensa  | tion committee          |             |        |      |
| 4          | During the year related organiza      |   | 990, Part VII, Se                    | ction A, line 1a, with respect to the f  | iling organization or a |             |        |      |
| а          | Receive a sever                       | ance payment or change-of-cont  | rol payment?                         |  |                         | 4a          |        | No   |
| b          | Participate in, o                     | r receive payment from, a supple  | emental nonqual                      | fied retirement plan?  |                         | 4b          |        | No   |
| C          | •                                     | r receive payment from, an equit  | •                                    | _  |                         | 4c          |        | No   |
|            | If "Yes" to any                       | of lines 4a-c, list the persons and                                     | provide the app                      | licable amounts for each item in Par   | t III                   |             |        |      |
|            | Only 501(c)(3                         | s), 501(c)(4), and 501(c)(29)   | organizations                        | must complete lines 5-9  |                         |             |        |      |
| 5          | For persons liste                     |   | n A, line 1a, did t                  | the organization pay or accrue any   |                         |             |        |      |
| а          | The organization                      | n?  |                                      |  |                         | 5a          |        |      |
| b          | Any related org                       |   |                                      |  |                         | 5b          |        |      |
|            | If "Yes," on line                     | 5a or 5b, describe in Part III  |                                      |  |                         |             |        |      |
| 6          |                                       | ed on Form 990, Part VII, Section contingent on the net earnings of     | n A, line 1a, did t                  | the organization pay or accrue any   |                         |             |        |      |
| а          | The organization                      | n?  |                                      |  |                         | <b>6</b> a  |        |      |
| b          | Any related org                       |   |                                      |  |                         | 6b          |        |      |
|            | If "Yes," on line                     | 6a or 6b, describe in Part III  |                                      |  |                         |             |        |      |
| 7          |                                       | ed on Form 990, Part VII, Section<br>escribed in lines 5 and 67 If "Yes |                                      | the organization provide any nonfixe<br>rt III   | d                       | 7           |        |      |
| 8          |                                       |   |                                      | red pursuant to a contract that was<br>section 53 4958-4(a)(3)? If "Yes," do   | escribe                 | 8           |        |      |
| 9          | If "Yes" on line<br>53 4958-6(c)?     | 8, did the organization also follow                                     | v the rebuttable                     | presumption procedure described in   | Regulations section     | 9           |        |      |
| For F      | Panerwork Redu                        | uction Act Notice, see the Inst   | ructions for Fo                      | rm 990. Cat No 5   | 50053T Schedule J       | (Form       | 990)   | 2017 |

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

|  |      |         | y Employees, and Hig  |       |  |                                 |                                    |   |
|--|------|---------|---|-------|--|---------------------------------|------------------------------------|---|
|  |      |         | ted on Schedule J, report                                   |       | organization on row (i) ar                     | nd from related organizati      | ons, described in the              |   |
|  |      |         | t are not listed on Form 99<br>dividual must equal the to   |       | , Part VII, Section A, line                    | 1a, applicable column (D)       | and (E) amounts for tha            | t ındıvıdual  |
| (A) Name and Title                             |      |         | of W-2 and/or 1099-MISO (ii) Bonus & incentive compensation |       | (C) Retirement and other deferred compensation | ( <b>D)</b> Nontaxable benefits | (E) Total of columns<br>(B)(ı)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
| 1 BRYAN STAGE                                  | (i)  | 0       | 0   | 0     | 0  | 0                               | 0                                  | 0   |
| TRUSTEE - VICE CHAIRMAN                        | (ii) | 136,376 | 0   | 0     | 31,270   | 10,080                          | 177,726                            | 0   |
| 2 MARK CUNNINGHAM                              | (i)  | 0       | 0   | 0     | 0  | 0                               | 0                                  | 0   |
| TRUSTEE  | (ii) | 159,756 | 0   | 0     | 0  | 36,370                          | 196,126                            | 0   |
| 3 BRENT DONOHUE<br>TRUSTEE                     | (i)  | 0       | 0   | 0     | 0  | 0                               | 0                                  | 0   |
| IKUSTEE  | (ii) | 154,459 | 0   | 0     | 47,769   | 2,076                           | 204,304                            | 0   |
| 4 TRAVIS ERI<br>TRUSTEE                        | (i)  | 0       | 0   | 0     | 0  | 0                               | 0                                  | 0   |
| INOSTEE  | (ii) | 161,805 | 0   | 0     | 26,344   | 21,845                          | 209,994                            | 0   |
| <b>5</b> HENRY STANSKI JR<br>TRUSTEE           | (i)  | 0       | 0   | 0     | 0  | 0                               | 0                                  | 0   |
|  | (ii) | 164,076 | 0   | 0     | 0  | 0                               | 164,076                            | 0   |
| 6 STEVE WHITE<br>TRUSTEE - PAST                | (i)  | 0       | 0   | 0     | 0  | 0                               | 0                                  | 0   |
|  | (ii) | 130,843 | 0   | 1,068 | 32,989   | 16,308                          | 181,208                            | 0   |
| 7 KEVIN CHESNIAK<br>ADMINISTRATOR              | (i)  | 245,068 | 15,000  | 0     | 54,552   | 10,560                          | 325,180                            | 0   |
|  | (ii) | 0       | 0   | 0     | 0  | 0                               | 0                                  | 0   |
| 8 JEFFREY MARSHALL<br>IT DIRECTOR              | (i)  | 122,741 | 10,000  | 0     | 27,799   | 10,560                          | 171,100                            | 0   |
|  | (ii) | 0       | 0   | 0     | 0  | 0                               | 0                                  | 0   |
| <b>9</b> MARY GARITE<br>DIRECTOR OF OPERATIONS | (i)  | 125,165 | 10,000  | 0     | 26,035   | 10,560                          | 171,760                            | 0   |
|  | (ii) | 0       | 0   | 0     | 0  | 0                               | 0                                  | 0   |
| I  |      |         |   |       |  |                                 |                                    |   |
|  |      |         |   |       |  |                                 |                                    |   |
|  |      |         |   |       |  |                                 |                                    |   |
|  |      |         |   |       |  |                                 |                                    |   |
|  |      |         |   |       |  |                                 |                                    |   |
|  |      |         |   |       |  |                                 |                                    |   |
|  |      |         |   |       |  |                                 |                                    |   |
|  |      |         |   |       |  |                                 |                                    |   |
|  |      |         |   |       | _  |                                 |                                    |   |
|  |      |         | 1   |       |  |                                 |                                    |   |

Schedule J (Form 990) 2017 Page 3 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Return Reference Explanation

Schedule 1 (Form 990) 2017

| Additional Data   | а    |                       |   |   |                                |                |                      |   |  |  |  |  |  |  |
|---|------|-----------------------|---|---|--------------------------------|----------------|----------------------|---|--|--|--|--|--|--|
|   |      |                       | Software ID:<br>Software Version:<br>EIN: | 36-6066988                                |                                |                |                      |   |  |  |  |  |  |  |
|   |      |                       | Name:                                     | LINE CONSTRUCTION BENEFIT FUND            |                                |                |                      |   |  |  |  |  |  |  |
| Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees |      |                       |   |   |                                |                |                      |   |  |  |  |  |  |  |
| (A) Name and Title  |      |                       | of W-2 and/or 1099-MISC                   |   | (C) Retirement and             | (D) Nontaxable | (E) Total of columns | (F) Compensation in                                     |  |  |  |  |  |  |
|   |      | (i) Base Compensation | (ii)<br>Bonus & Incentive<br>compensation | (iii)<br>Other reportable<br>compensation | other deferred<br>compensation | benefits       | (B)(ı)-(D)           | column (B)<br>reported as deferred on<br>prior Form 990 |  |  |  |  |  |  |
| 1BRYAN STAGE<br>TRUSTEE - VICE CHAIRMAN   | (1)  | 0                     | 0   | 0   | 0                              | 0              | 0                    | 0   |  |  |  |  |  |  |
|   | (11) | 136,376               | 0   | o   | 31,270                         | 10,080         | 177,726              | <u>_</u>  |  |  |  |  |  |  |
| 1MARK CUNNINGHAM<br>TRUSTEE   | (1)  | 0                     | 0   | 0   | 0                              | 0              | 0                    | 0   |  |  |  |  |  |  |
|   | (11) | 159,756               | 0   | o   |                                | 36,370         | 196,126              | 0   |  |  |  |  |  |  |
| 2BRENT DONOHUE<br>TRUSTEE   | (1)  | 0                     | 0   | 0   | 0                              | 0              | 0                    | 0   |  |  |  |  |  |  |
| 1   | (11) | 154,459               | 0   | , ol                                      | 47,769                         | 2,076          | 204,304              | 0   |  |  |  |  |  |  |
| 3TRAVIS ERI<br>TRUSTEE  | (1)  | 0                     | 0   | 0   | o                              | 0              | 0                    | 0   |  |  |  |  |  |  |
|   | (11) | ·                     | 0   | 0   | 26,344                         | 21,845         | 209,994              | . <u> </u>  |  |  |  |  |  |  |
| 4HENRY STANSKI JR<br>TRUSTEE  | (1)  | 0                     | 0   | 0   | 0                              | 0              | 0                    | 0   |  |  |  |  |  |  |
|   | (11) | ·                     | 0   | o   | o                              | 0              | 164,076              | . <u>0</u>  |  |  |  |  |  |  |
| <b>5</b> STEVE WHITE TRUSTEE - PAST   | (1)  | 0                     | 0   | o   | o                              | o              | 0                    | 0   |  |  |  |  |  |  |
|   | (11) | 130,843               | i o                                       | 1,068                                     | 32,989                         | 16,308         | 181,208              | 0   |  |  |  |  |  |  |

54,552

27,799

26,035

10,560

10,560

10,560

325,180

171,100

171,760

**6**KEVIN CHESNIAK ADMINISTRATOR

7JEFFREY MARSHALL IT DIRECTOR

8MARY GARITE DIRECTOR OF OPERATIONS

(1)

245,068

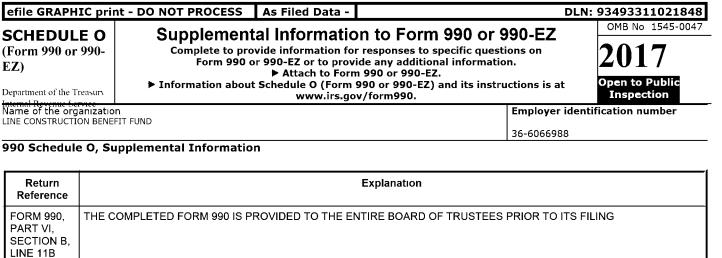
122,741

125,165

15,000

10,000

10,000



Return Explanation
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.

Return Explanation
Reference

990 Schedule O, Supplemental Information

LINE 9

FORM 990, PART XI, TRANSFER OF NET ASSETS FROM IBEW LOCAL 196 VEMA TRUST 9,125,179

| efile GRAPHIC print - DC                                   | NOT PROCESS  | As Filed Data -       |                 |   |            |   |            |                     |         |   |         | DLN: 93493                               | 311021                      | .848                      |  |  |
|--|--|-----------------------|-----------------|---|------------|---|------------|---------------------|---------|---|---------|--|-----------------------------|---------------------------|--|--|
| SCHEDULE R<br>(Form 990)                                   | <b>&gt;</b> (  | Related C             | _               | swered "Yes   | s" on Form | 990, Part                                 |            | -                   |         | 37.   |         | 2017                                     |                             |                           |  |  |
| Department of the Treasury<br>Internal Revenue Service     | •  | Information about S   | Schedule I      | Attach to Form 990. chedule R (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a> . |            |   |            |                     |         |   |         | Open to Public<br>Inspection             |                             |                           |  |  |
| Name of the organization<br>LINE CONSTRUCTION BENEFIT FUND |  |                       |                 |   |            |   |            |                     | Emp     | loyer identif                               | icatior | number                                   |                             |                           |  |  |
|  |  |                       |                 |   | 1 1154     | . –                                       | 000 5 :    | T) (                |         | 066988                                      |         |  |                             |                           |  |  |
| Part I Identification                                      | of Disregarded E   | ntities Complete If t | ne organ        | ization answ  | rered Yes  | on Form                                   | 990, Part  | IV, line 3          | J.      |   |         |  |                             |                           |  |  |
| Name, address, and   | (a) Name, address, and EIN (ıf applicable) of disregarded entity |                       |                 | <b>(b)</b><br>Primary act   |            | Legal domicile (state or foreign country) |            | (d)<br>Total income |         | (e)<br>End-of-year assets                   |         | <b>(f</b><br>Direct co<br>ent            | ntrolling                   |                           |  |  |
|  |  |                       |                 |   |            |   |            |                     |         |   |         |  |                             |                           |  |  |
|  |  |                       |                 |   |            |   |            |                     |         |   |         |  |                             |                           |  |  |
|  |  |                       |                 |   |            |   |            |                     |         |   |         |  |                             |                           |  |  |
| Part II Identification (                                   | of Related Tax-Ex  |                       | <b>s</b> Comple | ete if the org  | anızatıon  | answered                                  | "Yes" on F | orm 990,            | Part I\ | /, line 34 be                               | cause   | ıt had one or                            | more                        |                           |  |  |
| See Additional Data Table                                  |  | <u> </u>              | 1               | 41.5  | 1 .        | ,   | 1 (1)      | . 1                 |         |   | 1       |  | 1 ,                         |                           |  |  |
| Name, address, and   | (a)<br>d EIN of related organizat                                | on                    | Prim            | <b>(b)</b><br>ary activity  | Legal dom  | c)<br>ncile (state<br>n country)          | Exempt Cod | e section Public    |         | (e)  blic charity status section 501(c)(3)) |         | <b>(f)</b><br>rect controlling<br>entity | Section<br>(13) coi<br>enti | 512(b)<br>ntrolled<br>ty? |  |  |
|  |  |                       |                 |   |            |   |            |                     |         |   |         |  | Yes                         | No                        |  |  |
|  |  |                       |                 |   |            |   |            |                     |         |   |         |  |                             |                           |  |  |
|  |  |                       |                 |   |            |   |            |                     |         |   |         |  |                             |                           |  |  |
|  |  |                       |                 |   |            |   |            |                     |         |   |         |  |                             |                           |  |  |
| For Paperwork Reduction Ac                                 |  |                       |                 |   |            | t No 5013                                 |            |                     |         |   |         | edule R (Form                            |                             |                           |  |  |

| (a)<br>Name, address, and EIN of<br>related organization           |                                |                    | (c) Legal domicile (state or foreign country) | (d)<br>Direct<br>controlling<br>entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512- 514) | (f)<br>Share of<br>total income                 | (g)<br>Share of<br>end-of-year<br>assets |         |                                  | (1)<br>Code V-UBI<br>amount in box<br>20 of<br>Schedule K-1<br>(Form 1065) | (j<br>Gener<br>mana<br>partr | al or Peging o | (k)<br>ercent<br>owners          |
|--|--------------------------------|--------------------|---|--|---|---|--|---------|----------------------------------|--|------------------------------|----------------|----------------------------------|
|  |                                |                    |   |  | ,   |   |  | Yes     | No                               |  | Yes                          | No             |                                  |
|  |                                |                    |   |  |   |   |  |         |                                  |  |                              |                |                                  |
|  |                                |                    |   |  |   |   |  |         |                                  |  |                              |                |                                  |
|  |                                |                    |   |  |   |   |  |         |                                  |  |                              | _              |                                  |
|  |                                |                    |   |  |   |   |  |         |                                  |  |                              |                |                                  |
|  |                                |                    |   |  |   |   |  |         |                                  |  |                              |                |                                  |
|  |                                |                    |   |  |   |   |  |         |                                  |  |                              | _              |                                  |
|  |                                |                    |   |  |   |   |  |         |                                  |  |                              |                |                                  |
|  |                                |                    |   |  |   |   |  |         |                                  |  |                              |                |                                  |
| Identification of Related Organ because it had one or more related |                                |                    |   |  |   | <u>I</u><br>zation ansv                         | l<br>vered "Yes                          | " on Fo | orm 99                           | BO, Part IV,   | line :                       | 34             |                                  |
| (a)<br>Name, address, and EIN of<br>related organization           | <b>(b)</b><br>Primary activity | do<br>do<br>(state | (c)<br>Legal<br>omicile<br>or foreign         |  | entity (C co  | (e)<br>e of entity<br>orp, S corp,<br>or trust) | <b>(f)</b><br>Share of total<br>Income   | Share   | (g)<br>of end-<br>year<br>assets | of- Percei<br>owne   | ntage                        |                | (ı)<br>tıon 5<br>) cont<br>entit |
| nal Data Table   |                                | со                 | ountry)                                       |  |   |   |  |         |                                  |  |                              | Ye             | es                               |
|  |                                |                    |   |  |   |   |  |         |                                  |  |                              |                |                                  |
|  |                                |                    |   |  |   |   |  |         |                                  |  |                              |                | +                                |
|  |                                |                    |   |  |   |   |  |         |                                  |  |                              |                |                                  |
|  |                                |                    |   |  |   |   |  |         |                                  |  |                              |                |                                  |
|  |                                |                    |   |  |   |   |  | +       |                                  |  |                              |                | +                                |
|  |                                |                    |   |  |   |   |  |         |                                  |  |                              |                |                                  |
|  |                                | 1                  |   |  |   |   |  |         |                                  |  |                              | _              | -                                |
|  |                                |                    |   |  |   |   |  |         |                                  |  |                              |                |                                  |
|  |                                |                    |   |  |   |   |  |         |                                  |  |                              |                | 4                                |

| Schedule R (Form 990) 2017   |      | Page <b>3</b> |
|--|------|---------------|
| Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.  Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule  1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?  a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.  b Gift, grant, or capital contribution to related organization(s).  c Gift, grant, or capital contribution from related organization(s).  d Loans or loan guarantees to or for related organization(s).  d Loans or loan guarantees by related organization(s).  f Dividends from related organiz |      |               |
| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule   | Y    | es 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?  |      | $\top$        |
| a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity  | 1a   | No            |
| <b>b</b> Gift, grant, or capital contribution to related organization(s)   | 1b   | No            |
|  | 1c   | No            |
|  |      | No            |
|  | 1e   | No            |
| f Dividends from related organization(s)   | 1f   | No            |
|  | 1g   | No            |
|  | 1h   | No            |
|  | 1i   | No            |
|  | 1j   | No            |
| k Lease of facilities, equipment, or other assets from related organization(s)   | 1k   | No            |
| l Performance of services or membership or fundraising solicitations for related organization(s)   | , 11 | 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            |
| o Sharing of paid employees with related organization(s)   | 10   | No            |
|  |      |               |

| k Lease of facilities, equipment, or other assets from related organization(s)                   |   | 1k         |     | No |
|--|---|------------|-----|----|
| l Performance of services or membership or fundraising solicitations for related organization(s) |   | . 11       |     | No |
| m Performance of services or membership or fundraising solicitations by related organization(s)  |   | 1m         | 1   | No |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  |   | 1n         |     | No |
| o Sharing of paid employees with related organization(s)   | • | 10         |     | No |
| p Reimbursement paid to related organization(s) for expenses                                     |   | <b>1</b> p |     | No |
| <b>q</b> Reimbursement paid by related organization(s) for expenses                              |   | <b>1</b> 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 |    |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds (a) Name of related organization (b) Transaction type (a-s) (d) Method of determining amount involved (c) Amount involved

Schedule R (Form 990) 2017

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

| was not a related organization. See instructions regarding exclusion for certain investment partnerships |                                |   |  |     |   |                                    |  |                                      |    |   |           |      |                                |
|--|--------------------------------|---|--|-----|---|------------------------------------|--|--------------------------------------|----|---|-----------|------|--------------------------------|
| <b>(a)</b><br>Name, address, and EIN of entity   | <b>(b)</b><br>Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514) |     | (e) e all partners section 501(c)(3) ganizations? | (f)<br>Share of<br>total<br>Income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproprtiona<br>allocations? |    | (1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) |           |      | (k)<br>Percentage<br>ownership |
|  |                                |   | 514)   | Yes | No  |                                    |  | Yes                                  | No |   | Yes       | No   |                                |
|  |                                |   |  |     |   |                                    |  |                                      |    |   |           |      |                                |
|  |                                |   |  |     |   |                                    |  |                                      |    |   |           |      |                                |
|  |                                |   |  |     |   |                                    |  |                                      |    |   |           |      |                                |
|  |                                |   |  |     |   |                                    |  |                                      |    |   |           |      |                                |
|  |                                |   |  |     |   |                                    |  |                                      |    |   |           |      |                                |
|  |                                |   |  |     |   |                                    |  |                                      |    |   |           |      |                                |
|  |                                |   |  |     |   |                                    |  |                                      |    |   |           |      |                                |
|  |                                |   |  |     |   |                                    |  |                                      |    |   |           |      |                                |
|  |                                |   |  |     |   |                                    |  |                                      |    |   |           |      |                                |
|  |                                |   |  |     |   |                                    |  |                                      |    |   |           |      |                                |
|  |                                |   |  |     |   |                                    |  |                                      |    |   |           |      |                                |
|  |                                |   |  |     |   |                                    |  |                                      |    |   |           |      |                                |
|  |                                |   |  |     |   |                                    |  |                                      |    |   |           |      |                                |
|  |                                |   |  |     |   |                                    |  |                                      |    |   |           |      |                                |
|  |                                |   |  |     |   |                                    |  |                                      |    |   |           |      |                                |
|  |                                |   |  |     |   |                                    |  |                                      |    | Schedul   | e R (Forn | 1 99 | 0) 2017                        |

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

**EIN:** 36-6066988

Name: LINE CONSTRUCTION BENEFIT FUND

| 990, Schedule R, Part II - Identification of Related (a) Name, address, and EIN of related organization | (b) Primary activity     | (c) Legal domicile (state or foreign country) | (d)<br>Exempt Code<br>section | (e) Public charity status (if section 501(c) (3)) | (f)<br>Direct controlling<br>entity | Section (b)(contri | (13)<br>rolle |
|---|--------------------------|---|-------------------------------|---|-------------------------------------|--------------------|---------------|
|   |                          |   |                               | (3))  |                                     | ent<br>Yes         |               |
|   | CONTRIBUTING<br>EMPLOYER |   |                               |   |                                     | Tes                |               |
|   | CONTRIBUTING             |   |                               |   |                                     |                    |               |
|   | EMPLOYER                 |   |                               |   |                                     |                    |               |
|   | CONTRIBUTING<br>EMPLOYER |   |                               |   |                                     |                    | T             |
|   | CONTRIBUTING<br>EMPLOYER |   |                               |   |                                     |                    | Ì             |
|   | CONTRIBUTING<br>EMPLOYER |   |                               |   |                                     |                    | 1             |
|   | CONTRIBUTING<br>EMPLOYER |   |                               |   |                                     |                    | 1             |
|   | CONTRIBUTING<br>EMPLOYER |   |                               |   |                                     |                    | 1             |
|   | CONTRIBUTING<br>EMPLOYER |   |                               |   |                                     |                    | 1             |
|   | CONTRIBUTING<br>EMPLOYER |   |                               |   |                                     |                    | 1             |
|   | CONTRIBUTING<br>EMPLOYER |   |                               |   |                                     |                    | 1             |
|   | CONTRIBUTING<br>EMPLOYER |   |                               |   |                                     |                    | _             |
|   | CONTRIBUTING<br>EMPLOYER |   |                               |   |                                     |                    | _             |
|   | CONTRIBUTING<br>EMPLOYER |   |                               |   |                                     |                    | -             |
|   | CONTRIBUTING<br>EMPLOYER |   |                               |   |                                     |                    |               |
|   | CONTRIBUTING<br>EMPLOYER |   |                               |   |                                     |                    |               |
|   | CONTRIBUTING<br>EMPLOYER |   |                               |   |                                     |                    | _             |
|   | CONTRIBUTING<br>EMPLOYER |   |                               |   |                                     |                    |               |
|   | CONTRIBUTING<br>EMPLOYER |   |                               |   |                                     |                    |               |
|   | CONTRIBUTING<br>EMPLOYER |   |                               |   |                                     |                    |               |
|   | CONTRIBUTING<br>EMPLOYER |   |                               |   |                                     |                    | -             |

| Form 990, Schedule R, Part II - Identification of Related T | ax-Exempt Organizatio    | ns  |                               | 1 '   |  | ı                   | _            |
|---|--------------------------|---|-------------------------------|---|--|---------------------|--------------|
| (a) Name, address, and EIN of related organization          | (b) Primary activity     | (c) Legal domicile (state or foreign country) | (d)<br>Exempt Code<br>section | (e) Public charity status (if section 501(c) (3)) | <b>(f)</b><br>Direct controlling<br>entity | Section (b)( contro | 13)<br>olled |
|   |                          |   |                               |   |  | Yes                 | No           |
|   | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |                     | No           |
|   | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |                     | No           |
|   | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |                     | No           |
|   | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |                     | No           |
|   | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |                     | No           |
|   | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |                     | No           |
|   | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |                     | No           |
|   | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |                     | No           |
|   | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |                     | No           |
|   | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |                     | No           |
|   | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |                     | No           |
|   | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |                     | No           |
|   | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |                     | No           |
|   | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |                     | No           |
|   | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |                     | No           |
|   | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |                     | No           |
|   | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |                     | No           |
|   | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |                     | No           |
|   | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |                     | No           |
|   | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |                     | No           |

| Form 990, Schedule R, Part II - Identification of Related T | ax-Exempt Organizatio    | ns  |                               | 1 '   |  | ı                   | _            |
|---|--------------------------|---|-------------------------------|---|--|---------------------|--------------|
| (a) Name, address, and EIN of related organization          | (b) Primary activity     | (c) Legal domicile (state or foreign country) | (d)<br>Exempt Code<br>section | (e) Public charity status (if section 501(c) (3)) | <b>(f)</b><br>Direct controlling<br>entity | Section (b)( contro | 13)<br>olled |
|   |                          |   |                               |   |  | Yes                 | No           |
|   | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |                     | No           |
|   | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |                     | No           |
|   | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |                     | No           |
|   | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |                     | No           |
|   | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |                     | No           |
|   | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |                     | No           |
|   | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |                     | No           |
|   | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |                     | No           |
|   | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |                     | No           |
|   | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |                     | No           |
|   | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |                     | No           |
|   | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |                     | No           |
|   | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |                     | No           |
|   | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |                     | No           |
|   | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |                     | No           |
|   | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |                     | No           |
|   | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |                     | No           |
|   | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |                     | No           |
|   | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |                     | No           |
|   | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |                     | No           |

| Form 990, Schedule R, Part II - Identification of Related T | ax-Exempt Organizatio    | ns  |                               | 1 '   |  | ı                   | _            |
|---|--------------------------|---|-------------------------------|---|--|---------------------|--------------|
| (a) Name, address, and EIN of related organization          | (b) Primary activity     | (c) Legal domicile (state or foreign country) | (d)<br>Exempt Code<br>section | (e) Public charity status (if section 501(c) (3)) | <b>(f)</b><br>Direct controlling<br>entity | Section (b)( contro | 13)<br>olled |
|   |                          |   |                               |   |  | Yes                 | No           |
|   | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |                     | No           |
|   | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |                     | No           |
|   | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |                     | No           |
|   | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |                     | No           |
|   | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |                     | No           |
|   | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |                     | No           |
|   | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |                     | No           |
|   | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |                     | No           |
|   | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |                     | No           |
|   | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |                     | No           |
|   | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |                     | No           |
|   | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |                     | No           |
|   | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |                     | No           |
|   | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |                     | No           |
|   | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |                     | No           |
|   | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |                     | No           |
|   | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |                     | No           |
|   | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |                     | No           |
|   | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |                     | No           |
|   | CONTRIBUTING<br>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)<br>Exempt Code<br>section | (e) Public charity status (if section 501(c) (3)) | <b>(f)</b><br>Direct controlling<br>entity | (b)(<br>contr | (g) Section 512 (b)(13) controlled entity? |  |  |
|  |                          |   |                               |   |  | Yes           | No   |  |  |
|  | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |               | No   |  |  |
|  | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |               | No   |  |  |
|  | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |               | No   |  |  |
|  | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |               | No   |  |  |
|  | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |               | No   |  |  |
|  | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |               | No   |  |  |
|  | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |               | No   |  |  |
|  | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |               | No   |  |  |
|  | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |               | No   |  |  |
|  | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |               | No   |  |  |
|  | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |               | No   |  |  |
|  | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |               | No   |  |  |
|  | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |               | No   |  |  |
|  | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |               | No   |  |  |
|  | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |               | No   |  |  |
|  | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |               | No   |  |  |
|  | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |               | No   |  |  |
|  | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |               | No   |  |  |
|  | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |               | No   |  |  |
|  | CONTRIBUTING<br>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)<br>Exempt Code<br>section | (e) Public charity status (if section 501(c) (3)) | <b>(f)</b><br>Direct controlling<br>entity | (b)(<br>contr | (g) Section 512 (b)(13) controlled entity? |  |  |
|  |                          |   |                               |   |  | Yes           | No   |  |  |
|  | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |               | No   |  |  |
|  | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |               | No   |  |  |
|  | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |               | No   |  |  |
|  | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |               | No   |  |  |
|  | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |               | No   |  |  |
|  | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |               | No   |  |  |
|  | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |               | No   |  |  |
|  | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |               | No   |  |  |
|  | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |               | No   |  |  |
|  | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |               | No   |  |  |
|  | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |               | No   |  |  |
|  | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |               | No   |  |  |
|  | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |               | No   |  |  |
|  | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |               | No   |  |  |
|  | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |               | No   |  |  |
|  | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |               | No   |  |  |
|  | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |               | No   |  |  |
|  | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |               | No   |  |  |
|  | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |               | No   |  |  |
|  | CONTRIBUTING<br>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)<br>Exempt Code<br>section | (e) Public charity status (if section 501(c) (3)) | <b>(f)</b><br>Direct controlling<br>entity | (b)(<br>contr | (g) Section 512 (b)(13) controlled entity? |  |  |
|  |                          |   |                               |   |  | Yes           | No   |  |  |
|  | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |               | No   |  |  |
|  | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |               | No   |  |  |
|  | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |               | No   |  |  |
|  | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |               | No   |  |  |
|  | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |               | No   |  |  |
|  | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |               | No   |  |  |
|  | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |               | No   |  |  |
|  | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |               | No   |  |  |
|  | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |               | No   |  |  |
|  | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |               | No   |  |  |
|  | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |               | No   |  |  |
|  | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |               | No   |  |  |
|  | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |               | No   |  |  |
|  | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |               | No   |  |  |
|  | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |               | No   |  |  |
|  | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |               | No   |  |  |
|  | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |               | No   |  |  |
|  | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |               | No   |  |  |
|  | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |               | No   |  |  |
|  | CONTRIBUTING<br>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)<br>Exempt Code<br>section | (e) Public charity status (if section 501(c) (3)) | <b>(f)</b><br>Direct controlling<br>entity | (b)(<br>contr | (g) Section 512 (b)(13) controlled entity? |  |  |
|  |                          |   |                               |   |  | Yes           | No   |  |  |
|  | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |               | No   |  |  |
|  | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |               | No   |  |  |
|  | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |               | No   |  |  |
|  | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |               | No   |  |  |
|  | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |               | No   |  |  |
|  | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |               | No   |  |  |
|  | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |               | No   |  |  |
|  | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |               | No   |  |  |
|  | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |               | No   |  |  |
|  | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |               | No   |  |  |
|  | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |               | No   |  |  |
|  | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |               | No   |  |  |
|  | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |               | No   |  |  |
|  | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |               | No   |  |  |
|  | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |               | No   |  |  |
|  | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |               | No   |  |  |
|  | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |               | No   |  |  |
|  | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |               | No   |  |  |
|  | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |               | No   |  |  |
|  | CONTRIBUTING<br>EMPLOYER |   |                               |   |  |               | No   |  |  |

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

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

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (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 **ACTION CONST & MAINTENANCE INC** CONTRIBUTING No **EMPLOYER** ACTIVE CONSTRUCTION INC CONTRIBUTING No **EMPLOYER** CONTRIBUTING ADVANCED BORING SPECIALISTS No **EMPLOYER** ADVANCED FIBER TECHNOLOGY INC CONTRIBUTING No **EMPLOYER** ADVANCED LIGHTING SERVICES INC CONTRIBUTING No **EMPLOYER** ADVANCED TECHNICAL SERVICES CONTRIBUTING No **EMPLOYER** ADVANCED UNDERGROUND UTILITIES CONTRIBUTING No **EMPLOYER** AES UTILITY LLC CONTRIBUTING No **EMPLOYER** AIR 2 LLC CONTRIBUTING No **EMPLOYER** AKS INDUSTRIAL SUPPLY INC CONTRIBUTING No **EMPLOYER** ALCOA TRAFFIC CONTROL INC CONTRIBUTING No **EMPLOYER** ALDRIDGE ELECTRIC INC CONTRIBUTING No **EMPLOYER** ALLIANCE POWER GROUP LLC CONTRIBUTING No **EMPLOYER** ALLIED ELECTRICAL & CONTROL SY CONTRIBUTING No **EMPLOYER** ALLSTAR TRAFFIC SOLUTIONS INC CONTRIBUTING No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (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 ALLTECK LINE CONTRACTORS INC CONTRIBUTING No **EMPLOYER** ALM ENTERPRISES CONTRIBUTING No **EMPLOYER** CONTRIBUTING ALPHA PACIFIC CONCRETE No **EMPLOYER** ALVAH CONTRACTORS INC CONTRIBUTING No **EMPLOYER** ALVAREZ AND SHAW INC CONTRIBUTING No **EMPLOYER** CONTRIBUTING ALWAYS UNDERGROUND INC No **EMPLOYER** AMERICAN BORING CONTRIBUTING No **EMPLOYER** AMERICAN CONST SERVICES INC CONTRIBUTING No **EMPLOYER** AMERICAN ELECTRIC INC CONTRIBUTING No EMPLOYER AMERICAN ELECTRICAL TESTING CONTRIBUTING No **EMPLOYER** AMERICAN HEAVY MOVING RIGGING CONTRIBUTING No **EMPLOYER** AMERICAN LEGACY CONST GRP INC CONTRIBUTING No **EMPLOYER** AMERICAN LIGHTING & SIGNAL CONTRIBUTING No **EMPLOYER** AMERICAN LINE BUILDERS - ALBAT CONTRIBUTING No **EMPLOYER** AMERICAN LINE BUILDERS CHAPTER CONTRIBUTING No **EMPLOYER** 

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (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 domicile (C corp, S corp, (b)(13)related organization entity ownership income year (state or foreign or trust) assets controlled country) entity? No Yes AMERICAN POWER DELIVERY CONTRIBUTING No **EMPLOYER** AMERICAN UTIL & RESIDEN TREE CONTRIBUTING No **EMPLOYER** AMPJACK CALIFORNIA LTD CONTRIBUTING No **EMPLOYER** ANDERSON DRILLING CONTRIBUTING No **EMPLOYER** ANDERSON LINE COMPANY LLC CONTRIBUTING No **EMPLOYER** ANNEX FENCE COMPANY INC CONTRIBUTING No **EMPLOYER** ARBORWORKS INC CONTRIBUTING No **EMPLOYER** ARC AMERICAN CONTRIBUTING No **EMPLOYER** ARIZONA PIPELINE CO CONTRIBUTING No **EMPLOYER** ASPLUNDH BRUSH CONTROL COMPANY CONTRIBUTING No **EMPLOYER** ASPLUNDH CONSTRUCTION CORP CONTRIBUTING No **EMPLOYER** ASPLUNDH TREE EXPERT CO CONTRIBUTING No **EMPLOYER** ASSOCIATED ARBORISTS CONTRIBUTING No **EMPLOYER** ATA SERVICES INC CONTRIBUTING No **EMPLOYER** ATKINS ELECTRIC CO INC CONTRIBUTING No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (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 ATKINSON POWER LLC CONTRIBUTING No **EMPLOYER** ATLANTIC TRANSFORMER SRVCS INC CONTRIBUTING No **EMPLOYER** CONTRIBUTING AVA ELECTRIC COMPANY No **EMPLOYER** AVTECH CONSTRUCTION INC CONTRIBUTING No **EMPLOYER** AXL GROUP INC CONTRIBUTING No **EMPLOYER** AZTRACK CONSTRUCTION LLC CONTRIBUTING No **EMPLOYER B & B ELECTRIC COMPANY** CONTRIBUTING No **EMPLOYER** B & L ELECTRIC INC CONTRIBUTING No **EMPLOYER** B B C ELECTRICAL SERVICE INC CONTRIBUTING No EMPLOYER **BACKBONE POWER SYSTEMS** CONTRIBUTING No **EMPLOYER** BALDWIN LINE CONSTR OF MD INC CONTRIBUTING No **EMPLOYER** BALFOUR BEATTY RAIL INC CONTRIBUTING No **EMPLOYER BASIN EXCAVATING & EQUIPMENT** CONTRIBUTING No **EMPLOYER** BATTAGLIA ELEC INC CONTRIBUTING No **EMPLOYER** 

BEAR ELECTRICAL SOLUTIONS INC

CONTRIBUTING

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (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 domicile (C corp, S corp, (b)(13)related organization entity ownership income year (state or foreign or trust) assets controlled country) entity? No Yes BEARTOOTH ELECTRIC CO-OP INC CONTRIBUTING No **EMPLOYER** BECKA CONSTRUCTION INC CONTRIBUTING No **EMPLOYER** CONTRIBUTING BEELER CONSTRUCTION No **EMPLOYER** CONTRIBUTING BFD POWER SERVICES INC No **EMPLOYER** BHMG ELECTRIC INC CONTRIBUTING No **EMPLOYER** BIG D ELECTRIC INC CONTRIBUTING No **EMPLOYER** BIG FLAT ELECTRIC COOP CONTRIBUTING No **EMPLOYER BIG SKY UTILITIES** CONTRIBUTING No **EMPLOYER** BISON ELECTRIC INC CONTRIBUTING No **EMPLOYER BLACK & MCDONALD** CONTRIBUTING No **EMPLOYER** BLACK & MCDONALD (CLS KANSAS) CONTRIBUTING No **EMPLOYER BLACK & VEATCH CONSTRUCTION** CONTRIBUTING No **EMPLOYER** BLUE HEN UTILITY SERVICE INC CONTRIBUTING No **EMPLOYER** BLUE MTN DIRECTIONAL DRILLING CONTRIBUTING No EMPLOYER **BMP SOLUTIONS** CONTRIBUTING No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (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 BODINE ELECTRIC OF DECATUR CONTRIBUTING No **EMPLOYER** BORE-IT CORPORATION CONTRIBUTING No **EMPLOYER** BOYD'S TREE SERVICE CONTRIBUTING No **EMPLOYER** BRAVO ENVIRONMENTAL SVC LLC CONTRIBUTING No **EMPLOYER** BRENT E WOODWARD INC CONTRIBUTING No **EMPLOYER** BROADWAY ELECTRIC SERVICE CORP CONTRIBUTING No **EMPLOYER** BRODHEAD WATER & LIGHT CONTRIBUTING No **EMPLOYER BRONDER TECHNICAL SERVICES** CONTRIBUTING No **EMPLOYER** BRUCE & MERRILEES ELECTRIC CO CONTRIBUTING No EMPLOYER **BUFFALO ELECTRIC INC** CONTRIBUTING No **EMPLOYER** BUILT RITE FENCE CO CONTRIBUTING No **EMPLOYER** BURKE ELECTRIC INC CONTRIBUTING No **EMPLOYER BURNS CORPORATION** CONTRIBUTING No **EMPLOYER** BURNS ELECTRIC INC CONTRIBUTING No **EMPLOYER BUTLER AMERICA** CONTRIBUTING No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (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 BYRNE ELECTRIC COMPANY CONTRIBUTING No **EMPLOYER** C A ADVANCED INCARC AMER CONTRIBUTING No **EMPLOYER** C A ADVANCED INC CONTRIBUTING No **EMPLOYER** C AND C POWERLINE INC CONTRIBUTING No **EMPLOYER** CACHE VALLEY ELECTRIC CO CONTRIBUTING No **EMPLOYER** CAIRO PUBLIC UTILITY COMPANY CONTRIBUTING No **EMPLOYER** CAL EXCAVATION & UNDERGROUN CONTRIBUTING No **EMPLOYER** CALIBRATION & TESTING (SUNTEC) CONTRIBUTING No **EMPLOYER** CALIFORNIA TRAFFIC CONTR SERV CONTRIBUTING No EMPLOYER CAL-WEST LIGHTING & SIGNAL MAI CONTRIBUTING No **EMPLOYER** CAMPBELL ELECTRIC INC CONTRIBUTING No **EMPLOYER** CANNON CONSTRUCTORS INC CONTRIBUTING No **EMPLOYER** CAPITAL (WAGNER-SMITH) CONTRIBUTING No **EMPLOYER** CAPITAL ELECT LINE BLDRS INC CONTRIBUTING No EMPLOYER

CARL BOLANDER & SONS

CONTRIBUTING

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (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 CARLISLE UTILITY CONTRACTORS CONTRIBUTING No **EMPLOYER** CASTLE CONTRACTING LLC CONTRIBUTING No **EMPLOYER** CC POWER LLC CONTRIBUTING No **EMPLOYER** CDL ELECTRIC COMPANY INC CONTRIBUTING No **EMPLOYER** CE POWER SOLUTIONS CONTRIBUTING No **EMPLOYER** CENTRAL CONNECTICUT CABLE CO CONTRIBUTING No **EMPLOYER** CENTRAL ELECTRIC POWER COOP CONTRIBUTING No **EMPLOYER** CENTURY CONCRETE PARTNERS CONTRIBUTING No **EMPLOYER** CHAMPAIGN SIGNAL & LIGHTING CO CONTRIBUTING No EMPLOYER CHASE EASTON ENGINEERING CONTRIBUTING No **EMPLOYER** CHESAPEAKE ELECTRICAL SYS INC CONTRIBUTING No **EMPLOYER** CHRISTENSON ELECTRIC INC CONTRIBUTING No **EMPLOYER** CHRISTY WEBBER LANDSCAPE CONTRIBUTING No **EMPLOYER** CINNOVAS DEVELOPMENT GROUP CONTRIBUTING No EMPLOYER CITY GENERAL INC CONTRIBUTING No **EMPLOYER** 

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (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 CITY LIGHT & POWER INC CONTRIBUTING No **EMPLOYER** CITY LIGHT & POWER INC (REA) CONTRIBUTING No **EMPLOYER** CITY OF STUARTMUNICIPAL UTILI CONTRIBUTING No **EMPLOYER** CIVIL SUBSTATIONS INC CONTRIBUTING No **EMPLOYER** CJ DRILLING INC CONTRIBUTING No **EMPLOYER** CJ'S CONSTRUCTION & SEEDING CONTRIBUTING No **EMPLOYER** CLAY ELECTRIC COOPERATIVE INC CONTRIBUTING No **EMPLOYER** CLEARWATER POWER CONTRIBUTING No **EMPLOYER** CLR ELECTRIC LLC CONTRIBUTING No **EMPLOYER** CMC DIRTWORKS INC CONTRIBUTING No **EMPLOYER** COASTAL ELECT CONSTRUCTION LLC CONTRIBUTING No **EMPLOYER** COLDWATER FENCE INC CONTRIBUTING No **EMPLOYER** COLES MOULTRIE ELECTRIC COOP CONTRIBUTING No **EMPLOYER COLLINS & HERMANN** CONTRIBUTING No **EMPLOYER** COLLINS ELECTRICAL CONSTRUCT CONTRIBUTING No **EMPLOYER** 

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (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 domicile (C corp, S corp, (b)(13)related organization entity ownership income year (state or foreign or trust) assets controlled country) entity? No Yes COLSTRIP ELECTRIC INC CONTRIBUTING No **EMPLOYER** COLUMBIA BASIN ELECTRIC CO-OP CONTRIBUTING No **EMPLOYER** COLVICO INC CONTRIBUTING No **EMPLOYER** CONTRIBUTING No COMMONWEALTH ELECTRIC **EMPLOYER** CONCRETE PLACEMENT INC CONTRIBUTING No **EMPLOYER** CONNERSVILLE UTILITIES CONTRIBUTING No **EMPLOYER** CONSOLIDATED COMMUNICATIONS CONTRIBUTING No **EMPLOYER** CONSPEC INC CONTRIBUTING No **EMPLOYER** CONSUMERS POWER INC CONTRIBUTING No EMPLOYER CONTRA COSTA ELECTRIC INC CONTRIBUTING No **EMPLOYER** CONTRACT CALLERS INC CONTRIBUTING No **EMPLOYER** CONTRACTORS CARGO COMPANY CONTRIBUTING No **EMPLOYER** CONTROL SOLUTIONS INC CONTRIBUTING No **EMPLOYER** COOS CURRY ELECTRIC COOP CONTRIBUTING No **EMPLOYER** CORE BORE LLC CONTRIBUTING No EMPLOYER

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (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 COREVAC LLC CONTRIBUTING No **EMPLOYER** CO'S TRAFFIC CONTROL INC CONTRIBUTING No **EMPLOYER** COUGAR CONSTRUCTION CONTRIBUTING No **EMPLOYER** CRESCENT ENTERPRISES CONTRIBUTING No **EMPLOYER** CRUX SUBSURFACE INC CONTRIBUTING No **EMPLOYER** CSCATD TECH SERVICES LLC CONTRIBUTING No **EMPLOYER** CUNNINGHAM-DAVIS CORPORATION CONTRIBUTING No EMPLOYER CUPERTINO ELECTRIC INC CONTRIBUTING No **EMPLOYER** D & D POWER INC CONTRIBUTING No **EMPLOYER** D & M ELECTRICAL CONTRACTORS CONTRIBUTING No **EMPLOYER** DACON CORPORATION CONTRIBUTING No **EMPLOYER** DAHN CONSTRUCTION LLC CONTRIBUTING No **EMPLOYER** DANBERT ELECTRIC CORP CONTRIBUTING No **EMPLOYER** DANELLA CONSTRUCTION CORP CONTRIBUTING No EMPLOYER

DAVEY TREE EXPERT COMPANY

CONTRIBUTING

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (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 DAVEY TREE SURGERY CO CONTRIBUTING No **EMPLOYER** DC ELECTRIC GROUP INC CONTRIBUTING No **EMPLOYER** CONTRIBUTING DC POWER CONSTRUCTION CORP No **EMPLOYER** DELTA MONTROSE ELECTRIC ASSOC CONTRIBUTING No **EMPLOYER** DELTA SERVICES LLC CONTRIBUTING No **EMPLOYER** DEPATCO UNION INC CONTRIBUTING No **EMPLOYER** DEYOUNG POWER SYSTEMS INC CONTRIBUTING No **EMPLOYER** DILLARD SMITH CONSTRUCTION CO CONTRIBUTING No **EMPLOYER** DIRECT ELEC OF WISCONSIN INC CONTRIBUTING No EMPLOYER DIRT PARTOL INC CONTRIBUTING No **EMPLOYER** DIRT WORKS UTILITY SERVICES CONTRIBUTING No **EMPLOYER** DIVERSIFIED PROJECT SERV INTER CONTRIBUTING No **EMPLOYER** DIVERSIFIED UTILITY SVCS INC CONTRIBUTING No **EMPLOYER** DJ'S ELECTRICAL INC CONTRIBUTING No **EMPLOYER** DND ELECTRIC INC CONTRIBUTING No **EMPLOYER** 

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (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 DOMINION CONSTRUCTION COMPANY CONTRIBUTING No **EMPLOYER** DONCO CONSTRUCTION LLC CONTRIBUTING No **EMPLOYER** CONTRIBUTING DONOVAN CONSTRUCTION COMPANY No **EMPLOYER** DONOVAN CONSTRUCTIONMP SYSTEM CONTRIBUTING No **EMPLOYER** DOTY BROS CONSTRUCTION CO CONTRIBUTING No **EMPLOYER** DOUGLAS ELECTRIC COOPERATIVE CONTRIBUTING No **EMPLOYER** DRAGELAND CONSTRUCTION CONTRIBUTING No **EMPLOYER** DRAKE TRAFFIC CONTROL SERVICE CONTRIBUTING No **EMPLOYER** DYNALECTRIC COMPANY CONTRIBUTING No EMPLOYER DYNAMIC UTILITY SOLUTIONS CONTRIBUTING No **EMPLOYER** DYNATRAN DIV OF DYNALECTRIC CO CONTRIBUTING No **EMPLOYER** E E ELECTRIC INC CONTRIBUTING No **EMPLOYER** E Z ELECTRIC INC CONTRIBUTING No **EMPLOYER E&I GLOBAL ENERGY SERVICES INC** CONTRIBUTING No **EMPLOYER** EARTH ENERGY CONTRIBUTING No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (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 EASTERN ELEC TESTING CORP CONTRIBUTING No **EMPLOYER** EC COMPANY CONTRIBUTING No **EMPLOYER** CONTRIBUTING EDISON POWER CONSTRUCTION INC No **EMPLOYER** EDISON POWER CONSTRUCTORS INC CONTRIBUTING No **EMPLOYER** EGAN COMPANY CONTRIBUTING No **EMPLOYER** EGIZII ELECTRIC INC CONTRIBUTING No **EMPLOYER** EGYPTIAN ELECTRIC COOPERATIVE CONTRIBUTING No **EMPLOYER EILERTSON INC** CONTRIBUTING No **EMPLOYER** E-J ELECTRIC T & D LLC CONTRIBUTING No **EMPLOYER** EL-ARK ELECTRIC CO INC CONTRIBUTING No **EMPLOYER ELCON CORPORATION** CONTRIBUTING No **EMPLOYER** ELEC INDUSTRY CERT ASSOC INC CONTRIBUTING No **EMPLOYER** ELECNOR HAWKEYE LLC CONTRIBUTING No **EMPLOYER ELECTRIC CONDUIT CONSTRUCTION** CONTRIBUTING No **EMPLOYER ELECTRIC POWER CONSTRUCTORS** CONTRIBUTING No **EMPLOYER** 

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (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 domicile (C corp, S corp, (b)(13)related organization entity ownership income year (state or foreign or trust) assets controlled country) entity? No Yes **ELECTRIC POWER UTILITIES** CONTRIBUTING No **EMPLOYER** ELECTRICAL BUILDERS INC CONTRIBUTING No **EMPLOYER** ELECTRICAL SYSTEMS INC CONTRIBUTING No **EMPLOYER** CONTRIBUTING **ELECTRICAL UTILITY SERVICES** No **EMPLOYER** ELECTRICO INC CONTRIBUTING No **EMPLOYER ELEVATE** CONTRIBUTING No **EMPLOYER** ELEX INC CONTRIBUTING No **EMPLOYER ELITE POWER & RECOVERY INC** CONTRIBUTING No **EMPLOYER** ELMUND AND NELSON COMPANY CONTRIBUTING No EMPLOYER EMPIRE ELECTRIC ASSOC (REA) CONTRIBUTING No **EMPLOYER** EMPIRE EXCAVATING INC CONTRIBUTING No EMPLOYER ENDRIZZI CONTRACTING INC CONTRIBUTING No **EMPLOYER** ENERFAB POWER & INDUSTRIAL INC CONTRIBUTING No **EMPLOYER** ENERFAB INC CONTRIBUTING No **EMPLOYER ENERGY GROUP INC** CONTRIBUTING No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (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 domicile (C corp, S corp, (b)(13)related organization entity ownership income year (state or foreign or trust) assets controlled country) entity? No Yes ENERGY MAT ALLIANCE LLC CONTRIBUTING No **EMPLOYER** ENERGY NORTHWEST (NOT REA) CONTRIBUTING No **EMPLOYER** CONTRIBUTING ENERGY RESOURCE SERVICES INC No **EMPLOYER** CONTRIBUTING **ENERSTAR POWER CORP** No **EMPLOYER** ENGEL ELECTRIC CO CONTRIBUTING No **EMPLOYER** ENTERPRISE ELECTRIC COMPANY CONTRIBUTING No **EMPLOYER ESCON GROUP** CONTRIBUTING No **EMPLOYER EVANS BUILDING & EXCAVATING** CONTRIBUTING No **EMPLOYER** EVAN'S ELECTRIC LLC CONTRIBUTING No **EMPLOYER** EXCEL ENGINEERING INC CONTRIBUTING No **EMPLOYER** EXTREME EXCAVATING CONTRIBUTING No EMPLOYER FAITH ELEC & GENERAL BLDG CONT CONTRIBUTING No **EMPLOYER** FAMILY TREE SERVICE INC CONTRIBUTING No **EMPLOYER** FBS INC CONTRIBUTING No **EMPLOYER** FENTON ELEC INC CONTRIBUTING No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (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 domicile (C corp, S corp, (b)(13)related organization entity ownership income year (state or foreign or trust) assets controlled country) entity? No Yes FET CONSTRUCTION CONTRIBUTING No **EMPLOYER** FIDELIS GREEN INC CONTRIBUTING No **EMPLOYER** FLUOR MAINTENANCE SERVICES CONTRIBUTING No **EMPLOYER** FOUR O SIX UNDERGROUND CONTRIBUTING No **EMPLOYER** FOX POWER INC CONTRIBUTING No **EMPLOYER** FREQUENCY ELECTRIC INC CONTRIBUTING No **EMPLOYER** FRONT LINE POWER CONSTRUCTION CONTRIBUTING No EMPLOYER **FULL BORE INC** CONTRIBUTING No **EMPLOYER** G & G MECHANICAL CONTRACTOR CONTRIBUTING No EMPLOYER **G5 TEK SOLUTIONS** CONTRIBUTING No **EMPLOYER** GARNET ELECTRIC CO INC CONTRIBUTING No **EMPLOYER** GARY NEWTON BACKHOE SERVICE CONTRIBUTING No **EMPLOYER** GEO PACIFIC SERVICES INC CONTRIBUTING No **EMPLOYER** GERSTNER ELECTRIC INC CONTRIBUTING No **EMPLOYER** GILBERT COMPANIES INC CONTRIBUTING No **EMPLOYER** 

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (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 CONTRIBUTING GILLTREE INC No **EMPLOYER** GLENWOOD ELECTRIC INC CONTRIBUTING No **EMPLOYER** CONTRIBUTING GLOBAL ELECTRIC INC No **EMPLOYER** GLOBAL TOWER SERVICE INC CONTRIBUTING No **EMPLOYER** GLW INC CONTRIBUTING No **EMPLOYER** GRAND VALLEY RURAL POWER LINES CONTRIBUTING No **EMPLOYER** GRATTAN LINE CONSTRUCTION CORP CONTRIBUTING No **EMPLOYER GRAY'S POWER SUPPLY** CONTRIBUTING No **EMPLOYER** GREAT LAKES POWER & PIPE INC CONTRIBUTING No EMPLOYER **GREENWAY ELECTRIC** CONTRIBUTING No **EMPLOYER** GREG SHANDEL CONSTR CONTRIBUTING No **EMPLOYER** GROUND PIERCING CONTRIBUTING No **EMPLOYER** GROUNDHOG UTILITY CONSTRUCTION CONTRIBUTING No **EMPLOYER** H & H ELECTRIC COMPANY CONTRIBUTING No **EMPLOYER** H & H UTILITY EXCAVATING CONTRIBUTING No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (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 HT SWEENEY & SON INC CONTRIBUTING No **EMPLOYER** HABERMEHL ELECTRIC INC CONTRIBUTING No **EMPLOYER** CONTRIBUTING HAMILTON COUNTY CONSTRUCTION No **EMPLOYER** HAMPTON TEDDER ELEC CO INC CONTRIBUTING No **EMPLOYER** HANKINS CONSTRUCTION CONTRIBUTING No **EMPLOYER** CONTRIBUTING HARLAN ELECTRIC COMPANY No **EMPLOYER** HARRELD'S HIGH VOLTAGE INC CONTRIBUTING No **EMPLOYER** HAUGLAND ENERGY GROUP LLC CONTRIBUTING No **EMPLOYER** HAVERFIELD AVIATION INC CONTRIBUTING No EMPLOYER HAWK ENTERPRISES INC CONTRIBUTING No **EMPLOYER HEART UTILITIES (ATTORNEY 222)** CONTRIBUTING No **EMPLOYER** HEART UTILITIES CONSTRUCTION CONTRIBUTING No **EMPLOYER** HECKER AND COMPANY INC CONTRIBUTING No **EMPLOYER** HELISERVICE LLC CONTRIBUTING No **EMPLOYER** HENKELS AND MCCOY INC CONTRIBUTING No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (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 HENSON FOUNDATION DRILLING INC CONTRIBUTING No **EMPLOYER** HERMAN WEISSKER INC CONTRIBUTING No **EMPLOYER** CONTRIBUTING HERNANDEZ ELECTRIC No **EMPLOYER** HERRMAN & GOETZ INC CONTRIBUTING No **EMPLOYER** HERRON VALLEY INC CONTRIBUTING No **EMPLOYER** HIGH COUNTRY LINE CORP CONTRIBUTING No **EMPLOYER** HIGH DESERT COMMUNICATIONS CONTRIBUTING No **EMPLOYER** HIGH PLAINS POWER CONTRIBUTING No **EMPLOYER** HIGH VOLTAGE ELECTRIC CONTRIBUTING No **EMPLOYER** HIGH VOLTAGE TECHNICAL SERVICE CONTRIBUTING No **EMPLOYER** HI-VOLTAGE SPLICING CO INC CONTRIBUTING No **EMPLOYER** HMS CONSTRUCTION INC CONTRIBUTING No **EMPLOYER** HOLMES ELECTRIC CONTRIBUTING No **EMPLOYER** HOME TOWNE ELECTRIC INC CONTRIBUTING No **EMPLOYER** HOOD RIVER ELECTRIC CO OP CONTRIBUTING No **EMPLOYER** 

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (c) (d) (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 HOOPER CONSTRUCTION CORP CONTRIBUTING No EMPLOYER HOOPER CORP GREEN COVE SPRING CONTRIBUTING No EMPLOYER HOT LINE CONSTRUCTION INC CONTRIBUTING No EMPLOYER CONTRIBUTING HOWELL DRILLING INC No EMPLOYER HUMMEL ELECTRIC INC CONTRIBUTING No EMPLOYER HUNT ELECTRIC CORP CONTRIBUTING No EMPLOYER **HUTCHINS PAVING & ENGINEERING** CONTRIBUTING No IEMPLOYER | HYDAKER-WHEATLAKE COMPANY CONTRIBUTING No **EMPLOYER** HYDROEXCAVATING INC CONTRIBUTING No EMPLOYER CONTRIBUTING I B ABEL INC No EMPLOYER I BORE LLC CONTRIBUTING No IEMPLOYER I I C R ELECTRIC INC CONTRIBUTING No EMPLOYER I-80 POWER INC CONTRIBUTING No EMPLOYER ICELAND CONSTRUCTION INC CONTRIBUTING No IEMPLOYER ! **IDAHO FALLS POWER** CONTRIBUTING No

IEMPLOYER |

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (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 CONTRIBUTING INDUSTRIAL I & E INC No **EMPLOYER** INLINE UNDERGROUND ENTERPRISES CONTRIBUTING No **EMPLOYER** INSERV CONTRIBUTING No **EMPLOYER** INTEC SERVICES INC CONTRIBUTING No **EMPLOYER** INTEGRATED ELECTRICAL SOLUTION CONTRIBUTING No **EMPLOYER** INTEGRITY GENERAL ENGINEERING CONTRIBUTING No **EMPLOYER** INTERCON CONSTRUCTION INC CONTRIBUTING No **EMPLOYER** INTERMOUNTAIN ELECTRIC INC CONTRIBUTING No **EMPLOYER** INTERNATIONAL LINE BUILDERS CONTRIBUTING No EMPLOYER INTREN INC CONTRIBUTING No **EMPLOYER** INTREN LLC CONTRIBUTING No **EMPLOYER** ION ELECTRIC LLC CONTRIBUTING No **EMPLOYER** IRISH ELECTRIC CORPORATION CONTRIBUTING No **EMPLOYER** J & D EXCAVATION CONTRIBUTING No **EMPLOYER** J & J ELECTRIC OF INDIANA INC CONTRIBUTING No **EMPLOYER** 

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (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 domicile (C corp, S corp, (b)(13)related organization entity ownership income year (state or foreign or trust) assets controlled country) entity? No Yes J & M CONTRACTING CORP CONTRIBUTING No **EMPLOYER** J & R UNDERGROUND LLC CONTRIBUTING No **EMPLOYER** CONTRIBUTING J RANCK ELECTRIC INC No **EMPLOYER** CONTRIBUTING J F ELECTRIC INC No **EMPLOYER** J WARREN WALKERS & SONS INC CONTRIBUTING No **EMPLOYER** JA WOUTERS INC CONTRIBUTING No **EMPLOYER** JF EDWARDS CONSTRUCTION CO CONTRIBUTING No **EMPLOYER** JF ELECTRIC INC CONTRIBUTING No **EMPLOYER** JH HASSINGER INC CONTRIBUTING No **EMPLOYER** JH MOORE ELECTRIC INC CONTRIBUTING No **EMPLOYER** JW DIDADO ELECTRIC INC CONTRIBUTING No **EMPLOYER** JW DIDADO LLC CONTRIBUTING No **EMPLOYER** JACKSON UTILITIES LLC CONTRIBUTING No **EMPLOYER** JACO CONSTRUCTION INC CONTRIBUTING No EMPLOYER JAEGER VACUUM EXCAVATION CONTRIBUTING No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (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 domicile (C corp, S corp, (b)(13)related organization entity ownership income year (state or foreign or trust) assets controlled country) entity? No Yes JAMM POWER SERIVCE LLC CONTRIBUTING No **EMPLOYER** JBL ELECTRIC INC CONTRIBUTING No **EMPLOYER** JH KELLY LLC CONTRIBUTING No **EMPLOYER** CONTRIBUTING JJ BARNEY CONSTRUCTION INC No **EMPLOYER** JKT HOLDINGS CONTRIBUTING No **EMPLOYER** JOE TANTARDINO LOGGING INC CONTRIBUTING No **EMPLOYER** JOHN E KELLY & SONS ELEC CONST CONTRIBUTING No **EMPLOYER** JOPLIN INDUSTRIAL ELEC INC CONTRIBUTING No **EMPLOYER** JORDAN HIGH VOLTAGE INC CONTRIBUTING No EMPLOYER JOSCO CONSTRUCTION SERVICES CONTRIBUTING No **EMPLOYER** JZ CONTRACTING CONTRIBUTING No EMPLOYER KR SWERDFEGER CONSTRUCTION CONTRIBUTING No **EMPLOYER** KW EMERSON INC CONTRIBUTING No **EMPLOYER** KEMP WEST INC CONTRIBUTING No **EMPLOYER** KENT POWER CONTRIBUTING No **EMPLOYER** 

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (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 KENT UTILITIES LLC CONTRIBUTING No **EMPLOYER** KERNE AMERICA INC CONTRIBUTING No **EMPLOYER** KES EXCAVATING SERVICES LLC CONTRIBUTING No **EMPLOYER** CONTRIBUTING KEY LINE CONSTRUCTORS INC No **EMPLOYER** KILIAN POWER LLC CONTRIBUTING No **EMPLOYER** KILLMER ELECTRIC CO INC CONTRIBUTING No **EMPLOYER** KINDNESS GENERAL CONTRACTORS CONTRIBUTING No **EMPLOYER** KIRBY CABLE SERVICE INC CONTRIBUTING No **EMPLOYER** KLT ENTERPRISES LLC CONTRIBUTING No **EMPLOYER** KNOBEL'S ELECTRIC INC CONTRIBUTING No **EMPLOYER** KROEKER CONSTRUCTION CONTRIBUTING No **EMPLOYER** KS ENERGY SERVICES LLC CONTRIBUTING No **EMPLOYER** KSSC INC CONTRIBUTING No **EMPLOYER** KUENZI II INC CONTRIBUTING No **EMPLOYER** KUHARCHIK CONSTRUCTION INC CONTRIBUTING No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (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 KV STRUCTURES INC CONTRIBUTING No **EMPLOYER** KVA ELECTRIC INC CONTRIBUTING No **EMPLOYER** L P D ELECTRIC INC CONTRIBUTING No **EMPLOYER** LE MYERS CONTRIBUTING No **EMPLOYER** LK COMSTOCK NATIONAL TRANSIT CONTRIBUTING No **EMPLOYER** LACORTE COMPANIES INC CONTRIBUTING No **EMPLOYER** LAMKE TRENCHING & EXCAVATING CONTRIBUTING No **EMPLOYER** LAND SERVICES INC CONTRIBUTING No **EMPLOYER** LANZ INDUSTRIAL WELDING INC CONTRIBUTING No EMPLOYER LASER ELECTRIC INC CONTRIBUTING No **EMPLOYER** LAWRENCE ELECTRIC CO INC CONTRIBUTING No **EMPLOYER** LEE VALLEY CONTRACTING CONTRIBUTING No **EMPLOYER** LIBERTY ELECTRIC LLC CONTRIBUTING No **EMPLOYER** LINCOLN CONSTRUCTION CORP CONTRIBUTING No **EMPLOYER** LINDSEY ELECTRIC COMPANY INC CONTRIBUTING No **EMPLOYER** 

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (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 domicile (C corp, S corp, (b)(13)related organization entity ownership income year (state or foreign or trust) assets controlled country) entity? No Yes LINE CONSTRUCTION SERVICES LLC CONTRIBUTING No **EMPLOYER** LIVE ACTION GEN ENGINEERING CONTRIBUTING No **EMPLOYER** LOGGERS UNLIMITED INC CONTRIBUTING No **EMPLOYER** CONTRIBUTING LOY CLARK PIPELINE COMPANY No **EMPLOYER** LUCCHETTI EXCAVATING CONTRIBUTING No **EMPLOYER** LUCKY BUCKS EQUIPMENT RENTAL CONTRIBUTING No **EMPLOYER** M & A POWER COOPERATIVE CONTRIBUTING No **EMPLOYER** MA STEINER CONSTRUCTION CONTRIBUTING No **EMPLOYER** MJ ELECGREAT LAKES LINE CONTRIBUTING No EMPLOYER MJ ELECGREAT LAKES LINE BL CONTRIBUTING No **EMPLOYER** MJ ELECTRIC INC CONTRIBUTING No **EMPLOYER** MACHADO & SONS CONTRIBUTING No **EMPLOYER** MAD ELECTRIC CONSTRUCTION CONTRIBUTING No **EMPLOYER** MAGNUM BORING CONTRIBUTING No **EMPLOYER** 

MAGNUM POWER LLC

CONTRIBUTING

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (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 MAIN ELECTRIC LTD CONTRIBUTING No **EMPLOYER** MAIN LITE ELECTRIC CO INC CONTRIBUTING No **EMPLOYER** CONTRIBUTING MARABLE-PIRKLE SERVICES INC No **EMPLOYER** MARABLE-PIRKLE INC CONTRIBUTING No **EMPLOYER** MARIAS RIVER ELEC COOPERATIVE CONTRIBUTING No **EMPLOYER** MARIO'S TREE SERVICE CONTRIBUTING No **EMPLOYER** MARK ONE ELECTRIC CO INC CONTRIBUTING No **EMPLOYER** MARTELL ELECTRIC CONTRIBUTING No **EMPLOYER** MASS ELECTRIC CONSTR CO CONTRIBUTING No **EMPLOYER** MASS ELECTRIC CONSTRUCTION CONTRIBUTING No **EMPLOYER** MASTER ELECTRIC INC CONTRIBUTING No **EMPLOYER** MATCHINSKI ENTERPRISES INC CONTRIBUTING No **EMPLOYER** MATRIX SERVICE INDUSTRIAL CONT CONTRIBUTING No **EMPLOYER** MAX ELECTRIC INC CONTRIBUTING No **EMPLOYER** MBS GENERAL ENGINEERING CONTR CONTRIBUTING No **EMPLOYER** 

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (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 MCBRIDE EXCAVATING INC CONTRIBUTING No **EMPLOYER** MCDADE WOODCOCK INC CONTRIBUTING No **EMPLOYER** MCKENNA ELECTRIC LLC CONTRIBUTING No **EMPLOYER** CONTRIBUTING MCPHEE ELECTRIC LTD No **EMPLOYER** MDRM INDUSTRIES INC CONTRIBUTING No **EMPLOYER** MEADE ELECTRIC COMPANY INC CONTRIBUTING No **EMPLOYER** MESA LINE SERVICES CONTRIBUTING No **EMPLOYER** METRO TEK ELECTRICAL SERV CO CONTRIBUTING No **EMPLOYER** MEYER & MEYER SERVICES INC CONTRIBUTING No EMPLOYER MEYER ELECTRIC CO INC CONTRIBUTING No **EMPLOYER** MGE UNDERGROUND INC CONTRIBUTING No **EMPLOYER** MICHELS CORPORATION CONTRIBUTING No **EMPLOYER** MICHELS PIPELINE CONSTR INC CONTRIBUTING No **EMPLOYER** MICHELS POWER CONTRIBUTING No **EMPLOYER** MICHELS POWER (SUPERIOR ELEC) CONTRIBUTING No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (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 domicile (C corp, S corp, (b)(13)related organization entity ownership income year (state or foreign or trust) assets controlled country) entity? No Yes MICHELS POWER (SUPERIOR NW) CONTRIBUTING No **EMPLOYER** MID STATES ENERGY CO LLC CONTRIBUTING No **EMPLOYER** MIDWEST ACCESS SOLUTIONS LLC CONTRIBUTING No **EMPLOYER** MIDWEST CRANE & RIGGING LLC CONTRIBUTING No **EMPLOYER** MIDWEST DRILLED FOUNDATION CONTRIBUTING No **EMPLOYER** MIDWEST FOUNDATION SVCS LLC CONTRIBUTING No **EMPLOYER** MIDWEST POWERLINE LLC CONTRIBUTING No **EMPLOYER** MIDWEST REBAR SERVICES LLC CONTRIBUTING No **EMPLOYER** MIDWESTERN ELECTRIC INC CONTRIBUTING No EMPLOYER MILLER BROS CONTRIBUTING No **EMPLOYER** MILLER CONSTRUCTION CO INC CONTRIBUTING No **EMPLOYER** MIRARCHI BROTHERS INC CONTRIBUTING No **EMPLOYER** MISITA TREE & LAND INC CONTRIBUTING No **EMPLOYER** MISSION SUPPORT & TEST SERV CONTRIBUTING No EMPLOYER MJG INC CONTRIBUTING No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (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 domicile (C corp, S corp, (b)(13)related organization entity ownership income year (state or foreign or trust) assets controlled country) entity? No Yes MOHAWK ELECTRIC LLC CONTRIBUTING No **EMPLOYER** MONSTER EQUIPMENT LLC CONTRIBUTING No **EMPLOYER** MOORE FENCE CONTRIBUTING No **EMPLOYER** CONTRIBUTING No MOORHEAD ELECTRIC INC **EMPLOYER** MOST WANTED DRILLING LLC CONTRIBUTING No **EMPLOYER** MOTOR CITY ELECTRIC UTILITIES CONTRIBUTING No **EMPLOYER** MOUNTAIN F ENTERPRISES INC CONTRIBUTING No **EMPLOYER** MOUNTAIN G ENGINEERING CONTRIBUTING No **EMPLOYER** MOUNTAIN POWER CONSTRUCTION CO CONTRIBUTING No EMPLOYER MOWBRAY'S TREE SERVICE INC CONTRIBUTING No **EMPLOYER** MOZA CONSTRUCTION INC CONTRIBUTING No EMPLOYER MP SYSTEMS INC CONTRIBUTING No **EMPLOYER** MP TECHNOLOGIES LLC CONTRIBUTING No **EMPLOYER** MWI INC CONTRIBUTING No **EMPLOYER** MZI ELECTRIC INC CONTRIBUTING No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (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 NATIONAL CONDUCTOR CONSTR INC CONTRIBUTING No **EMPLOYER** NATIONAL LIGHT & POWER INC CONTRIBUTING No **EMPLOYER** NATIONAL TECHNOLOGIES LLC CONTRIBUTING No **EMPLOYER** NEAL-LYNN INC CONTRIBUTING No **EMPLOYER** NELSON TREE SERVICE INC CONTRIBUTING No **EMPLOYER** NEVADA BKD CORP CONTRIBUTING No **EMPLOYER** NEW RIVER ELECTRICAL CORP CONTRIBUTING No **EMPLOYER** NEW SOUTH ACCESS & ENVIR SOLU CONTRIBUTING No **EMPLOYER** NEWKIRK ELECTRIC ASSOC INC CONTRIBUTING No EMPLOYER NEW-MAC ELECTRIC COOP INC CONTRIBUTING No **EMPLOYER** NEWMAN CONSTRUCTION II INC CONTRIBUTING No **EMPLOYER NEWTRON INC** CONTRIBUTING No **EMPLOYER** NEWVILLE ELECTRIC SERVICES CONTRIBUTING No **EMPLOYER** NOR-CAL BUILDERS CONTRIBUTING No **EMPLOYER** NORRIS TOWER INC CONTRIBUTING No **EMPLOYER** 

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (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 NORTH HOUSTON POLE LINE CORP CONTRIBUTING No **EMPLOYER** NORTH UNIT IRRIGATION DISTRICT CONTRIBUTING No **EMPLOYER** NORTHEASTERN LINE CONTRIBUTING No **EMPLOYER** NORTHERN CLEARING INC CONTRIBUTING No **EMPLOYER** NORTHERN DIRECTIONAL DRILLING CONTRIBUTING No **EMPLOYER** NORTHLINE UTILITIES CONTRIBUTING No **EMPLOYER** NORTHWEST HIGH VOLTAGE SERVICE CONTRIBUTING No **EMPLOYER** NORTHWEST LINE BUILDERS LLC CONTRIBUTING No **EMPLOYER** NORTHWEST METAL FAB & PIPE INC CONTRIBUTING No EMPLOYER NORTHWEST UTILITY SERVICES CONTRIBUTING No **EMPLOYER** NOVI ENVIONMENTAL CONTRIBUTING No **EMPLOYER** NPL CONSTRUCTION CONTRIBUTING No **EMPLOYER** NRG POWER CONTRIBUTING No **EMPLOYER** NW POWER INC CONTRIBUTING No **EMPLOYER** OCONTO ELECTRIC COOPERATIVE CONTRIBUTING No **EMPLOYER** 

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (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 O'DONNELL LINE CONST CO INC CONTRIBUTING No **EMPLOYER** O'DUFFY BROTHERS CONTRIBUTING No **EMPLOYER** OIL FIELD ELECTRIC CO INC CONTRIBUTING No **EMPLOYER** OIL FIELD TREE SERVICE INC CONTRIBUTING No **EMPLOYER** OLSEN EXCAVATION & GRADING CONTRIBUTING No **EMPLOYER** OLSON BROTHERS PRO VAC LLC CONTRIBUTING No **EMPLOYER** OMAHA ELECTRIC SERVICE INC CONTRIBUTING No **EMPLOYER** ONE SOURCE POWER LLC CONTRIBUTING No **EMPLOYER** ONESOURCE DISTRIBUTORS LLC CONTRIBUTING No EMPLOYER **ORCAS POWER & LIGHT** CONTRIBUTING No **EMPLOYER** OREGON ELECTRIC GROUP CONTRIBUTING No **EMPLOYER** OSMOSE CONTRIBUTING No **EMPLOYER** OUTBACK DVBE INC CONTRIBUTING No **EMPLOYER OUTBACK POWER COMPANY** CONTRIBUTING No **EMPLOYER** OUTDOOR LIGHTING CONST CO INC CONTRIBUTING No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (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 **OUTSOURCE UTILITY CONTRACTOR** CONTRIBUTING No **EMPLOYER** OUTSOURCE LLC CONTRIBUTING No **EMPLOYER** OVERHEAD LINES LLC CONTRIBUTING No **EMPLOYER** OZARK BORDER ELECTRIC COOP CONTRIBUTING No **EMPLOYER** P & G POWER CORP CONTRIBUTING No **EMPLOYER** PACIFIC ENERGY SOLUTIONS CO CONTRIBUTING No **EMPLOYER** PACIFIC GOLD MARKETING INC CONTRIBUTING No **EMPLOYER** PACIFIC IND ELECTRIC CO INC CONTRIBUTING No **EMPLOYER** PAE CONTRIBUTING No **EMPLOYER** PAJARO VALLEY ELECTRIC INC CONTRIBUTING No **EMPLOYER** PALETTA TRANSPORT CONTRIBUTING No **EMPLOYER** PAR ELECTRICAL CONTR INC CONTRIBUTING No **EMPLOYER** PARK ELECTRIC COOPERATIVE INC CONTRIBUTING No **EMPLOYER** PARKIA INC CONTRIBUTING No **EMPLOYER** PARMETER GENERAL ENG & SERV CONTRIBUTING No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (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 domicile (C corp, S corp, (b)(13)related organization entity ownership income year (state or foreign or trust) assets controlled country) entity? No Yes PARSONS ELECTRIC LLC CONTRIBUTING No **EMPLOYER** PATRIOT GENERAL ENGINEERING CONTRIBUTING No **EMPLOYER** PATTON EX CONTRIBUTING No **EMPLOYER** PAUL G SENFT & SONS TRENCHING CONTRIBUTING No **EMPLOYER** PAYNE CREST ELECTRIC CONTRIBUTING No **EMPLOYER** PETRELLI ELECTRIC CONTRIBUTING No **EMPLOYER** PHILLIPS & JORDAN INC CONTRIBUTING No **EMPLOYER** PIEPER ELECTRIC INC CONTRIBUTING No **EMPLOYER** PIEPER ELECTRICMP SYSTEMS CONTRIBUTING No EMPLOYER **PIEPERLINE** CONTRIBUTING No **EMPLOYER** PINNACLE POWER SERVICES INC CONTRIBUTING No EMPLOYER PINNER ELECTRIC INC CONTRIBUTING No **EMPLOYER** PJ HELICOPTERS INC CONTRIBUTING No **EMPLOYER** PMI ENERGY SOLUTIONS LLC CONTRIBUTING No **EMPLOYER** POSITIVE ENERGY LLC CONTRIBUTING No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (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 POTELCO INC CONTRIBUTING No **EMPLOYER** POWER CITY ELECTRIC INC CONTRIBUTING No **EMPLOYER** POWER COMM CONSTRUCTION INC CONTRIBUTING No **EMPLOYER** POWER CONTRACTING (PINE VALLEY CONTRIBUTING No **EMPLOYER** POWER FOUNDATIONS INC CONTRIBUTING No **EMPLOYER** POWER FOUNDATIONS LLC CONTRIBUTING No **EMPLOYER** POWER GRADE CONTRIBUTING No **EMPLOYER** POWER LINE SOLUTIONS CONTRIBUTING No **EMPLOYER** POWER SERVICES GROUP CONTRIBUTING No EMPLOYER POWER TECHNOLOGY INC CONTRIBUTING No **EMPLOYER** POWER X CONTRIBUTING No **EMPLOYER** POWERHOUSE GRADING CONTRIBUTING No **EMPLOYER** PRATER ELECTRIC CONTRIBUTING No **EMPLOYER** PRECISION CONSTRUCTION SERVICE CONTRIBUTING No **EMPLOYER** PRECISION DAYLIGHTING INC CONTRIBUTING No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (e) (d) (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, (b)(13)related organization domicile entity ownership income year (state or foreign or trust) assets controlled country) entity? Yes No PRECISION POINT CONTRACTING CONTRIBUTING No **EMPLOYER** PREFERRED POWER SOLUTIONS CONTRIBUTING No **EMPLOYER** CONTRIBUTING PREMIER ELECTRICAL CORPORATION No **EMPLOYER** PREMIER POWER PROFESSIONALS CONTRIBUTING No **EMPLOYER** PREMIER POWERLINE CONSTRUCTION CONTRIBUTING No **EMPLOYER** PRIDE ELECTRIC CONTRIBUTING No **EMPLOYER** PRIMARY SOURCE ELECTRIC LLC CONTRIBUTING No **EMPLOYER** PRIME ELECTRIC CONTRIBUTING No **EMPLOYER** PRO ELECTRIC INC CONTRIBUTING No **EMPLOYER** PRO TRAFFIC SERVICES INC CONTRIBUTING No **EMPLOYER** PROCAL ELECTRIC CONTRIBUTING No **EMPLOYER** PROFESSIONAL CONSTRUCTION SERV CONTRIBUTING No **EMPLOYER** PRO-TECH CABLING SYSTEMS INC CONTRIBUTING No **EMPLOYER** PROVET ENGINEERING INC CONTRIBUTING No **EMPLOYER** PRYSMIAN CONSTRUCTION SERVICE CONTRIBUTING No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (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 domicile (C corp, S corp, (b)(13)related organization entity income ownership year (state or foreign or trust) assets controlled country) entity? No Yes Q3 CONTRACTING CONTRIBUTING No **EMPLOYER** QSP UTILITY LLC CONTRIBUTING No **EMPLOYER** QUALITY ASSURANCE SUPPORT GRP CONTRIBUTING No **EMPLOYER** QUALITY GENERAL ENGINEERING CONTRIBUTING No **EMPLOYER** QUALITY LINE COMPANY CONTRIBUTING No **EMPLOYER** QUALITY LINES INC CONTRIBUTING No **EMPLOYER** QUANTUM CROSSINGS LLC CONTRIBUTING No **EMPLOYER R&S SPECIALTIES LLC** CONTRIBUTING No **EMPLOYER** RE YATES ELECTRIC INC CONTRIBUTING No **EMPLOYER** RH HOLDINGS CONTRIBUTING No **EMPLOYER** RJ ALLEN INC CONTRIBUTING No EMPLOYER ROW RESOURCES LLC CONTRIBUTING No **EMPLOYER** RTL CONTRIBUTING No **EMPLOYER** RS ELECTRIC UTILITY SERVICES CONTRIBUTING No **EMPLOYER** R-2 CONTRACTORS INC CONTRIBUTING No **EMPLOYER** 

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (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 RADER EXCAVATING INC CONTRIBUTING No **EMPLOYER** RAINBOW WATER SERVICES CONTRIBUTING No **EMPLOYER** CONTRIBUTING RAUHORN ELECTRIC INC No **EMPLOYER** RAWHIDE EXCAVATION INC CONTRIBUTING No **EMPLOYER** RAZORS EDGE GRADING & EXCAV CONTRIBUTING No **EMPLOYER** REHM ELECTRIC SHOP INC CONTRIBUTING No **EMPLOYER** RELIANCE ENGINEERING CONTRIBUTING No **EMPLOYER** RICHARD ELEC CONST (REC) CONTRIBUTING No **EMPLOYER** RICHARDS CONSTRUCTION CO CONTRIBUTING No EMPLOYER RICHARDSON-WAYLAND ELEC CORP CONTRIBUTING No **EMPLOYER** RICK EMMET TRUCKING CONTRIBUTING No **EMPLOYER** RIGGS-DISTLER & COMPANY INC CONTRIBUTING No **EMPLOYER** ROADWAY CONSTRUCTION SERVICES CONTRIBUTING No **EMPLOYER** ROBERSON WAITE ELECTRIC CONTRIBUTING No **EMPLOYER** ROBERT HENRY CORPORATION CONTRIBUTING No **EMPLOYER** 

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (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 ROBINSON BROTHERS CONSTR INC CONTRIBUTING No **EMPLOYER** ROCKY MOUNTAIN CONTRACTORS INC. CONTRIBUTING No **EMPLOYER** ROEMER UTILITY SERVICES LLC CONTRIBUTING No **EMPLOYER** ROKSTAD POWER INC CONTRIBUTING No **EMPLOYER** ROSENDIN ELECTRIC INC CONTRIBUTING No **EMPLOYER ROUTE 101 SAFETY INC** CONTRIBUTING No **EMPLOYER** ROYER BROTHERS TREE SERVICE CONTRIBUTING No **EMPLOYER** RPC LIMITED PARTNERSHIP CONTRIBUTING No **EMPLOYER** RRR ELECTIPRO CONTRIBUTING No **EMPLOYER** RUTKOSKI FENCING INC CONTRIBUTING No **EMPLOYER** S & S DIRECTIONAL DRILLING INC CONTRIBUTING No **EMPLOYER** SACHS ELECTRIC COMPANY CONTRIBUTING No **EMPLOYER** SALINA TREE SERVICE INC CONTRIBUTING No **EMPLOYER** SALISH CONSTRUCTION COMPANY CONTRIBUTING No **EMPLOYER** SAN DIEGO GRADING CONTRIBUTING No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (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 SAN MIGUEL POWER ASSOC INC CONTRIBUTING No **EMPLOYER** SARGENT ELECTRIC COMPANY CONTRIBUTING No **EMPLOYER** CONTRIBUTING SASCO ELECTRIC No **EMPLOYER** SAUNDERS LINE CONSTRUCTION CONTRIBUTING No **EMPLOYER** SCHNEIDER ELEC ST LOUIS LLC CONTRIBUTING No **EMPLOYER** SE-ENERGY CONTRIBUTING No **EMPLOYER** SELCAT INC CONTRIBUTING No **EMPLOYER** SELCON UTILITY INC CONTRIBUTING No **EMPLOYER** SE-MA-NO ELECTRIC COOPERATIVE CONTRIBUTING No EMPLOYER SEMO ELECTRIC COOPERATIVE CONTRIBUTING No **EMPLOYER** SENN CONSTRUCTION COMPANY CONTRIBUTING No **EMPLOYER** SERVICE ELECTRIC COMPANY CONTRIBUTING No **EMPLOYER** SERVICE ELECTRIC COMPANY INC CONTRIBUTING No **EMPLOYER** SERVICE ONE CONTRIBUTING No **EMPLOYER** SHADE TREE SERVICE INC CONTRIBUTING No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (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 SHAMBAUGH AND SON INC CONTRIBUTING No **EMPLOYER** SHELLEY ELECTRIC INC CONTRIBUTING No **EMPLOYER** CONTRIBUTING SHO-ME-POWER COOPERATIVE No **EMPLOYER** SHOWCASE CONCRETE CORP CONTRIBUTING No **EMPLOYER** SIEMENS INDUSTRY INC CONTRIBUTING No **EMPLOYER** SILLER CONSTRUCTION CO CONTRIBUTING No **EMPLOYER** SJL CONSTRUCTION CONTRIBUTING No **EMPLOYER** SKF CONTRACTING INC CONTRIBUTING No **EMPLOYER** SKYLINE ELECTRIC COMPANY CONTRIBUTING No EMPLOYER SKYLINE TREE SERVICE CONTRIBUTING No **EMPLOYER** SM KARCH LLC CONTRIBUTING No **EMPLOYER** SMART GRID SOLUTIONS LLC CONTRIBUTING No **EMPLOYER** SO CAL UTILITY CONTRACTORS CONTRIBUTING No **EMPLOYER** SONOMA CONSTRUCTION CONTRIBUTING No **EMPLOYER** SOSAYA & SONS CONSTR INC CONTRIBUTING No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (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 SOURCE POWER OF CALIFORNIA CONTRIBUTING No **EMPLOYER** SOURCE POWER SERVICES INC CONTRIBUTING No **EMPLOYER** SOUTHEASTERN IL ELEC COOP CONTRIBUTING No **EMPLOYER** SOUTHERN CONTRACTING COMPANY CONTRIBUTING No **EMPLOYER** SOUTHERN IL ELECTRIC COOP CONTRIBUTING No **EMPLOYER** SOUTHERN ILLINOIS POWER CONTRIBUTING No **EMPLOYER** SOUTHERN INDIANA POWER CONTRIBUTING No **EMPLOYER** SOUTHWEST ENERGY SOLUTIONS INC CONTRIBUTING No **EMPLOYER** SPALI CONSTRUCTION CO CONTRIBUTING No EMPLOYER SPAULDING CONSTRUCTION CONTRIBUTING No **EMPLOYER** SPE UTILITY CONTR LLC FL DIV CONTRIBUTING No **EMPLOYER** SPE UTILITY CONTRACTORS CONTRIBUTING No **EMPLOYER** SPOON RIVER ELECTRIC COOP(REA) CONTRIBUTING No **EMPLOYER** SPOON RIVER ELECTRIC COOP INC CONTRIBUTING No **EMPLOYER** ST FRANCIS ELECTRIC CONTRIBUTING No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (e) (d) (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, (b)(13)related organization domicile entity ownership income year (state or foreign or trust) assets controlled country) entity? Yes No STANDARD ELECTRIC CO INC CONTRIBUTING No **EMPLOYER** STANLEY ELECTRIC COMPANY CONTRIBUTING No **EMPLOYER** CONTRIBUTING STATE-LINE CONTRACTORS INC No **EMPLOYER** STATION ELECTRIC INC CONTRIBUTING No **EMPLOYER** STEINER MCBRIDE ELECTRIC INC CONTRIBUTING No **EMPLOYER** STEVENSON ENERGY SERVICES INC CONTRIBUTING No **EMPLOYER** STROLES TRI-SERVICE CONTRIBUTING No **EMPLOYER** STURGEON ELEC CALIFORNIA LLC CONTRIBUTING No **EMPLOYER** STURGEON ELECTRIC CO CONTRIBUTING No EMPLOYER SUBSTATION SPECIALIST INC CONTRIBUTING No **EMPLOYER** SUMMIT LINE CONSTRUCTION CONTRIBUTING No **EMPLOYER** SUPERIOR BORING & TRENCHING CONTRIBUTING No **EMPLOYER** SUPERIOR GROUP THE CONTRIBUTING No **EMPLOYER** SUPREME INDUSTRIES INC CONTRIBUTING No **EMPLOYER** SUREFIRE UNDERGROUND & CONSULT CONTRIBUTING No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (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 domicile (C corp, S corp, (b)(13)related organization entity ownership income year (state or foreign or trust) assets controlled country) entity? No Yes CONTRIBUTING SURPRISE VALLEY ELECT CORP No **EMPLOYER** SWANILLON INC CONTRIBUTING No **EMPLOYER** SWANSON BACKHOE CONTRIBUTING No **EMPLOYER** SYNERGY TREE TRIMMING INC CONTRIBUTING No **EMPLOYER** T & D POWER CONTRIBUTING No **EMPLOYER** T & T ELECTRIC CO INC CONTRIBUTING No **EMPLOYER** TABBERT CONSTRUCTION INC CONTRIBUTING No **EMPLOYER** TANNER ELECTRIC CONTRIBUTING No **EMPLOYER** TAYLOR ELECTRIC COMPANY CONTRIBUTING No **EMPLOYER** TAYLOR ELECTRIC COMPANY INC CONTRIBUTING No **EMPLOYER** TEL-POWER INC CONTRIBUTING No **EMPLOYER** TENERGY LLC CONTRIBUTING No **EMPLOYER** TERRY TRAFFIC ENTERPRISES INC CONTRIBUTING No **EMPLOYER** THAYER INVESTMENTS LLC CONTRIBUTING No **EMPLOYER** THAYER POWER & COMM CONTRIBUTING No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (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 THE BAR TECH GRP CONTRIBUTING No **EMPLOYER** THOMAS ELEC SYSTEMS & TESTING CONTRIBUTING No **EMPLOYER** THOMPSON ELECTRIC INC CONTRIBUTING No **EMPLOYER** THORNE ELECTRIC INC CONTRIBUTING No **EMPLOYER** THORNE'S TREE SERVICE INC CONTRIBUTING No **EMPLOYER** THREE PHASE LINE CONST INC CONTRIBUTING No **EMPLOYER** TICE ELECTRIC CO CONTRIBUTING No **EMPLOYER** TIM TERRELL & COMPANY INC CONTRIBUTING No **EMPLOYER** TITAN CONSTRUCTION INC CONTRIBUTING No EMPLOYER TITAN ELECTRICAL CONTRACTING CONTRIBUTING No **EMPLOYER** TITAN SERVICES INC CONTRIBUTING No EMPLOYER TITAN SYSTEMS INC CONTRIBUTING No **EMPLOYER** TOP OF THE LINE ELEC CONTR INC CONTRIBUTING No **EMPLOYER** TPE INDUSTRIES INC CONTRIBUTING No **EMPLOYER** 

No

TRANSCON COMPANY LLC

CONTRIBUTING

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (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 CONTRIBUTING TREES INC No **EMPLOYER** TRIBUS SERVICES INC CONTRIBUTING No **EMPLOYER** TRICE CONSTRUCTION COMPANY CONTRIBUTING No **EMPLOYER** TRICE UNDERGROUND INC CONTRIBUTING No **EMPLOYER** TRI-COUNTY ELECTRIC COOP INC CONTRIBUTING No **EMPLOYER** TRI-STATE DIRECTIONAL DRILLING CONTRIBUTING No **EMPLOYER** TRI-STATE DRILLING INC CONTRIBUTING No **EMPLOYER** TRI-STATE GENERATION & TRANS CONTRIBUTING No **EMPLOYER** TRI-TECH ELECTRIC INC CONTRIBUTING No EMPLOYER TRI-TECHNIC INC CONTRIBUTING No **EMPLOYER** TSU TREE SERV UNLIMITED INC CONTRIBUTING No **EMPLOYER** TTR SUBSTATIONS CONTRIBUTING No **EMPLOYER** TURNER & SONS CO INC CONTRIBUTING No **EMPLOYER** US UTILITY CONTR CO INC CONTRIBUTING No **EMPLOYER** ULTRA ENGINEERING CONTRACTORS CONTRIBUTING No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (e) (d) (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, (b)(13)related organization domicile entity ownership income year (state or foreign or trust) assets controlled country) entity? Yes No UMATILLA ELECTRIC COOPERATIVE CONTRIBUTING No **EMPLOYER** UNDERGROUND CONSTRUCTION CONTRIBUTING No **EMPLOYER** UNDERGROUND ELEC CONST CO LLC CONTRIBUTING No **EMPLOYER** UNION ENGINEERING CORP CONTRIBUTING No **EMPLOYER** UNITED SUPERIOR I & E GROUP CONTRIBUTING No **EMPLOYER** UNITED WELDING OF BRAINERD CONTRIBUTING No **EMPLOYER** UP 5 WELDING & FABRICATION CONTRIBUTING No **EMPLOYER** USM PLANT SERVICES INC CONTRIBUTING No **EMPLOYER** UTEC CONSTRUCTORS INC CONTRIBUTING No EMPLOYER UTILITY CONSTRUCTION SERV LLC CONTRIBUTING No **EMPLOYER** UTILITY CONSTRUCTORS INC CONTRIBUTING No **EMPLOYER** UTILITY DYNAMICS CORPORATION CONTRIBUTING No **EMPLOYER** UTILITY LINE CONSTRUCTION CONTRIBUTING No **EMPLOYER** UTILITY LINE MANAGEMENT CONTRIBUTING No **EMPLOYER** UTILITY SERVICE & MAINT INC CONTRIBUTING No **EMPLOYER** 

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (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 UTILITY SOLUTIONS MIDWEST DIV CONTRIBUTING No **EMPLOYER** UTILITY TREE SERVICE CONTRIBUTING No **EMPLOYER** VACQUA INDUSTRIAL SERVICE CONTRIBUTING No **EMPLOYER** CONTRIBUTING VALIANT POWER GROUP INC No **EMPLOYER** VALLEY ELEC CO OF MT VERNON CONTRIBUTING No **EMPLOYER** VALLEY HYDRO-EXCAVATION LLC CONTRIBUTING No **EMPLOYER** VCI UTILITY SERVICES INC CONTRIBUTING No **EMPLOYER** VECA ELECTRIC CONTRIBUTING No **EMPLOYER** VECTRUS SYSTEMS CORPORATION CONTRIBUTING No EMPLOYER VETERAN POWER INC CONTRIBUTING No **EMPLOYER** VIGILANTE ELECTRIC COOPERATIVE CONTRIBUTING No **EMPLOYER** VINTON MUNICIPAL ELEC UTILITY CONTRIBUTING No **EMPLOYER** VIRGIL COOK & SON INC CONTRIBUTING No **EMPLOYER** V-MAX ELECTRIC INC CONTRIBUTING No **EMPLOYER VOLK ENVIRONMENTAL SOLUTIONS** CONTRIBUTING No **EMPLOYER** 

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (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 VONSTELLA CONSTRUCTION CONTRIBUTING No **EMPLOYER** W JAMES CONSTRUCTION INC CONTRIBUTING No **EMPLOYER** WA CHESTER LLC CONTRIBUTING No **EMPLOYER** WA RASIC CONTRUCTION CO INC CONTRIBUTING No **EMPLOYER** WW SCHAUB ELECTRIC COMPANY CONTRIBUTING No **EMPLOYER** WARD ELECTRIC CO INC CONTRIBUTING No **EMPLOYER** WARD ENGINEERING INC CONTRIBUTING No **EMPLOYER** WASATCH ELECTRIC CONTRIBUTING No **EMPLOYER** WATT CONSTRUCTION SERVICE INC CONTRIBUTING No EMPLOYER WATTERS STORM DRAIN STRUCTURES CONTRIBUTING No **EMPLOYER** WEAVER ELECTRIC INC CONTRIBUTING No **EMPLOYER** WESCO DISTRIBUTION CONTRIBUTING No **EMPLOYER** WEST END ELECTRIC CO INC CONTRIBUTING No **EMPLOYER** WEST LANE TREE SERVICES LLC CONTRIBUTING No **EMPLOYER** 

No

WEST SIDE HAMMER ELECTRIC

CONTRIBUTING

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (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 WESTERN CONST SPECIALISTS INC CONTRIBUTING No **EMPLOYER** WESTERN FOUNDATIONS & SHORING CONTRIBUTING No **EMPLOYER** CONTRIBUTING WESTERN LAND RENOVATORS INC No **EMPLOYER** WESTERN LINE CONSTRUCTORS CHAP CONTRIBUTING No **EMPLOYER** WHATEVER IT TAKES ELEC CONTR CONTRIBUTING No **EMPLOYER** WHEATLAND RURAL ELECTRIC ASSN CONTRIBUTING No **EMPLOYER** WHEELER ELECTRIC INC CONTRIBUTING No **EMPLOYER** WHEELER EXCAVATING LLC CONTRIBUTING No **EMPLOYER** WHITE CONSTRUCTION CONTRIBUTING No **EMPLOYER** WHITEFISH ENERGY CONSTRUCTORS CONTRIBUTING No **EMPLOYER** WILLEY CONSTRUCTION CONTRIBUTING No **EMPLOYER** WILLIAM CHARLES ELEC (ROCKFORD CONTRIBUTING No **EMPLOYER** WILLIAMSON FENCE & SPRINKLERS CONTRIBUTING No **EMPLOYER** WILSON CONSTRUCTION COMPANY CONTRIBUTING No **EMPLOYER** WIN ENERGY CONTRIBUTING No **EMPLOYER** 

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (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 WINDY TREE SERVICE CONTRIBUTING No **EMPLOYER** WISCONSIN UTILITY EXPOSURE INC CONTRIBUTING No **EMPLOYER** CONTRIBUTING WISSEHR ELECTRICAL CONTRACTORS No **EMPLOYER** WOODWALKERS ELEC CONTR INC CONTRIBUTING No **EMPLOYER** WOODWARD BROTHERS INC CONTRIBUTING No **EMPLOYER** WORLEY PARSONS CONTRIBUTING No **EMPLOYER** WPS CONTRIBUTING No **EMPLOYER** WRIGHT TREE SERV OF THE WEST CONTRIBUTING No **EMPLOYER** WRIGHT TREE SERVICE INC CONTRIBUTING No **EMPLOYER** WRS ENVIRONMENTAL SERVICES INC CONTRIBUTING No **EMPLOYER** WYOMING ELECTRIC & SIGNAL INC CONTRIBUTING No **EMPLOYER** XCEL ENERGY CONTRIBUTING No **EMPLOYER** XTREME POWERLINE CONTRIBUTING No **EMPLOYER** YATES LINE CONSTRUCTION CO CONTRIBUTING No **EMPLOYER** YUKON CONSTRUCTION CONTRIBUTING No

(a) (b) (c) Name, address, and EIN of Primary activity Direct controlling Type of entity Share of total Share of end-of-Percentage Section 512 Legal related organization (b)(13)domicile entity (C corp. S corp. ownership income vear (state or foreign or trust) assets controlled country) entity? Yes

|                                |                          | ,, |  |  |  |
|--------------------------------|--------------------------|----|--|--|--|
| ZACHA UNDERGROUND CONSTRUCTION | CONTRIBUTING<br>EMPLOYER |    |  |  |  |

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

CONTRIBUTING EMPLOYER

ZIELIE'S TREE SERVICE