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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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.

Open to Public

Inte	mal Reve	nue Service	► Information	n about Form 990 and	d its instructions is a	t www.irs.g	ov/form990.	.=	Inspec	tion
Α	For the	e 2013 cale	ndar year, or tax year b	eginning Janua	ary 1 , 2013, a	and ending	Decembe	er 31	, 20 13	
В	Check	f applicable:	C Name of organization [B]	W Hardship & Benev	olent Fund		DI	Employer i	dentification n	umber
	Address	s change	Doing Business As					9	2-0176084	
	Name c	hange	Number and street (or P C	box if mail is not delivere	ed to street address)	Room/suite	ET	Telephone r		
	Initial re	turn	3333 Denali Street.			20	n	90	7-777-7231	
	Termina	ited	City or town, state or prov	ince, country, and ZIP or i	oreign postal code					
	Amende	ed return	Anchorage, AK 99503-	4038			G	Gross recei	pts \$	774,540
	Applica		F Name and address of prin		S. Hodsdon, Committ	ee Member	_			
		1.	3333 Denali St., Ste 200				H(b) Are all subo			
ı	Tax-exe	mpt status		501(c) (5) ◄ (inse		527	4 · ·		(see instruction	
J	Website						H(c) Group exe	emption nur	mber ▶	N/A
K	Form of	organization [Corporation Trust	Association 🗸 Other 🕨	Non-Profit L Yes	ar of formation			egal domicite	AK
P	art I	Summa								
	1	Briefly de	scribe the organization	n's mission or most s	significant activities:	To provid	de financial as	sistance	to members	in
စ္ပ		extreme n			J					
Activities & Governance	1				******			·		
ē	2	Check thi	s box ▶☐ If the orgar	nization discontinued	its operations or di	isposed of	more than 25	% of its	net assets.	
Š	3		of voting members of t					3		5
∞ ∞	4		of independent voting		•			4	···-	
ies	5		ber of individuals emp					5	-,	
.≣	6		ber of volunteers (est	•		•		6		
ĄĊ	7a	Total unre	elated business revenu					7a		
	ь		ated business taxable		• •			7b	-	
							Prior Year		Current Y	ear
۵	8	Contribut	ons and grants (Part \	/III, line 1h)			33	30269		316634
Σ	9	Program :	service revenue (Part \	/III, line 2g)			*****			
Revenue	10	Investmer	nt income (Part VIII, co	olumn (A), lines 3, 4,	and 7d)	🗀	27	73830		457906
Œ	11		enue (Part VIII, column							
	12	Total reve	nue-add lines 8 throu	gh 11 (must equal Pa	art VIII, column (A), li	ne 12)	60	04099		774540
	13	Grants an	d sımilar amounts paı	d (Part IX, column (A), lines 1–3)					110329
	14	Benefits p	aid to or for members		94418					
S	15		ther compensation, em							
Expenses	16a	Profession	nal fundraisıng fees (P	art IX, column (A), li	ne 11e)					
ğ	b	Total fund	Iraising expenses (Par	t-IX, column (D), line	<u>25</u>) ▶					
ш	17	Other exp	enses (Part IX, colนู้mi	n (A), lines 11a-111d	11f-24e)			5710		6113
	18	Total expe	enses. Add lines 13-1	7-(must equal Part IX	column (A), line 25	5) . [10	00128		116442
	19	Revenue l	ess expenses. Subtra	ct line 18 from line 1	2		50	03971		658098
sets or			126	MAY 1 4 20	14 0	Beg	ginning of Curren	nt Year	End of Ye	ar
sets	20	Total asse	ets (Part X, line 16)	<u></u>			341	15302		4073400
Net Assi Fund Bal	21	Total liabi	lities (Part X, line 26) .	OCPENI	<u> </u>					
100			s or fund balances. Su	ibtract-line 21 from li	ne 20		34	15302		4073400
P	art II	Signat	ure Block							
			y, I declare that I have exam						nowledge and	l belief, it is
-tru	e, correc	t, and comple	te Declaration of preparer (other than officer) is based	on all information of whi	ch preparer ha	as any knowledg	e 		
٠.				10 1						
Sig		Signa	ture of officer		MICHAELS		Date			
He	ere		III HA	1 Table	2 ammitted	MBR		MA	16,2	014
			or prifft name and title							
Pa	id	Рилитур	e preparer's name	Preparer's sign	ature	Date		Check [
Pr	epare	er			·		s	self-employ	ed	
Us	e On						Firm's E	EIN ►		
N 4 c	1. 4h = 17	Firm's ac			O for a final 111 11		Phone r	no		
_			this return with the pr		 		· · · · ·	• • •	. <u> </u>	
For	Papen	work Reduc	tion Act Notice, see the	e separate instruction	s.	Cat No	11282Y		Form 9	990 (2013)

Form 99	(2013) Pa	ge 2
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission.	
	To provide financial assistance to members in extreme need.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	-
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	10
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe the total expenses, and revenue, if any, for each program service reported.	
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 Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 110329	

Part IV	Checklist of Required	Schedules

the the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A schedule as Schedule A (Contributors (see instructions)? Is the organization required to complete Schedule B, Schedule and Contributors (see instructions)? It the organization engage in derived or misect political campaign activities on behalf of or in opposition to sandidates for public office? If "Yes," complete Schedule C, Part I (1) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4				Yes	No
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Ibid the organization required to complete Schedule C, Part II 3 Section 501(s)) organization regolar diverse or indirect political cange in lobbying activities, or have a section 501 (e) diversity of the complete Schedule C, Part II 5 Is the organization a section 501(e)(d), 501	1		1	163	
3 Did the organization engage in direct or indirect pollucial campaign activities on behalf of or in opposition to candidates for public officer (if "Ves," complete Schedule C, Part I . 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year If "Ves," complete Schedule C, Part II. 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 98-197 If "Yes," complete Schedule C, Part III. Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II. Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part III. Did the organization maintain collections of works of art, historical treasures, or other similar essetts? If "Yes," complete Schedule D, Part III. Did the organization maintain collections of works of art, historical treasures, or other similar essetts? If "Yes," complete Schedule D, Part III. Did the organization maintain collections of works of art, historical treasures, or other similar essetts? If "Yes," complete Schedule D, Part III. Did the organization directly or through a related organization, hold assets in temporary restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V. Up the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V. Did the organization report an amount for other lassities— organization in Part X, line 10 and the part X, l	2	·		-	
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5 Is the organization a section 501(c)(a), 501(c)(b), or 501(c)(b) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," organized to 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 II . 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III . 8 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III . 9 Did the organization and the state of the Yes," complete Schedule D, Part III . 10 Did the organization directly or through a related organization, hold assets in temporary restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V . 11 If the organization report an amount for investments—other securities in Part X, line 10? If "Yes," complete Schedule D, Part V . 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V . 13 Did the organization report an amount for other assets 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 V . 14 Did the organization and amount for other assets in Part X, line 18 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X . 15 Did the organization and a manual for other assets in Part X, line 18 that is 5% or more of its total asset	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		1/	
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Pid the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X and XII	d				1
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII. b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional. 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14 Did the organization maintain an office, employees, or agents outside of the United States? 15 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. 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV. 16 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 II of 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 Jet a did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 19 Jet a did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 10 Jet a did the organization operate one or more hosp	е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X			1
Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States? 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. Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. 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) 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 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 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization	1	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			√
the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		Schedule D, Parts XI and XII	12a	✓	
Did the organization maintain an office, employees, or agents outside of the United States?	b	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		✓
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. 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV. 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. 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) 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 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 If "Yes," complete Schedule G, Part III 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. 20 If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			13		✓
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	14 a		14a		✓
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV. Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. 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) 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. 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. Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. 19 20a V If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	b	fundraising, business, investment, and program service activities outside the United States, or aggregate	146		√
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. 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) 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 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 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 19 If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
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)	16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
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	17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
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	18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . 20b N/A	20 -			\vdash	V
				1177	<u> </u>

Part !	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		\
22	Did the organization report more than \$5,000 of grants or 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	1	
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		✓
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		✓
	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	NIA	<i>f</i>
	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	NIA	
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	NA	
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		✓
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		√
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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of 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		✓
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		√
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		√
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		√
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u></u>
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	N/4	<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	
		For	m 990	(2013)

Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Check if Schedule O contains a response of note to any line in this Part V	``	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
ь С	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		(7)	
2a	reportable gaming (gambling) winnings to prize winners?	1c	NA	-
	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	NA	-
За	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?			
b	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b	N/A	
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		✓
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 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c	NA	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		3011	
b	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		✓
-	gifts were not tax deductible?	6b	NA	
7 a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	٧//	1_
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	-	✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7e 7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/A	
ĥ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	NIA	Ε
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			. [
	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	NA	
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a	N/H	<u> </u>
ь 10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	MA	<u> </u>
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 b	Gross income from members or shareholders			
12a	against amounts due or received from them.)	12a	N7	A
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 1/4		14/	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		-,1,	<i>y</i>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	N/,	*
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	Enter the amount of reserves on hand			
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? If "No," provide an explanation in Schedule O .	14b		(2013)
		rorr		(∠UIJ)

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See ins	structi								
Secti	on A. Governing Body and Management										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year 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.	5									
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 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?	<u> </u>									
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		✓ ✓							
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?										
5	the state of the s										
6	Did the organization have members or stockholders?	6	✓								
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	1								
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		✓							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
a	The governing body?	8a	1								
ь 9	Each committee with authority to act on behalf of the governing body?	8b	✓								
	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	<u> </u>	1							
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reve	nue C	ode.) Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	110							
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	1	√							
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		1							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	NA	-							
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	NIA								
13	Did the organization have a written whistleblower policy?	13		✓							
14	Did the organization have a written document retention and destruction policy?	14	✓								
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
a	The organization's CEO, Executive Director, or top management official	15a	ļŅ/Ą	<u> </u>							
b	Other officers or key employees of the organization	15b	NA	<u>-</u>							
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 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	ļ	√							
D	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?		110	n							
Secti	on C. Disclosure	16b	N/4	14							
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.	on 501	(c)(3)s	only)							
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)										
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	iterest	policy	, and							
	financial statements available to the public during the tax year.										
20	State the name, physical address, and telephone number of the person who possesses the books and record organization: Susie Akins, Controller IBEW Local Union 1547 3333 Denali St., Ste. 200, Anch, AK 99503 907-777-		Э								

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

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

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 org	aniz	atic	n c	ompe	nsa	ted any currer	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	officer and a director/trust						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Former Highest compensated employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Michael S Hodsdon										
Committee Member	2	İ		1		•		o	o	
(2) Ed Francek										
Committee Member	1			1				0	<u> </u> o	
(3) Allen Wiggs	1									
Committee Member	1			✓				0	o	
(4) Bing Carrillo										
Committee Member	1		<u>.</u>	1				0	<u> </u>	
(5) Randy Otos	<u> </u>]								
Committee Member	1			1				0	0	
(6)	 									
(7)										
(8)										
(9)	<u> </u>									
(10)	ļ									
(11)	<u> </u>									
(12)										
(13)	<u> </u>									
(14)	ļ									

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yee:			lighe	st C	ompensated E	mployees (continu	ıed)		
	(C) Position												_	
	(A) Name and title	(B) Average			neck	more	e than o		(D) Reportable	(E)			F) nated	
	Name and the	hours per					ıs both or/trus		compensation	Reportab compensation			unt of	
		week (list any	1			_		··	from	related			her	_
		hours for related	d ₹	stit	Officer	Key employee	ng ighe	Former	the organization	organization (W-2/1099-N			ensation n the	1
		organizations	ecto	Ì	4	ğ	st c	. 4	(W-2/1099-MISC)		,	organ	ızatıon	
		below dotted line)	7 2	nal t		oye)			l			elated zations	
		11116)	Individual trustee or director	Institutional trustee		Ö	Highest compensated employee		1]	organ	zations	,
			"	e			atec		1					
(15)		 					-	\vdash		 				
71.27		 		1	ľ				İ		İ			
(16)							 			+	-			
1101		 												
(17)		 			-									
32.22		 												
(18)							ļ				-			
1101		 												
(19)			 -		ļ <u> </u>							·		
(1.5)		 	l											
(20)						-								
(20)		 								1				
(21)						-	<u> </u>	 -	-					
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(25)		· · · · · · · · · · · · · · · · · · ·		-						 	\rightarrow			
(23)		 		İ										
1b	Sub-total			l	<u></u>		L	_	-		_			
C	Total from continuation sheets to Part			•	•	•	•		0	1	0			
-	Total (add lines 1b and 1c)			•	•	•	•		0	 	0			
2														
2	Total number of individuals (including but reportable compensation from the organi		i to tr	iose	IIST	ea	above	e) W	no receivea m	ore than \$1	00,000) Oī		
	reportable compensation from the organi	Zalion											Vaal	NI-
3	Did the organization list any former of	ficer direc	tor c	r tr	net	90	kov a	mr	Novee or high	net compe	neator	. —	Yes	INO
J	employee on line 1a? If "Yes," complete							2111F	hoyee, or riigi	iest compe	115alct	3		√
4	For any individual listed on line 1a, is the									· · · ·		<u> </u>		<u> </u>
~	organization and related organizations												- 1	
	individual	-				, : 1	, , ,	٥,	complete oci	ledule 5 ld	Suci	' 4 		/
5	Did any person listed on line 1a receive of					froi	m anv	 	rolated organi	 zation or inc	Iwidus			<u> </u>
5	for services rendered to the organization								_			" - 5		
Section	on B. Independent Contractors	, , , ,						-	adir perceri		<u> </u>			<u> </u>
1	Complete this table for your five highest	oomponeet	od ind	100		ont	contr		ore that receive	nd mara the	n ¢10	0.000.06		
•	compensation from the organization Rep												n'e ta	
	year.	Jort Jornpo	rioutic	,,,,,,	J		alone	· u ,	real challing W	01 ***********	tile or	garnzanc	11 3 10	
								Г	(D)			(0)		
	(A) Name and business add	fress							(B) Description of s	services		(C) Compens	ation	
NI/A								╁	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·		
N/A		.						\vdash	.					
			 -					\vdash						
-								\vdash						
		······································						\vdash						
	Total number of independent contractor	ors (includir	ים אי	ıt n	ot I	lımit	ed to	\	inse listed ah	ove) who				
_	received more than \$100,000 of compens							, u		OVE WITO				-
	. 223/700 or compens	Saudi HUIII		، يوما	<u>.</u> .ca		-		0					

Part	VIII					D 11/11/1		_
		Check if Schedule O	contains a r	esponse or note to	Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns	[1	a				
irar our	b	Membership dues .	1	b 316634				
S, G	С	Fundraising events .	1	С				
ar /	d	Related organizations		d				
s, G	е	Government grants (cont		e				
S.	f	All other contributions, gif						
uti her	-	and similar amounts not incl		f				
<u>`</u> ₹ ठ ;	g	Noncash contributions include		·	1			
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f			216624			
	- 11	Total. Add lines 1a-11	• • • •	Business Code	316634			
ž	0.0							
eve	2a							
- E	b	•		-				
Š	С							
တ္မ	d			-				
ram	е							
Program Service Revenue	f	All other program serv						
	g	Total. Add lines 2a-2f				· · · · · · · · · · · · · · · · · · ·		T
	3	Investment income (i	-					
		and other similar amou	•		457906	457906		
	4	Income from investment	•	•				
	5	Royalties	(ı) Real	▶				
			(i) Heal	(ii) Personal				
	6a	Gross rents .			1			
	b	Less: rental expenses	·			Į.		
	С	Rental income or (loss)						
:	d	Net rental income or (🕨	0			
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss) .			0			
•								
/enne	8a	Gross income from fur	ndraising					
		events (not including \$						
Other Rev		of contributions reporte	d on line 1c)					
ē		See Part IV, line 18		a				
돭	b	Less: direct expenses		b				
•	С	Net income or (loss) fr	om fundraisii	ng events . >	0			
	9a	Gross income from gar	ming activities	i.				
		See Part IV, line 19 .		а				
	b	Less [,] direct expenses		b				
	С	Net income or (loss) fr		ctivities >	0			<u> </u>
	10a	Gross sales of inv						
		returns and allowance		i i				
	ь	Less: cost of goods so	old	b				ł
	С	Net income or (loss) fr			o			
		Miscellaneous Re		Business Code		-		1
	11a							1
	b			-				
	c			-				
	d	Ail other revenue .						
	e	Total. Add lines 11a-1			0			
	12	Total revenue. See in			774540	457906		<u> </u>

	,									
Part IX	State	ment of Fun	ctional Ex	penses						
:					 	-	 		 / 4 1	

Sectio.	n 501(c)(3) and 501(c)(4) organizations must con						
Check if Schedule O contains a response or note to any line 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 .	110329					
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 Compensation of current officers, directors, trustees, and key employees						
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 10	Other employee benefits						
11	Fees for services (non-employees):						
a	Management						
b	Legal						
d	Lobbying						
e f	Professional fundraising services. See Part IV, line 17 Investment management fees						
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)						
12	Advertising and promotion						
13	Office expenses			-			
14	Information technology						
15	Royalties						
16 17	Occupancy						
18	Payments of travel or entertainment expenses						
	for any federal, state, or local public officials						
19	Conferences, conventions, and meetings .						
20 21	Interest						
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	Bank Fees	4646	-				
b	Meeting Expenses	1467					
C							
d	All -4h						
e 25	All other expenses Total functional expenses. Add lines 1 through 24e	440440					
25 26	Joint costs. Complete this line only if the	116442					
_3	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here if following SOP 98-2 (ASC 958-720)						

ľ	art X		· · · · · · · · · · · · · · · · · · ·		
		Check if Schedule O contains a response or note to any line in this Par	tX		
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	236636	1	443209
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	58727	4	52478
	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			
ets	_	The state of the s		6	
Assets	7	Notes and loans receivable, net		7	
٩	8	Inventories for sale or use		8	
	9 10a	Prepaid expenses and deferred charges		9	
	10a				
	L			10c	
	b 11	' \	0110000		
	12	Investments—publicly traded securities	3119939	12	3577713
	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)	3415302	16	4073400
	17	Accounts payable and accrued expenses	0		4073400
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
ģ	22	Loans and other payables to current and former officers, directors,			***************************************
Liabilities		trustees, key employees, highest compensated employees, and			
Ē		disqualified persons Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
ces		complete lines 27 through 29, and lines 33 and 34.			
<u>a</u>	27	Unrestricted net assets		27	
Ва	28	Temporarily restricted net assets	·	28	
Б	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Š	33	Total net assets or fund balances	3415302	-	4073400
	34	Total liabilities and net assets/fund balances	3415302	34	4073400
					Form 990 (2013

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

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

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

Schedule O.

2c

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Form 990 (2013)

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

2013

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

		anizations Complete Part III.			
lame	of organization			Employer ide	entification number
	Hardship & Benevolent Fun				92-0176084
Part Part		e organization is exempt und			organization.
1		the organization's direct and indire		•	
2	•				\$N/A
3	Volunteer hours				N/A
Part		e organization is exempt und			
1	•	excise tax incurred by the organiza			\$N/A
2	-	excise tax incurred by organization	•		\$ N/A
3	_	ed a section 4955 tax, dıd it fıle Fo	•		= =
4a					L Yes L No
b	If "Yes," describe in Part				
		e organization is exempt und			1(c)(3).
1		tly expended by the filing organiz			^
•					\$N/A
2		filing organization's funds contribities			¢
2		expenditures Add lines 1 and 2			\$N/A
3					\$ N/A
4		n file Form 1120-POL for this year			· · · · · · · · · · · · · · · · · · ·
	• •				
5		ses and employer identification nul ents. For each organization listed,			
		ontributions received that were pro			
		fund or a political action committee			
		T .		T	T
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds If none, enter -0-	promptly and directly
					delivered to a separate political organization. If
					none, enter -0-
(1)					
·"					
(2)			-		
	· · · · · · · · · · · · · · · · · · ·				
(3)					
(4)					
/E\	·····				
(5)			1		
(6)			-		

p	2	7	_	2

	adic 0 (i 0iiii 050 0i 550 LL) 2010					raye z
	t II-A Complete if the organization section 501(h)).				-	
A	Check ▶ ☐ if the filing organization be					up member's
_	name, address, EIN, expe				•	
<u>R</u>	Check ► ☐ If the filing organization ch Limits on Lob			troi provisions a	 	03.4//
	(The term "expenditures" n			`	(a) Filing organization's totals	(b) Affiliated group totals
				<u> </u>		
1	 Total lobbying expenditures to influence 			-		
	 Total lobbying expenditures to findence Total lobbying expenditures (add lines) 		ody (direct lobbyin	9)		
	d Other exempt purpose expenditures.					
	Total exempt purpose expenditures (ad					
	f Lobbying nontaxable amount. Enter					
	columns.	ino unioun		g table in both		
	If the amount on line 1e, column (a) or (b) is	: The lobbying	nontaxable amoun	t is:		
	Not over \$500,000		mount on line 1e	10.		
	Over \$500,000 but not over \$1,000,000		s 15% of the excess	over \$500,000	1	
	Over \$1,000,000 but not over \$1,500,000		s 10% of the excess			
	Over \$1,500,000 but not over \$17,000,000		s 5% of the excess of			
	Over \$17,000,000	\$1,000,000				
	g Grassroots nontaxable amount (enter 2	5% of line 1f)				
	Subtract line 1g from line 1a. If zero or					
	Subtract line 1f from line 1c. If zero or le	ess, enter -0-				
	If there is an amount other than zero	on either line	th or line 1i, did	d the organization	file Form 4720	
	reporting section 4911 tax for this year	?			<u> </u>	Yes No
	(Some organizations that m columns below.	ade a section See the instru	ctions for lines 2	not have to com a through 2f on p	•	
	Lobbyin	g Expenditure:	s During 4-Year A	veraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2	a Lobbying nontaxable amount					
	Lobbying ceiling amount (150% of line 2a, column (e))					
	Total lobbying expenditures					
	d Grassroots nontaxable amount					
	Grassroots ceiling amount (150% of line 2d, column (e))					
	Grassroots lobbying expenditures					

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT fi (election under section 501(h)).	led	Form	5768		
For a	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(a	3)		(b)	
	the said that the said the sai	Yes	No	Α	mount	
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?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	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?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h :	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i j	Other activities?					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6).	5), c	or se	ction		
					-	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?				N/A	
3 Part	Did the organization agree to carry over lobbying and political expenditures from the prior year? . III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).			3	MA	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OF answered "Yes."				line 3	, is
1	Dues, assessments and similar amounts from members		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).					
a	Current year		2a			
b	Carryover from last year		2b			
C	Total		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 t		3			
•	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbyi	na				
	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Par						
Provid	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grou	p list	t); Par	t II-A,	line 2,	and
Part II	-B, line 1. Also, complete this part for any additional information					
				·		

chedule C (For	m 990 or 990-EZ) 2013	Page 4
Part IV	Supplemental Information (continued)	
· 		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

► Attach to Form 990.

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

Employer identification number

OMB No 1545-0047

Inspection

Name (f the organization		Employer identification number
IBEW	Hardship & Benevolent Fund		92-0176084
Par		or Advised Funds or Other Similar	
		vered "Yes" to Form 990, Part IV, lin	
		(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 ass	ets held in donor advised
	funds are the organization's property, subject		
6	Did the organization inform all grantees, do		
	only for charitable purposes and not for the		
			· · · · · · · · · · · · · · · · · · ·
Par	Conservation Easements.		
		vered "Yes" to Form 990, Part IV, lin	e 7
1	Purpose(s) of conservation easements held to		
•	Preservation of land for public use (e.g.,		
	Protection of natural habitat		ion of a certified historic structure
	Preservation of open space		ion of a confined flistorie structure
2	Complete lines 2a through 2d if the organiza	ation held a qualified conservation contr	ibution in the form of a conservation
	easement on the last day of the tax year.	and it is a qualified control valiety control	Held at the End of the Tax Year
а	Total number of conservation easements .		
b	Total acreage restricted by conservation eas		
c	Number of conservation easements on a cer		
ď	Number of conservation easements includ		
_	historic structure listed in the National Regis		
3	Number of conservation easements modified		
•	tax year ►	a, transferred, refeased, extinguished, e	terminated by the organization during the
4	Number of states where property subject to	conservation easement is located ▶	
5	Does the organization have a written pol		inspection handling of
_	violations, and enforcement of the conservat		
6	Staff and volunteer hours devoted to monito		
•		milig, moposting, and embroning conserv	ation casements daring the year
7	Amount of expenses incurred in monitoring,	inspecting and enforcing conservation	easements during the year
-	►\$	mapeoung, and emoraling conservation	casements during the year
8	Does each conservation easement reported	on line 2(d) above satisfy the requirement	ents of section 170(h)(4)(B)
_		· · · · · · · · · · · · · · · · · · ·	
9	In Part XIII, describe how the organization re		
•	balance sheet, and include, if applicable, the	e text of the footnote to the organization	o's financial statements that describes the
	organization's accounting for conservation e		is interior statements that describes the
Pari		ections of Art, Historical Treasure	s or Other Similar Assets
		vered "Yes" to Form 990, Part IV, lin	
	If the organization elected, as permitted und		
	works of art, historical treasures, or other	similar assets held for public exhibition	n, education, or research in furtherance of
	public service, provide, in Part XIII, the text of		
b	If the organization elected, as permitted un		
_	works of art, historical treasures, or other	similar assets held for public exhibition	n, education, or research in furtherance of
	public service, provide the following amount		.,
	(i) Revenues included in Form 990, Part VIII,		b ¢
	(ii) Assets included in Form 990, Part X	,	Ψ
2	If the organization received or held works	of art, historical treasures, or other s	milar assets for financial dain provide the
_			
	Tollowing afficults required to be reported to	inder SFAS 116 (ASC 958) relating to th	ese items:
а	Revenues included in Form 990, Part VIII, In	inder SFAS 116 (ASC 958) relating to th	

	Organizations Maintaining									
3	Using the organization's acquisition, a collection items (check all that apply)	ccession, and o					_	ı sıgr	iiticant	use of its
а	Public exhibition				or exchang					
þ	Scholarly research		е	Other	r					
C	Preservation for future generations									
4	Provide a description of the organizati XIII	on's collections	and expla	ain how ti	hey further	the org	ganization's ex	empi	t purpos	se in Part
5	During the year, did the organization s									
	assets to be sold to raise funds rather		ained as p	part of the	e organization	on's co	ollection? .	•	☐ Yes	S □ No
Part										
	Complete if the organization	answered "Yes	s" to Forr	n 990, P	Part IV, line	9, or	reported an a	mou	ınt on F	Form
	990, Part X, line 21.									
1a	Is the organization an agent, trustee, included on Form 990, Part X?	custodian or oti	ner intern	nediary to	or contributi	ions oi	otner assets			
h	If "Yes," explain the arrangement in Pa							•	☐ Yes	s 🗌 No
b	ii res, explain the arrangement in ra	n Alli and compi	iete the id	mownig ta	abie.	_	1	Amo	unt	
С	Beginning balance					10				
d	Additions during the year					10				
e	Distributions during the year					16				
f	Ending balance					11	·			
2a	Did the organization include an amount						_'		☐ Yes	s □ No
b	If "Yes," explain the arrangement in Pa	rt XIII Check he	re if the ex	kplanatioi	n has been	provid	ed in Part XIII		. .	
Par	V Endowment Funds.	•					•			
	Complete if the organization									
		(a) Current year	(b) Pri	or year	(c) Two years	s back	(d) Three years ba	ack	(e) Four y	ears back
1a	Beginning of year balance		<u> </u>							
b	Contributions		ļ					\rightarrow		······
С	Net investment earnings, gains, and losses		}							
	<u></u>									
d e	Grants or scholarships Other expenditures for facilities and		<u> </u>					-		
·	programs		İ							
f	Administrative expenses		 					-		
g	End of year balance									
2	Provide the estimated percentage of the	e current year e	nd balanc	e (line 1g	, column (a))) held	as [.]			
а	Board designated or quasi-endowment	t >	%	_						
b	Permanent endowment	<u></u> %								
С	Temporarily restricted endowment ▶	% should equal 1								
_	The percentages in lines 2a, 2b, and 20	silibulu equal i						_		
3a	Are there endowment funds not in the	possession of t	he organi	zation tha	at are held a	and ad	lministered for	the		
	organization by:									res No
	(i) unrelated organizations							•	3a(i)	
b	(ii) related organizations		· · ·					•	3a(ii)	+-
4	Describe in Part XIII the intended uses							•	Su	
Part										
	Complete if the organization		" to For	n 990, P	art IV, line	11a. S	See Form 990), Pa	ırt X, lır	ne 10.
	Description of property	(a) Cost or o		Γ'	or other basis		Accumulated		(d) Book	
		(investr	nent)	(0	ther)	d	epreciation			
1a	Land									
b	Buildings									
C	Leasehold improvements									
d	Equipment									
E Total	Other	unt naund Care C	000 0	V 001:100	· /D\ /: 10	1/01 1		<u> </u>		
i Ulai.	nau mies la unough le. (Columni (a) mi	usi Eyudi FUIIII S	isu, rail i	s, coluint	ı (D), IIIIE IV	107.7		ı		

Part VII	Investments—Other Secur Complete if the organization		rm 990. Part IV. line	11b. See Form 990.	Part X. line 12.
	(a) Description of security or ca (including name of securit	tegory	(b) Book value	(c) Method of v Cost or end-of-year	aluation
(1) Financial	derivatives				
(2) Closely-h	neld equity interests				
(3) Other	***************************************			415.	
(A)					
(B)				****	
(C)				,,	
(D)					
(E)					
(F)					<u> </u>
(G)					
(H)					
	b) must equal Form 990, Part X, col. (B) line 12		<u> </u>		
Part VIII	Investments—Program Rel				
	Complete if the organization		m 990, Part IV, line	11c. See Form 990,	Part X, line 13.
	(a) Description of investme	nt	(b) Book value	(c) Method of v Cost or end-of-year	
(1)					
(2)					
(3)					
(4)		· -			
_(5)		· · · · · · · · · · · · · · · · · · ·			
_(6)					
_(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col (B) line 13	.) ▶	<u> </u>		
Part IX	Other Assets.		000 D IV C	44 J.O. E. 000	D 13/1 45
	Complete if the organization		m 990, Part IV, line	11d. See Form 990,	
(4)		(a) Description			(b) Book value
(1)				· -	
(2)	· · · · · · · · · · · · · · · · · · ·				
(3)					
(4)					
(5) (6)					
(7)					
(8)					
(9)					
	mn (b) must equal Form 990, Part	X col (B) line 15)	 	•	
Part X	Other Liabilities.	,, (=)	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
	Complete if the organization	answered "Yes" to For	m 990 Part IV line	11e or 11f See Form	990 Part X
	line 25.	4.0.00.04 100 10101	000, 1 art 17, mile	110 01 111. 000 1 0111	1000, 1 4/17,
1.	(a) Description of liability	(b) Book value			
(1) Federal in	: -				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col (B) line 25) ▶			
	uncertain tax positions. In Part XIII,		note to the organization	s financial statements tha	at reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part	Reconciliation of Revenue per Audited Financial Staten Complete if the organization answered "Yes" to Form 990,		er Return.	
1	Total revenue, gains, and other support per audited financial statements		. 1	774540
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			774540
a	Net unrealized gains on investments	2a	0	
b	Donated services and use of facilities		0	
c	Recoveries of prior year grants		0	
d	Other (Describe in Part XIII.)		0	
e	Add lines 2a through 2d		. 2e	٥
3	Subtract line 2e from line 1		3	774540
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i i i		774340
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0	
b	Other (Describe in Part XIII.)		0	
c	Add lines 4a and 4b			0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			774540
Part				774540
	Complete if the organization answered "Yes" to Form 990,		,	
1	Total expenses and losses per audited financial statements		. 1	116442
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			110442
а	Donated services and use of facilities	2a	o la constant	
b	Prior year adjustments		0	
С	Other losses		o	
d	Other (Describe in Part XIII.)		0	
е	Add lines 2a through 2d		. 2e	0
3	Subtract line 2e from line 1		. 3	116442
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	o	
b	Other (Describe in Part XIII.)	4b	o	
С	Add lines 4a and 4b		. 4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, III	ne 18.)	. 5	116442
Part	XIII Supplemental Information.			
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ai			

Schedule D (Fo	orm 990) 2013	Page 5
Part XIII	Supplemental Information (continued)	
	······································	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No 1545-0047

2013

Open to Public Inspection

Employer identification number 92-0176084

doverning to a manage of the orders

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

IBEW Hardship & Benevolent Fund	on Grante and	Accietance			1		92-0176084
Does	ain records to subs		nt of the grants or	assistance, the g	rantees' eligibility f	the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	e, and
the selection criteria used to award the grants or assistance?	award the grants	or assistance?					✓ Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	nization's procedur	es for monitoring t	he use of grant fur	ds in the United	States.		
Part Grants and Other A	ssistance to Go	vernments and	Organizations i	n the United S	tates. Complete	if the organization answ	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990,
Part IV, line 21, for any recipient that received	ny recipient that	received more th	an \$5,000. Part	I can be duplic	ated if additional	more than \$5,000. Part II can be duplicated it additional space is needed.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)	•						-
(4)							
(5)							
(9)							
(7)							
(8)							
(6)							
(10)							
(11)							
(12)							
 Enter total number of section 501(c)(3) and government organizat Enter total number of other organizations listed in the line 1 table 	n 501(c)(3) and gov organizations listed	ernment organizat In the line 1 table	organizations listed in the line 1 table e 1 table	ne 1 table			A A .
For Paperwork Reduction Act Notice, see the Instructions for Form	, see the Instruction	s for Form 990.		Ö	Cat No 50055P		Schedule I (Form 990) (2013)

Schedule I (Form 990) (2013)

(f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. 7 Cobra Expenses
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance 45150 17590 12245 7048 5050 (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients Ŋ 9 m S (a) Type of grant or assistance 4 Credit Card Payments 2 Mortgage Expenses 1 Medical Expenses 3 Rent Expenses 5 Auto Expenses 6 Loan Payments Part III

Schedule I (Form 990) (2013)

Schedule I (Form 990) (2013)

Schedule I (Form 990) (2013) (f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance 1776 203 445 (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients က (a) Type of grant or assistance Cellphone Payments 3 Utilities Expenses (C) Internet Expenses Part IV Part III

SCHEDULE 0 (Form 990 or 990-EZ)

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.

2013

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization 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 the organization elect the officers to the organization VI Line 11b: The 990 is prepared by the accounting staff of the IBEW Local Union 1547. It is reviewed by the 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 written request to the executive committee of the IBEW Hardship & Benevolent Fund.

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization	Employer identification number
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