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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047 2011

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

<u>A</u>	For the	e 2011 cale	ndar year, or tax year be	ginning Janua	ry 1, 2011, a	and ending	Decen	nber 31	, 20 11	
В	Check if	f applicable	C Name of organization IBE	W Hardship & Benev	olent Fund			D Employ	er identification nu	mber
	Address	s change	Doing Business As	<u></u>					92-0176084	
	Name c	•	Number and street (or P O	box if mail is not delivere	d to street address)	Room/suite		E Telephor	ne number	
\Box	Initial re		3333 Denali Street			20	00 1		907-777-7231	
$\overline{\Box}$	Termina		City or town, state or count	try, and ZIP + 4			-			
\exists		ed return	Anchorage, AK 99503-4	•				G Gross re	acusto ¢	322966
\exists					S. Hodsdon		1,44-14-4			
Ч	Applica	tion pending	3333 Denali St., Ste. 200	•			1		for affiliates? Yes	\
_						$\overline{}$	- '		icluded?	
<u> </u>		empt status] 501(c) (5) ∢ (inse	t no) 1 4947(a)(1) or	<u> </u>	-		list (see instruction	-
<u></u>	Website		/ /					 		N/A
K		organization		Association	Non-Profit L Yea	ar of formation	n 2001	M State	of legal domicile	AK
P	art l	Summ								
	1	Briefly de	escribe the organization	's mission or most s	ignificant activities:	To provi	de financia	l assistar	nce to members	in
ø		extreme	need.							
Activities & Governance	1									
Ē										
Š	2	Check th	is box ▶☐ If the organi	zation discontinued	its operations or di	sposed of	more than	25% of	its net assets.	
Ğ	3		of voting members of th					3		5
حە دى	4		of independent voting n		•			4		5
ij.	5		mber of individuals emp					5		0
÷	6		nber of volunteers (estir			· Łuj .		6		
Ă	7a		elated business revenue					-	. =	
	1 .				• •			7a		0
_	b	Net unre	lated business taxable I	ncome from Form 9	90-1, line 34 .			7b	•	0
							Prior Ye		Current Ye	
ā	8		tions and grants (Part V			· · <u> </u>		311048		312248
MN Revenue	9	-	service revenue (Part V				-, ····	0		0
€,≩	10	Investme	ent income (Part VIII, çol	umn (A) Jines 3 4	ind (7d) . \			179006	_	10718
\$	11	Other rev	venue (Part VIII, column	(A), lines 5,-6et,-8e,-9	Oc, 10c (9) 11e).			0		0
$\overline{\mathbb{Z}}$	12		enue – add lines 8 throug					490054		322966
M	13	Grants a	nd similar amounts paid	Part IX, column (A	lines 1/3)			0		
	14	Benefits	paid to or for members	(Part IX, column (A).	line 4) - 123			91481		91770
. "	15		other compensation, em			5-10)		0		0
Expenses	16a		onal fundraising fees (Pa			· ''',		0	-	0
ē	b		draising expenses (Part			N/A				
찣	17		penses (Part IX, column	• •		!'/^		4557		F000
٠					•	∵ · ⊢				5909
	18		penses. Add lines 13-17		• •	" ·		96038	· · · · · ·	97679
	19	Revenue	less expenses. Subtrac	ine 18 from line 1	<u> </u>			394016		225287
Net Assets or						Be	ginning of Cu		End of Yea	
Set	20		ets (Part X, line 16)					2689803		2911331
¥₹	21		ulities (Part X, line 26) .					3759		0
			ts or fund balances. Sul	btract line 21 from li	ne 20			2686044		2911331
P	art II	Signa	ture Block							
Ur	nder pena	alties of perju	iry, I declare that I have exami	ned this return, including	accompanying schedules	and stateme	ents, and to th	ne best of n	ny knowledge and	belief, it is
tru	ie, correc	ct, and comp	lete Declaration of preparer (o	ther than officer) is based	on all information of which	ch preparer h	as any knowi	edge		
Sig	gn	Sign	ature of officer	And .	11 1		Da	te _		
He	_			IVn I _ II				51	14/12	
	-	Type	e or print name and title	LAC TO LAND	The state of the s	TITECO	mam			
_			pe preparer's name	Preparer's sign		Date		nu~	PTIN	
	aid		Fo Proportor o ridino	, , spars, s sign		Date		Check [
	epare							self-emp	лоуеа	
Us	se On	Firm's r	name ►				Firm	's EIN 🕨		
		Firm's a	iddress ►				Pho	ne no		
Ma	y the I	HS discus	s this return with the pre	eparer shown above	? (see instructions)		<u>.</u>	<u> </u>	🗌 Yes	
Fo	r Paper	work Redu	ction Act Notice, see the	separate instructions	s	Cat No	11282Y		Form 9	90 (2011)

Form 99	90 (2011)	Pa	age 2
Part			
1	Briefly describe the organization's nature To provide financial assistance to me	nission:	
2	prior Form 990 or 990-EZ?	significant program services during the year which were not listed on the	No
3	services?	ucting, or make significant changes in how it conducts, any program	No
4	expenses Section 501(c)(3) and 5	n Schedule O. The service accomplishments for each of its three largest program services, as measure of (c)(4) organizations and section 4947(a)(1) trusts are required to report the amour etatal expenses, and revenue, if any, for each program service reported.	d by nt of
4a	(Code:) (Expenses \$	including grants of \$) (Revenue \$)	
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)	
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)	
4d	Other program services (Describe in (Expenses \$ includ	n Schedule O.) ing grants of \$) (Revenue \$)	
4e	Total program service expenses		

Form 99			F	Page 3
Part	V Checklist of Required Schedules			=
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
	complete Schedule A	1		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		✓
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	N/	A
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	√	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		√
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e f	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 .	11e		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	1	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		✓_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b	N/	
		Fort	n ษษU	(2011)

Part	Checklist of Required Schedules (continued)			
04	Did the acceptable was the order of coordinate and the coordinate and		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	√	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
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 25	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c	N	A A
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a	N	A
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? If "Yes," complete Schedule L, Part I	25b	•	/A
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
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 b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	N,	A
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		_	
	Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	
			000	10011

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
·	reportable gaming (gambling) winnings to prize winners?	1c	N	J
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		147	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	N	A
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			لـنِـا
за	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	.1	✓
b 4a	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b_	74	<u>Α</u>
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		1
b	If "Yes," enter the name of the foreign country: ► N/A			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	1	√
с 6а	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	N	A
- Ju	organization solicit any contributions that were not tax deductible?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		,	<u> </u>
	gifts were not tax deductible?	6b	7	A
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			لبا
b	and services provided to the payor?	7a 7b	N/	√
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70	" "	<u>~</u>
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	Al I	√
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h	X//	4
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	711	, • , ,	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8	N/	A-
9	Sponsoring organizations maintaining donor advised funds.		717	
a	Did the organization make any taxable distributions under section 4966?	9a	<u>~/</u>	<u> </u>
10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	/\ /	7
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b N/A			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	against amounts due or received from them). Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	N	VA
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b N/A	120	1	//
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	N/	A
-	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	the organization is licensed to issue qualified health plans			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> .	14b	N	VA-
		For	n 99 0	(2011)

	90 (2011)			Page 0
Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
Secti	Check if Schedule O contains a response to any question in this Part VI	···	<u> </u>	. 🗸
occ.	on A. doverning body and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5	. —	1.00	
	If there are material differences in voting rights among members of the governing body, or	1		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O. N/A			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		/
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6	Did the organization have members or stockholders?	6_	1	L
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	✓	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	:		
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	ļ
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	iue C	<u> </u>	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		/
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	N	A
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		✓
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	,	V
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	N	/ A_
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	N,	14
13	Did the organization have a written whistleblower policy?	13	<u> </u>	/
14 15	Did the organization have a written document retention and destruction policy?	14	✓	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-	- ₁ -+	10
a	The organization's CEO, Executive Director, or top management official	15a	1747	/ <u>/</u>
Ь	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	~ /	1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	4Ch		1
Section	organization's exempt status with respect to such arrangements?	16b	<u> </u>	FT
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	า 501((c)(3)s	s only)
	☐ Own website ☐ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	of inte	rest p	oolicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records			

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Form	മരവ	1201	41

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

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

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

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

Check this box if neither the organization no	r any relate	d orga	anız	atio	n c	ompe	nsa	ated any currer	t officer, director	r, or trustee
			_	(0	C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and Title	Average					e than o		Reportable	Reportable	Estimated
Trans and Trae	hours per					is both or/trust		compensation	compensation from	
	week			_	_	,	<u> </u>	from	related	other
	(describe hours for	호	\strt	Officer	9	필호	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
	related	8 E	둙	띡	Key employee	est o	Ē	(W-2/1099-MISC)		organization
	organizations	일	ž		Įğ	° Sq		ľ		and related
	ın Schedule	Individual trustee or director	Ş		8	Ĕ				organizations
	O)	8	Institutional trustee			Highest compensated employee				
			-			8				
(1) Larry Bell	,									
Committee Member	2			✓				0	o	0
(2) Ed Francek										
Committee Member	1			1				0	0	0
(3) Allen Wiggs	_									
Committee Member	1			✓				0	0	0
(4) Bing Carrillo					İ		l			
Committee Member	1		L.	✓	ļ		<u> </u>	0	0	0
(5) Randy Otos		i							}	
Committee Member	1	ļ	L	✓	ļ			0	0	0
(6)	_									
(7)										
	1				l					
(8)										·
	1									_
(9)										
(10)										
(11)	-									
(40)		ļ	ļ	-	-	-	╄			<u>-</u> -
(12)	-						1			
(13)		-	 -	\vdash	+	-	\vdash		-	<u> </u>
(13)	1						1			
(14)	1		 	 	\vdash		t^-			
Y.7	†						1			

	(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(do n box, office or directo	ot ch	Pos neck ss pe	c) ition more	than of the state	one n an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation related organization (W-2/1099-M	e from	Estu amo of compo fror orgar and	(F) mated ount of ther ensation m the nization related nizations	
(15)				8			ated							
(16)		•									\dashv			
(17)		_												
(18)														
(19)														
(20)					_									
(21)								_					-	_
(22)														
									1					_
		<u> </u>		-										
(25)														
1b c d	Total from continuation sheets to Part Total (add lines 1b and 1c)		n A			 		* * *	0		0			0
2	Total number of individuals (including bureportable compensation from the organi	t not limited	to th			ted	above	e) w	no received me	ore than \$10	00,00	0 of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc	tor, c					emp	oloyee, or high	est comper	nsate 	d 3	Yes N	
4	For any individual listed on line 1a, is the organization and related organizations individual													-
5	Did any person listed on line 1a receive of for services rendered to the organization											al 5		, -
Section	on B. Independent Contractors													_
1	Complete this table for your five highest compensation from the organization Repyear.													
	(A) Name and business add	iress							(B) Description of s	ervices		(C) Compens	ation	
N/A														
					_			-						
	Total number of independent acceptant	ore (melical)		.4		l!m=!1	ند امم		اد ادخوا ممم	212) 115			٠, ,	_
2	Total number of independent contractor received more than \$100,000 of compensations.							י נר	nose listed abo	WIIO P	•		*	

Pai	rt VIII	Statement of Revenue				
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts	1a	Federated campaigns 1a				
Grants	ь	Membership dues 1b 312248				
	C	Fundraising events 1c	1			
ifts	d	Related organizations 1d				
હ કે	u .					
Sign	e f	Government grants (contributions) 1e All other contributions, gifts, grants,				
ig ig	: "	the state of the s				
<u> </u>			İ			
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a–1f	312248			
Program Service Revenue	1	Business Code			·	
š	2a					
æ	b					
<u>Ş</u> .	С					
ģ	d			# ·		
Ē	е					
g	f	All other program service revenue .				
Ę	g	Total. Add lines 2a–2f	0			
	3	Investment income (including dividends, interest,				
		and other similar amounts) ▶	10718	10718		
	4	Income from investment of tax-exempt bond proceeds ▶				
	5	Royalties				
		(i) Real (ii) Personal			-	
	6a	Gross rents	ļ			
	b	Less: rental expenses				
	C	Rental income or (loss)				
	d					
	7a	Ret rental income or (loss)	-			
	/ a	assets other than inventory				
		·				
	b	Less cost or other basis and sales expenses				
	C	Gain or (loss)				
	d	Net gain or (loss)				
evenue	8a	Gross income from fundraising				
Š	1	events (not including \$	·			
		of contributions reported on line 1c).				
Other R		See Part IV, line 18 a				
₹	b	Less: direct expenses b				
_	С	Net income or (loss) from fundraising events . ▶				
	9a	Gross income from gaming activities.				
		See Part IV, line 19 a				
	b	Less: direct expenses b				1
	С	Net income or (loss) from gaming activities ▶				
	10a	Gross sales of inventory, less				
		returns and allowances a	ļ			
	b	Less. cost of goods sold b				
	C	Net income or (loss) from sales of inventory	0			
		Miscellaneous Revenue Business Code				
	11a	-				
	b				,	
	C			-		<u> </u>
	d	All other revenue				
	e	Total. Add lines 11a–11d	0		· · ·	
	12	Total revenue. See instructions	322966	10718		1
						1

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all column	s. All other orga	nizations musi	t complete column	(A) but are not
required to complete columns (B), (C), and (D).	-		•	•

	Check if Schedule O contains a response to any question in this Part IX						
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses		
1	Grants and other assistance to governments and	-					
_	organizations in the United States See Part IV, line 21						
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	91770					
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16						
4 5	Benefits paid to or for members						
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)						
7 8	Other salaries and wages						
9	Other employee benefits	-					
10 11	Payroll taxes						
a	Fees for services (non-employees): Management						
b	Legal						
c	Accounting						
d	Lobbying						
е	Professional fundraising services See Part IV, line 17						
f	Investment management fees						
9	Other						
12	Advertising and promotion		<u> </u>				
13	Office expenses	825					
14 15	Information technology			<u> </u>			
16	Royalties						
17	Travel						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials						
19	Conferences, conventions, and meetings .						
20	Interest						
21	Payments to affiliates						
22	Depreciation, depletion, and amortization .						
23	Insurance				-		
24	Other expenses Itemize expenses not covered above. (List miscellaneous expenses in line 24e If						
	line 24e amount exceeds 10% of line 25, column						
	(A) amount, list line 24e expenses on Schedule O.)						
а	Meeting Expenses	1402					
b	Bank Fees	3682					
С							
d							
e	All other expenses						
25	Total functional expenses. Add lines 1 through 24e	97679					
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here following SOP 98-2 (ASC 958-720).						

Р	art X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	370778	2	87230
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	53028	4	57840
	5	Receivables from current and former officers, directors, trustees, key		- 1	
		employees, and highest compensated employees. Complete Part II of		- 1	
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section		-	
	٥	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
S		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
-	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or		-	
	,,,,,	other basis. Complete Part VI of Schedule D			
	ь	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities	2265997	11	2766261
	12	Investments—other securities. See Part IV, line 11	220000,	12	£700201
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2689803	16	2911311
\dashv	17	Accounts payable and accrued expenses	3759	17	2311311
	18	Grants payable	3733	18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
(A		Payables to current and former officers, directors, trustees, key		21	
Ë	22	employees, highest compensated employees, and disqualified persons.			
Ē		Complete Part II of Schedule L		22	
Liabilities	23	Secured mortgages and notes payable to unrelated third parties .		23	
_	24	Unsecured notes and loans payable to unrelated third parties .		24	
	25	Other liabilities (including federal income tax, payables to related third		24	
	25	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	!	3759		0
	20	Total liabilities. Add lines 17 through 25	3733	-20	
es		lines 27 through 29, and lines 33 and 34.			
2	27	Unrestricted net assets		27	
ag	28	Temporarily restricted net assets		28	
8	29	Permanently restricted net assets		29	
Ĕ	23	Organizations that do not follow SFAS 117, check here ▶ □ and		25	
Ē		complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
ĕ	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ass	32	Retained earnings, endowment, accumulated income, or other funds .		32	
et	33	Total net assets or fund balances	2686044	33	2911311
Z	34	Total liabilities and net assets/fund balances	2689803	34	2911311
	1 5 7	rotal habilities and not assets/fully balances	2003003		2311311

Form 99	00 (2011)		Pa	ige 12
Pari	XI Reconciliation of Net Assets			
-	Check if Schedule O contains a response to any question in this Part XI	· · ·		
1	Total revenue (must equal Part VIII, column (A), line 12)		32	22966
2	Total expenses (must equal Part IX, column (A), line 25)			7679
3	Revenue less expenses. Subtract line 2 from line 1		22	25287
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4		268	36044
5	Other changes in net assets or fund balances (explain in Schedule O)			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,			
	column (B))		291	11331
Part	, · · ·			
	Check if Schedule O contains a response to any question in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		1
b	Were the organization's financial statements audited by an independent accountant?	2b	✓	
С	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?	2c	1	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	20	•	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:			
	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	4/	A
		Forr	n 99 0	(2011)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047 2011 Open to Public

Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B
- · Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

		that have NOT filed Form 5768 (election unithat have NOT filed Form 5768 (election)			•
		" to Form 990, Part IV, line 5 (Proxy			
• Sone	ection 501(c)(4), (5), or (6) orga of organization	anizations Complete Part III		Employer ide	ntification number
	Hardship & Benevolent Fur	nd		Employer ide	92-0176084
Part	<u>-</u>	e organization is exempt und	ler section 501/	c) or is a section 527	
1		the organization's direct and indire			organization.
2					0
3	Volunteer hours				0
Part	-B Complete if th	e organization is exempt und	ler section 501(c)(3).	-
1		excise tax incurred by the organiz			<u> </u>
2		excise tax incurred by organizatio			3
3	If the organization incurre	ed a section 4955 tax, did it file Fo	rm 4720 for this y	ear?	. Yes No
4a	Was a correction made?				Yes 🔲 No
<u>b</u>	If "Yes," describe in Part				
Part		e organization is exempt und			(c)(3).
1		ly expended by the filing organization	zation for section	527 exempt function	
_	activities				
2		filing organization's funds contrib			
2		ivities			j
3	· · · · · · · · · · · · · · · · · ·	expenditures. Add lines 1 and 2		•	
4		n file Form 1120-POL for this year		•)
5		ses and employer identification nu			. Yes No
3		ents. For each organization listed,			
		ontributions received that were pro			
		I fund or a political action committ			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Hamo	(b) Address	(O) LIIV	filing organization's	contributions received and
		i		funds If none, enter -0-	promptly and directly delivered to a separate
					political organization If
					none, enter -0-
(1)		ļ	_		
			-		
(2) ——					
(3)			1		
(4)					
					
(5) ——					
(6)			1		

Schedule	C (Form	990 01	990-F71	2011
Julieuule	CIFUIII	33U U	33U-EZ	201

Sch	edule C (Form 990 of 990-EZ) 2011					Page 2
Pa	rt II-A Complete if the organization section 501(h)).	n is exempt u	inder section 50	01(c)(3) and file	d Form 5768 (ele	
A	Check ► ☐ if the filing organization bel name, address, EIN, expen					oup member's
В	Check ▶ ☐ if the filing organization che	ecked box A a	and "limited conf	trol" provisions a	apply.	
	Limits on Lobb			•	(a) Filing	(b) Affiliated
	(The term "expenditures" me	eans amounts	paid or incurred.)	organization's totals	group totals
1	a Total lobbying expenditures to influence	public opinion	(grass roots lobby	ring)		
	b Total lobbying expenditures to influence	•		•		
	c Total lobbying expenditures (add lines 1a	-	• •	•		
	d Other exempt purpose expenditures .			<u>.</u>		
	e Total exempt purpose expenditures (add					
	f Lobbying nontaxable amount. Enter to columns.		•			
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amoun	t is:		
	Not over \$500,000		nount on line 1e			
	Over \$500,000 but not over \$1,000,000		15% of the excess	over \$500,000.		property and
	Over \$1,000,000 but not over \$1,500,000	†	10% of the excess			
	Over \$1,500,000 but not over \$17,000,000	1				
	Over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000. \$1,000,000			A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STA	Programme Control of the Control of
	g Grassroots nontaxable amount (enter 25				7.778 34 6. Select Car (23)	ng a A Tal
	h Subtract line 1g from line 1a. If zero or le					
	i Subtract line 1f from line 1c. If zero or les					
	j If there is an amount other than zero		1h or line 1, did		file Form 4720	
	reporting section 4911 tax for this year?			· · · · · ·		☐ Yes ☐ No
	· · · · · · · · · · · · · · · · · · ·					
	4-Ye (Some organizations that ma columns below. S	de a section 5		not have to com		•
			During 4-Year Av			
	Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
	2a Lobbying nontaxable amount					·
	b Lobbying ceiling amount (150% of line 2a, column (e))	14.				
	c Total lobbying expenditures					
	d Grassroots nontaxable amount					
	e Grassroots ceiling amount (150% of line 2d, column (e))		·			
	f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2011

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT f (election under section 501(h)).	iled	Forn	า 5768	
For e	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description	(8	a)		(b)
of the	lobbying activity.	Yes	No	Ar	nount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
а	Volunteers?			1	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			L	
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				_
e	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?			ļ	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?				
j O-	Total. Add lines 1c through 1i		·- · · · · ·		
2a b	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			ļ	
c d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912. If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part		(5), c	or se	ction	
	501(c)(6).	.,,			
					Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	✓
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	KIA
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	<u></u>	<u> </u>	3	NA
Part	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OF	(5), c	or se	ction	ina O ia
	answered "Yes."	1 (D)		III-A, I	
1	Dues, assessments and similar amounts from members	٠. ا	_1_		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	от			
a	Current year	.	2a		
b	Carryover from last year	1	2b		
C	Total	1	2c	 	
3 4	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of		3		
-	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby				
	and political expenditure next year?	"iy	4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5	-	
Part				L	
Comp 1. Also	lete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; for complete this part for any additional information.	Part II	-A; aı	nd Part	II-B, line
					*
		••••			

	orm 990 or 990-EZ) 2011	Page 4
Part IV	Supplemental Information (continued)	

		••••
·		

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service

Department of the Treasury ▶ Attach to Form 990. ▶ See separate instructions. Name of the organization **Employer identification number** IBEW Hardship & Benevolent Fund

IBEW	Hardship & Benevolent Fund	92-0176084
Par	Organizations Maintaining Donor Advised Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year) .	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets hel	
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant	funds can be used
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for	
	conferring impermissible private benefit?	· · · · · 🗌 Yes 🗌 No
Par	Conservation Easements. Complete if the organization answered "Yes" to	Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	an historically important land area
		a certified historic structure
	☐ Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution	in the form of a conservation
	easement on the last day of the tax year.	
		Held at the End of the Tax Year
а	Total number of conservation easements	. 2a
b	Total acreage restricted by conservation easements	
¢	Number of conservation easements on a certified historic structure included in (a)	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not or	
	historic structure listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or terminal	
	tax year ▶	gg
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspe	ection, handling of
	violations, and enforcement of the conservation easements it holds?	· · · · · □ Yes □ No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation ea	
	▶	abomento daring the year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easem	nents during the year
-	►\$	ionis during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of	section 170(h)(4)(B)
	(i) and section 170(h)(4)(B)(ii)?	· · · · · · · · · · Yes · No
9	In Part XIV, describe how the organization reports conservation easements in its revenue a	
•	balance sheet, and include, if applicable, the text of the footnote to the organization's finar	
	organization's accounting for conservation easements.	Total Statements that Goodings the
Part		ther Similar Assets
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	Allor Ollimar Addeto.
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its re	evenue statement and halance shoo
	works of art, historical treasures, or other similar assets held for public exhibition, edu	cation or research in furtherance o
	public service, provide, in Part XIV, the text of the footnote to its financial statements that of	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its re	
-	works of art, historical treasures, or other similar assets held for public exhibition, educ	cation or research in furtherance of
	public service, provide the following amounts relating to these items:	oddon, or rescaron in futilierance o
	(i) Revenues included in Form 990, Part VIII, line 1	▶ ¢
2	(ii) Assets included in Form 990, Part X	ecate for financial asia provide the
_	following amounts required to be reported under SFAS 116 (ASC 958) relating to these iter	isseis ioi iiriariolai yairi, provide trit met
_		
a	Revenues included in Form 990, Part VIII, line 1	• \$
<u> </u>	Assets included in Form 990, Part X	🟲 💲

Page	2
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Schedule	UIF	omi	aani	2U I	1

Part	III Organizations Maintaining	Collections of	Art, Hist	orical T	reasures,	or Ot	her Similar	Ass	ets (cor	tinued)
3	Using the organization's acquisition, collection items (check all that apply):	accession, and ot	her recor	ds, chec	k any of the	follow	ring that are a	a sig	nificant	use of its
а	☐ Public exhibition		d [Loan	or exchange	e progr	ams			
b	☐ Scholarly research		e i	Other						
C	☐ Preservation for future generations									
4	Provide a description of the organizat XIV.	ion's collections	and expla	in how t	hey further t	he org	anızatıon's ex	cemp	ot purpos	se in Part
5	During the year, did the organization assets to be sold to raise funds rather	solicit or receive	donation	s of art,	historical tre	easures	s, or other sin	nilar	□ Yes	s 🗆 No
Part	IV Escrow and Custodial Arra									
· ar	line 9, or reported an amoun				, a, z a a		00 100 10		000,	
1a	Is the organization an agent, trustee, included on Form 990, Part X?	custodian or oth	ner interm	ediary fo					_	s □ No
b	If "Yes," explain the arrangement in Pa									
~	ii 100, oxpiaii alo al'aligolioni ii 1	art rait and comp.	0.00 .0		u			Am	ount	
С	Beginning balance					1c				
ď	Additions during the year					1d				
e	Distributions during the year					1e	+			
f	Ending balance					1f				
2a	Did the organization include an amoun								☐ Yes	s 🗌 No
	If "Yes," explain the arrangement in Pa		•						_	_
	V Endowment Funds. Comple		zation an	swered	"Yes" to Fo	orm 9	90, Part IV, I	ine 1	10.	
		(a) Current year	(b) Prid	or year	(c) Two years	back	(d) Three years t	oack	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions	-								
C	Net investment earnings, gains, and									
	losses									ļ
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of t	he current year er	nd balanc	e (line 1g	, column (a)) held	as:			
а	Board designated or quasi-endowmer		%							
b	Permanent endowment ▶	%								
С	Temporarily restricted endowment ▶									
	The percentages in lines 2a, 2b, and 2	c should equal 10	00%.							
За	Are there endowment funds not in the			zation the	at are held a	and ad	ministered for	r the		
	organization by.									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations							•	3a(ii)	
b	If "Yes" to 3a(II), are the related organ								3b	
4	Describe in Part XIV the intended use									
Part	VI Land, Buildings, and Equip	ment. See Forn	n 990, P	art X, lin	e 10.					
	Description of property	(a) Cost or o			or other basis other)		Accumulated epreciation		(d) Book	value
1a	Land									
b	Buildings							<u> </u>		
С	Leasehold improvements									
d	Equipment									
е	Other									
Total.	Add lines 1a through 1e. (Column (d) r	nust equal Form 9	90, Part	X, columi	n (B), line 10	(c))	•			

Part VII	Investments-Other Securitie	es. See Form 990, Part X,	line 12.	rage O
((a) Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year n	
(1) Financia	al derivatives			····
(2) Closely-	-held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(I)	(A) must a mad Form COO. Don't V. and (D) to a 10.)			
Part VIII	(b) must equal Form 990, Part X, col. (B) line 12) Investments—Program Related	ed San Form 990 Part V	line 12	· · · · · · · · · · · · · · · · · · ·
raitviii	(a) Description of investment type	(b) Book value		
	(a) Description of investment type	(b) Book value	(c) Method of val Cost or end-of-year n	
_(1)				
(2)				
(3)				·
_(4)				
(5)				
(6)	-			
(7)				
(8)				
(9)				
(10)	(b) must equal Form 990, Part X, col. (B) line 13.)	D		
Part IX	Other Assets. See Form 990,			<u> </u>
		(a) Description		(b) Book value
(1)				·
(2)				
(3)	·			
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)	was the same to said the same one of the	(D) (45)		
	umn (b) must equal Form 990, Part X		· · · · · · · · · · · · · · · · · · ·	
Part X	Other Liabilities. See Form 99 (a) Description of liability	(b) Book value		
	l income taxes	(b) Book value	_	
(2)	il ilicome taxes		-	
(3)			-	
(4)	•		-	
(5)			†	
(6)			†	
(7)			-	
(8)	 -		1	
(9)			1	
(10)			1	
(11)			1	
	(b) must equal Form 990, Part X, col (B) line 25.)	>		
	ASC 740) Footnote. In Part XIV, provi		the organization's financial stater	nents that reports the
	n's liability for uncertain tax positions			•

Schedu	e D (Form 990) 2011			Page 4
Part	XI Reconciliation of Change in Net Assets from Form 990 to A	Audited Financial Staten	nents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	322966
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	97679
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	225287
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	··
6	Investment expenses		6	-
7	Prior period adjustments		7	
8	Other (Describe in Part XIV.)		8	
9	Total adjustments (net). Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine		10	225287
Part				
1	Total revenue, gains, and other support per audited financial statements		1	322966
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b	7	
С	Recoveries of prior year grants	2c	7	
d	Other (Describe in Part XIV.)			
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	322966
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV.)		=	
С	Add lines 4a and 4b		4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	: 12.)	5	322966
Part				
1	Total expenses and losses per audited financial statements			97679
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b	-	
C	Other losses	2c	-	
d	Other (Describe in Part XIV.)			
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	97679
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV.)	4b	-	
C	Add lines 4a and 4b	<u> </u>	4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lir			97679
Part				
Part V	lete this part to provide the descriptions required for Part II, lines 3, 5, and , line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII Iditional information.			

Schedule D (Fo	rm 990) 2011	Page 5
Part XIV	Supplemental Information (continued)	

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

20

OMB No 1545-0047

Open to Public Inspection

%□ (h) Purpose of grant Employer identification number or assistance to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. √ Yes 92-0176084 Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes' Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance (f) Method of valuation cash assistance (book, FMV, appraisa, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash Part II can be duplicated if additional space is needed Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable the selection criteria used to award the grants or assistance? General Information on Grants and Assistance For Paperwork Reduction Act Notice, see the Instructions for Form 990. (p) EIN 1 (a) Name and address of organization IBEW Hardship & Benevolent Fund or government Part I Part II <u>(2</u> N Ξ ල € 9 E **©** (12) 9 5

Schedule I (Form 990) (2011)

Cat. No 50055P

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2011)

Part III Grants ar

(a) Type of grant or assistance (b) Number	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of non-cash assistance
	recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
1 AUTO EXPENSES	7	25155			
2 RENT PAYMENTS	4	21360			
3 MORTGAGE PAYMENTS	4	14174			
4 CHILD CARE	2	17721			
SUTILITIES	7	10580			
6 MEDICAL EXPENSES	4	6230			
7 CREDIT CARD PAYMENTS	3	4202			
Part IV Supplemental Information. Complete this part		ovide the information	n required ın Part I,	to provide the information required in Part I, line 2, and any other additional information.	ditional information.
					Schedule I (Form 990) (2011)

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2011)

Part III Grants an

רמון זון כמון טל מעטווטוומן מעטווטוומן אסמכל וא וופטענע	וו אסמר וא וופנחפו				
(a) I ype of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 (8) LOAN PAYMENTS	-	4086			
2 (9) CELL PHONE PAYMENTS	m	1664			
3 (10) GROCERIES	-	1500			
4 (11) INSURANCE PAYMENTS	-	1066			
5 (12) STUDENT LOAN PAYMENTS	-	250			
6 (13) DENTAL PAYMENTS	-	105			
7 (14) GIFT CARDS	-	20			
Supplemental mornation. Complete this part to provide the imornation required in Part I, line 2, and any other additional information.			required in Part I,	iine z, and any otner add	iltional intormation.

Schedule I (Form 990) (2011)



Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2011)
Part III Grants ar

(f) Description of non-cash assistance						•		ditional information.								Schedule I (Form 990) (2011)
(e) Method of valuation (book, FMV, appraisal, other)								, line 2, and any other add								
(d) Amount of non-cash assistance								n required in Part I		1						
(c) Amount of cash grant	30							vide the informatio		# 6 6 6 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1		
(b) Number of recipients	-							te this part to pro		P 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
(a) Type of grant or assistance	1 (15) DUES PAYMENTS	2	3	4	5	9	7	Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.								

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Employer identification number

IBEW Hardship & Benevolent Fund	92-0176084
VI Line 6: The organization is a non-profit with members.	
VI Line 7a: The members of this organization elect the officers to this organization.	
VI Line 11b: The 990 is prepared by the accounting staff of IBEW Local Union 1547. It is reviewed by the	ne controller. Further, the committee
member signing the form reviews it prior to signing.	
VI Line 19: All governing documents and financial statements are made available to the public upon w	ritten request to the Executive
Committee of the IBEW Hardship & Benevolent Fund.	

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization	Employer identification number
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