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

OMB No. 1545-0047

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. For the 2014 calendar year, or tax year beginning 2014, and ending 20 D Employer identification number Check if applicable C Name of organization Local Union 2222 IBEW Benevolent Fund Trust Address change 04-3490716 Number and street (or P.O box if mail is not delivered to street address) Room/suite E Telephone number Name change Initial return 137 Washington Street 617-929-6000 City or town, state or province, country, and ZIP or foreign postal code Final return/terminated Amended return Dorchester, MA 02124 G Gross receipts \$ 31.769.21 F Name and address of principal officer: Application pending H(a) is this a group return for subordinates? Yes No Edward V. Hastings, President/Trustee - Address same as above H(b) Are all subordinates included? Tyes No If "No." attach a list, (see instructions) Tax-exempt status 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or Website: ▶ H(c) Group exemption number ▶ Form of organization ☐ Corporation ☐ Trust ☐ Association ☑ Other ▶ Pub. Charity L Year of formation: M State of legal domicile MΑ Part I Briefly describe the organization's mission or most significant activities: Raises money to help support worthwhile community projects that need funding, such as sponsoring school sports teams, police & fire department causes, donation to Activities & Governance various diseases research, etc. Check this box ▶ ☐ If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . . . . 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 12 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) . . . . . . 6 6 25 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.00 Net unrelated business taxable income from Form 990-T, line 34 0.00 Prior Year Current Year Contributions and grants (Part VIII, line 1h). 24,638.00 18,207.00 9 Program service revenue (Part VIII, line 2g) 0.00 0.00 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 6.00 5.00 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 11 (2,944.00)(3,640.00)SCANNED JUN 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 21,700.00 14,572.00 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . . 17,835.00 20,109.00 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . . 0.00 0.00 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0.00 0.00 16a Professional fundraising fees (Part IX, column (A), line 11e) 0.00 0.00 Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), ilines-1-1a=1-1d, 11f-24e) 57.00 55.00 18 Total expenses. Add lines 13-17 (must equal Part IX; column)(A), line 25) 17,892.00 20,164.00 Revenue less expenses. Subtract line 18 from line-12-19 3,808.00 5,592.00 **Beginning of Current Year** MAY 23 2C15 20 Total assets (Part X, line 16) 11,458.00 5,866.00 21 Total liabilities (Part X, line 26) . 0.00 0.00 22 Net assets or fund balances. Subtract line 21 from line 20 11,458.00 5,866.00 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than, officer) is based on all information of which preparer has any knowledge Sign Date Here Type or print name and title Print/Type preparer's name Preparer's signature **Paid** Check | rf self-employed **Preparer** Firm's name Firm's EIN ▶ **Use Only** Firm's address ▶ Phone no. May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

Yes No

Cat No. 11282Y

Form 990 (2014)

	90 (2014)				Page 2
Part		Service Accomplishmen			
		ntains a response or note	to any line in this Part III	<u> </u>	<i>.</i> <u>_</u>
1	Briefly describe the organization				
	Raises money to help support w				
	fire department causes, scholars	mips and disease research e	ic.		
2	Did the organization undertake				
	prior Form 990 or 990-EZ? .				☐ Yes 🗹 No
3	If "Yes," describe these new se Did the organization cease of		ficant changes in how if	t conducts, any program	i
•	services?				☐ Yes ☑ No
	If "Yes," describe these change				
4	Describe the organization's pre-		ments for each of its three	e largest program services	s, as measured b
	expenses. Section 501(c)(3) ar the total expenses, and revenu	nd 501(c)(4) organizations a	are required to report the		
4a	(Code:) (Expenses	\$ <b>700.00</b> including	grants of \$	) (Revenue \$	0.00)
	The Benevolent Fund in prior ye				
	restricted funds was \$698.22. Th				
	of December 31, 2014 is \$0.00.		·····		
	(0.1				
4b	(Code: ) (Expenses	\$ 0.00 including	grants of \$	) (Revenue \$	0.00)
	The Benevolent Fund as of Dece				
	****				
		•••••			
	•••••				
4c	(Code: ) (Expenses	\$ 19,408.50 including	grants of \$	) (Revenue \$	7,587.00)
	The Benevolent Fund received d		ed) totaling \$7.587.00 which	was used to support many	
	community sports teams, police				
			····		
		,			
			•••••••••••		
4d	Other program services (Descri	be in Schedule O.)			·
	(Expenses \$ in	cluding grants of \$	) (Revenue \$	)	

20,108.50

4e Total program service expenses ▶

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
^	complete Schedule A	1	<b>✓</b>	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		<b>✓</b>
3	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)	<u> </u>		<u> </u>
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		✓
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	_		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		
U	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? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
9	complete Schedule D, Part III	8	-	<b>✓</b>
9	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		✓
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		✓
11	if the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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,"	ثعث		
a	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			<u> </u>
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		✓
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		✓
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		<b>√</b>
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
_	Schedule D, Parts XI and XII	12a		<b>V</b>
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			1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		7
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			<u> </u>
	fundraising, business, investment, and program service activities outside the United States, or aggregate	[   	i	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		✓
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	15		<u>/</u>
	assistance to or for foreign individuals? 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		<b>√</b>
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		<u>,</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			<del>-</del>
	If "Yes," complete Schedule G, Part III	19		✓
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<b>✓</b>
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b	000	<b>∠</b>
		Forn	n <del>9</del> 90	(2014)

Part	V 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 domestic government 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 or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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		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 25a	24a		<b>✓</b>
	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		1
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		√ ✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		<b>√</b>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		<b>√</b>
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 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
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 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	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, Part II, III, or IV, and Part V, line 1	34	1	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b	✓	1
36	<b>Section 501(c)(3) organizations.</b> 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		1
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</i> ,			
38	Part VI	37		<b>✓</b>
	101 Note. All 10111 930 files are required to complete ochequie O	38	<u> </u>	Ц

Rart		=		
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a		162	No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		H	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	<b>✓</b>	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За b	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a 3b		<b>√</b>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		. *
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	ł	✓
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a		5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<del>*</del>
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	-	<del>'</del>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
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	ļ		
-	and services provided to the payor?	7a	<b>√</b>	
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<del>*</del>	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		Ť	
	required to file Form 8282?	7c		✓
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		<u>√</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		<u>√</u>
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	$\dashv$	<del>-</del> /-
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on Part VIII, line 12		Ì	
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders		ĺ	
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		-
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	120		
а	Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
h	If "Ves " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Form 99	90 (2014)			Page <b>6</b>				
Part								
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See ins	struct	ions.				
Casti	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	•	<u>. 7</u>				
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	2	163					
b 2	committee, explain in Schedule O.  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							
3	any other officer, director, trustee, or key employee?	3		/				
4 5 6 7a	<ul> <li>Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?</li> <li>Did the organization become aware during the year of a significant diversion of the organization's assets?</li> <li>Did the organization have members or stockholders?</li> </ul>							
b								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а b 9	The governing body?	8a 8b	<b>√</b>					
Sooti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓_				
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue Co	Yes	No				
10a b	Did the organization have local chapters, branches, or affiliates?	10a	103	<b>√</b>				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<u> </u>					
b 12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>		<b>√</b> ✓					
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	<b>✓</b>					
13 14 15	Did the organization have a written whistleblower policy?	13	<b>✓</b>	<b>✓</b>				
a b 16a	The organization's CEO, Executive Director, or top management official	15a 15b		<b>✓</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?	16a 16b						
	on C. Disclosure							
17 18	List the states with which a copy of this Form 990 is required to be filed Massachusetts - Office of the Attor Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sectionavailable for public inspection. Indicate how you made these available. Check all that apply.			only)				
19	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.	terest p	oolicy	, and				
20	State the name, address, and telephone number of the person who possesses the organization's books and re Edward V. Hastings, Local Union 2222 Benevolent Fund Trust, 1137 Washington Street, Ste. 2, Dorchester, MA 02124		<b>&gt;</b>					

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	n nor any relate	d orga	anız	atic	n c	ompe	nsa	ted any currer	t officer, director	, or trustee.
				(0	C)				ļ	
(A)	(B)	١,,			ition			(D)	(E)	(F)
Name and Title	Average					than one is that		Reportable	Reportable	Estimated
	hours per					ctor/trustee)		compensation	compensation from	amount of
	week (list any hours for	익호	۳	Q	<u>چ</u>	9.7	F	from the	related organizations	other compensation
	related	divid	륟	Officer	9	T be ghe	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted		tion	`	Key employee	9 c	ੈ	(W-2/1099-MISC)	'l i	organization and related
	line)	`trus	al tr		کر پو	ă				organizations
		tee	Institutional trustee		"	Highest compensated employee	l			<b>3</b>
			е	<u> </u>		e e		<u> </u>		
(1) Keith R. Bonasoro	1 Hr. Mo.									
Board of Director	4 Hrs.Mo.			✓	_		<u> </u>	0.00	2,761.12	0.00
(2) John A. Colleran	1 Hr. Mo.			١.			•		1	
Board of Director	4 Hrs. Mo.			✓	<u> </u>		<u> </u>	0.00	3,230.16	0.00
(3) Donna M. Cunninham	1 Hr. Mo.						ĺ			
Board of Director	24 Hrs.Wk.	<u> </u>	<u> </u>	✓	_			0.00	53,276.64	0.00
(4) Julio J. De La Cruz	1 Hr. Mo.									
Board of Director	8 Hrs.Wk.			✓	_		<u> </u>	0.00	17,047.21	0.00
(5) Daniel DuRoss	1 Hr. Mo.			١.						
Board of Director	4 Hrs.Mo.		_	✓	_		<u> </u>	0.00	2,002.72	0.00
(6) Edward T. Fitzpatrick	1 Hr. Mo.	ļ		١.						
President/Board of Director	40 Hrs.Wk.			✓			<u> </u>	0.00	146,766.54	<u>6.</u> 767. <u>34</u>
(7) Robert E. Goggin	1 Hr. Mo.	<b>\</b> '		١.	1				i i	
Board of Director	4 Hrs.Mo.			✓			<u> </u>	0.00	2,064.92	0.00
(8) Kevin J. Holland	1 Hr. Mo.								}	
Board of Director	12 Hrs.Wk.			✓			┖	0.00	27,289.52	0.00
(9) Thomas H. Moses	1 Hr. Mo.			١.						
Treasurer/Board of Director	12 Hrs.Wk.			✓			<u> </u>	0.00	26,059.60	0.00
(10) Patricia E. Riley	1 Hr. Mo.	<u>'</u>		١.			1		1	
Board of Director	4 Hrs.Mo.	<u> </u>		✓			<u> </u>	0.00	1,692.36	0.00
(11) John T. Soderlund	1 Hr. Mo.									
Board of Director	4 Hrs. Mo.			1	L_			0.00	2,002.40	0.00
(12) Steven Walsh	1 Hr.Mo.	ļ		١.					l	
Board of Director	4 Hrs.Mo.			1			L	0.00	2,172.08	0.00
(13)		}								
(14)		<del> </del>		$\vdash$			-			
		]		l	I		1	]	1	

	(A) Name and title	(B) Average hours per week (list any	box, office	unles er and	Pos eck s pe	rson irect	than of the the than of the the the than of the the than of the the the than of the	an tee)	(D) Reportable compensation from	(E) Reportation compensation related	n from	Est	(F) mated ount of ther	
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizati (W-2/1099-I		fro orga and	ensation m the nization related lizations	
(15)														
(16)														
<u>(17)</u>														
(18)														
(19)								<u> </u>						
(20)														
(21)										-		-		
(22)														
(23)														
(25)					-								-	
								_				·		
1b c	Sub-total		n A					<b>▶</b>	0.00	286,3	65.27 0.00		6,76	7.34 0.00
d	Total (add lines 1b and 1c)							<b>▶</b>	0.00	286,3 ore than \$1		nf	6,76	7.34
	reportable compensation from the organi											, 	VI	
3	Did the organization list any former of							emp	loyee, or high	est compe	ensated			No
4	employee on line 1a? If "Yes," complete 5 For any individual listed on line 1a, is the	sum of rep	portal	ole d	com	per	nsatio					3		<u> </u>
	organization and related organizations individual	greater tha	an \$1 	150,0	000	? // 	f "Ye:	s," 	complete Sch	edule J fo	r such	4		<u> </u>
5	Did any person listed on line 1a receive of for services rendered to the organization?													<u> </u>
Section	on B. Independent Contractors	. 11 703, 0	ОПР		-		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0, 3	ucii persori	· · · ·	• •	5		<u>/</u>
1	Complete this table for your five highest of compensation from the organization. Repyear.													:
	(A) Name and business add	ress				_			(B) Description of s	ervices	C	(C) ompens	ation	
None														_
							-	_						—
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who		-		

Par	t VIII	Statement of Rev						
		Check if Schedule (	O contains a res	sponse or note to				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaign	s <b>1a</b>	0.00				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .	1b	0.00				
Am (S	С	Fundraising events .	1c	10,620.00				
Contributions, Gifts, and Other Similar Ar	d	Related organizations		0.00				
ig.	е	Government grants (cor		0.00	1			
er S	f	All other contributions, o						
혈美		and similar amounts not in	<u></u>	7,587.00				
و م و م	9	Noncash contributions inclu	·				i	
	<u>h</u>	Total. Add lines 1a-1	<u>lf</u>		18,207.00			
ng.	_			Business Code				
e Ke	2a	••••			-			
8	b	•••••						
ΞŽ	C	•••••						
Š	d			-	-			
згаг	e f	All other program ser		<del></del>				<u></u>
Program Service Revenue	, g	Total. Add lines 2a-2		•	0.00			
	3	Investment income			0.00		·	
		and other similar amo			5.00	0.00	0.00	0.00
	4	income from investmen	nt of tax-exempt b	ond proceeds ►	0.00	0.00	0.00	0.00
	5	Royalties	•	· ·	0.00	0.00	0.00	0.00
		•	(i) Real	(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or	(loss)	▶	0.00	0.00	0.00	0.00
	7a	Gross amount from sales of	(i) Secunties	(ii) Other				
		assets other than inventory						
	b	Less. cost or other basis						
		and sales expenses .						
	C	Gain or (loss)						
	d	Net gain or (loss) .		<u> </u>	0.00	0.00	0.00	0.00
enne	8a	Gross income from fuevents (not including \$	_					
Other Reve		of contributions report	•					
the	L	Less: direct expenses	• • • • a s b			İ		
0	ì	Net income or (loss) f		(1171311337)	(5.464.00)	-		
		Gross income from ga		events .	(5,461.00)		0.00	0.00
	"-		· · · · a	1.821.00				
	ь	Less: direct expenses						
		Net income or (loss) f			1,821.00	0.00	0.00	0 00
		Gross sales of in			1,021.00	0.00	0.00	000
		returns and allowance		l i		į		
	ь	Less: cost of goods s	_					
	С	Net income or (loss) f			0.00	0.00	0.00	0.00
		Miscellaneous F		Business Code	0.00	0.00	0.00	<u> </u>
	11a							
	b							
	С							
	d	All other revenue .						
	е	Total. Add lines 11a-		▶	0.00			
	12	Total revenue. See in	nstructions.	▶	14 572 00	0.00	0.00	0.00

# Part IX Statement of Functional Expenses

ection 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).										
Check if Schedule O contains a response or note to any line in this Part IX										
On not include amounts reported on lines 6h. 7h	(A)	(B)		(C)		Т			ī	

8b, 9b, 1 2	t include amounts reported on lines 6b, 7b, and 10b of Part VIII.  Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	(A) Total expenses 20,109.00	Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
2	and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign		20,109.00		
2	Grants and other assistance to domestic individuals. See Part IV, line 22		20,109.00		í
	individuals. See Part IV, line 22		20,100.00		į
	Grants and other assistance to foreign	0.00			
	Grants and other assistance to foreign		0.00		
•	<b>∨</b> 1	0.00	0.00		
	organizations, toreign governments, and toreign i				
	individuals. See Part IV, lines 15 and 16	0.00	0.00	j	
	Benefits paid to or for members	0.00	0.00		
	Compensation of current officers, directors,	0.00	0.00		
	trustees, and key employees				
	- · · · · · ·	0.00	0.00	0.00	0.00
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.00	0.00	0.00	0.00
	Other salaries and wages	0.00	0.00	0.00	0.00
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0.00	0.00	0.00	0.00
9	Other employee benefits	0.00	0.00	0.00	0.00
10	Payroll taxes	0.00	0.00	0.00	0.00
11	Fees for services (non-employees):				
а	Management	0.00	0.00	0.00	0.00
b	Legal	0.00	0.00	0.00	0.00
C	Accounting	0.00	0.00	0.00	0.00
d	Lobbying	0.00	0.00	0.00	0.00
	Professional fundraising services. See Part IV, line 17	0.00			0.00
	Investment management fees	0.00	0.00	0.00	0.00
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	0.00	0.00	0.00	0.00
12	Advertising and promotion	0.00	0.00	0.00	0.00
	Office expenses	0.00	0.00	0.00	0.00
	Information technology	0.00	0.00	0.00	0.00
	Royalties	0.00	0.00	0.00	0.00
	Occupancy	0.00	0.00	0.00	0.00
	Travel	0.00	0.00	0.00	
	Payments of travel or entertainment expenses	0.00	0.00	0.00	0.00
	for any federal, state, or local public officials	0.00	0.00	0.00	0.00
	Conferences, conventions, and meetings .		0.00	0.00	0.00
	· · · · · · · · · · · · · · · · · · ·	0.00	0.00	0.00	0.00
	Payments to affiliates	0.00	0.00	0.00	0.00
	· ·	0.00	0.00	0.00	0.00
	Depreciation, depletion, and amortization .	0.00	0.00	0.00	0.00
	Insurance	0.00	0.00	0.00	0.00
	Other expenses. Itemize expenses not covered			1	
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column	1			
	(A) amount, list line 24e expenses on Schedule O.)	1			
	·				
	Bank Service Charges	20.00	0.00	20.00	
	Annual MA PC Filing	35.00	0.00	35.00	0.00
c					
d	All all				<del></del>
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	20,164.00	20,109.00	55.00	0.00
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				Farm 990 (2014)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash—non-interest-bearing . . . . . . . . . . . . 1 0.00 0.00 2 Savings and temporary cash investments . . . . . . 2 11,458.00 5,866.00 3 0.00 3 0.00 Accounts receivable, net 4 0.00 0.00 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 0.00 0.00 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L...... 6 0.00 **Assets** 0.00 7 7 0.00 0.00 8 Inventories for sale or use . . . . . . . 8 0.00 0.00 Prepaid expenses and deferred charges 9 0.0 0.00 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation . . . . 10b 0.00 10c 0.00 0.00 11 Investments-publicly traded securities . . . . . 0.00 11 0.00 Investments—other securities. See Part IV, line 11 . 12 0.00 12 0.00 13 Investments—program-related. See Part IV, line 11 . . . . . . 13 0.00 0.00 14 14 0.00 0.00 15 Other assets. See Part IV, line 11 . . . . . . . . . . . . . . . . 0.00 15 0.00 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 11,458.00 5,866.00 17 Accounts payable and accrued expenses . . . . . . 17 0.00 0.00 18 0.00 18 0.00 19 19 0.00 0.00 20 20 0.00 0.00 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 0.00 0.00 Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . 22 0.00 0.00 23 Secured mortgages and notes payable to unrelated third parties . . . 23 0.00 0.00 24 Unsecured notes and loans payable to unrelated third parties . . . 0.00 24 0.00 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 0.00 0.00 26 Total liabilities. Add lines 17 through 25 26 0.00 0.00 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 10,660.00 5.766.00 28 28 0.00 0.00 29 29 798.00 100.00 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. **Net Assets** Capital stock or trust principal, or current funds . . . . . . . . 30 30 0.00 0.00 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 0.00 31 0.00 32 Retained earnings, endowment, accumulated income, or other funds. 32 11,458.00 5,866.00 33 33 11,458.00 5,866.00 34 Total liabilities and net assets/fund balances . . .

5,866.00

11,458.00

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

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

За

3h

Form **990** (2014)

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name	of the organization			-		Employer identification	n number			
	Union 2222 IBEW Benevolent Fur						90716			
Pa		<del></del>	<del>_</del>	<u>.</u>		<del></del>	ons.			
_	organization is not a private foun		•		•	•				
1 2	<ul><li>☐ A church, convention of chu</li><li>☐ A school described in section</li></ul>			ibea in <b>se</b>	cuon 1/	U(D)(T)(A)(I).				
3	☐ A hospital or a cooperative h			n saatian	470/6\/4	1\/A\/;;;\				
4	☐ A medical research organiza	•	_				(iii) Enter the			
•	hospital's name, city, and st	ate:								
5	An organization operated for section 170(b)(1)(A)(iv). (Co		college or university	owned o	r operate	ed by a government	al unit described in			
6										
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)									
8	☐ A community trust described	d ın <b>section 170(b</b>	)(1)(A)(vi). (Complete	Part II.)						
9	An organization that normal									
	receipts from activities rela									
	support from gross investr						x) from businesses			
40	acquired by the organization									
10 11	An organization organized a			-						
• • •	An organization organized ar one or more publicly support									
	the box in lines 11a through									
а			•• ••	•		•				
	the supported organization organization. You must co	n(s) the power to re	egularly appoint or ele	_						
b	_	=		nection w	ith its su	pported organization	n(s), by having			
	control or management of									
	organızation(s). You must	complete Part IV	, Sections A and C.							
C	Type III functionally integer its supported organization						y integrated with,			
d	t ☐ Type III non-functionally	integrated. A sup	porting organization of	perated i	n connec	tion with its support	ted organization(s)			
	that is not functionally inte						an attentiveness			
	requirement (see instruction									
е	<del>_</del>						II, Type III			
f	functionally integrated, or	• •	onany integrated supp	orung on	ganizatio	11.	·			
g	5 to the composite		ported organization(s).				· · []			
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the c	rganization		(vi) Amount of			
			(described on lines 1–9 above or IRC section		ur governing ment?	support (see instructions)	other support (see instructions)			
			(see instructions))			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	mon dononey			
		<b>_</b>		Yes	No					
(A)		;								
(B)										
(C)										
(D)										
(E)										
							-			

	(Complete only if you checked the Part III. If the organization fails to						alify under
Secti	on A. Public Support	y quality unde	or trie tests its	sted below, p	lease comple	teraitiii.)	<del></del>
	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(6) 2010	(3) 23	(9) 2012	(4) 2010	(9) 2014	(i) Total
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.	SAGRESS.	7种种类的理论	水水油作。特別	<b>设</b> 外对发生效率		
Secti	on B. Total Support						
Calen	idar year (or fiscal year beginning in) ▶	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				"唐"高文文	
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he			<u>· · · · · · </u>	· · · · ·	· · · · ·	· · · •
	ion C. Computation of Public Suppo	<del>_</del>	· · · · · · · · · · · · · · · · · · ·	4 4 (0)			
14	Public support percentage for 2014 (line		-			14	9
15 16a	Public support percentage from 2013 Sci 331/3% support test—2014. If the organi					15	book this
100	box and <b>stop here.</b> The organization qua						_
b	331/3% support test—2013. If the organicheck this box and stop here. The organicheck	nization did no	ot check a box	c on line 13 o	r 16a, and line		or more,
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me		anization did n	ot check a box	on line 13, 16		
	Part VI how the organization meets the "lorganization	facts-and-circu		st. The organiz		-	•
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza Explain in Part VI how the organization in	ition meets the	e "facts-and-ci	ircumstances"	test, check th	nis box and st	, and line top here.
18	supported organization . Private foundation. If the organization d		box on line 13		 a, or 17b, chec	k this box and	see
	Instructions						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section	on A. Public Support			, p			
Calen	dar year (or fiscal year beginning in) ▶	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	25,002.00	7,395.00	13,221.00	9,463.00	7,587.00	62,668.00
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	19,465.00	21,386.00	19,337.00	17,434.00	17,197.00	94,819.00
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0.00	0.00	0.00	0.00	0.00	0.00
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0.00	0.00	0.00	0.00	0.00	0.00
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0.00	0.00	0.00	0.00	0.00	0.00
6	Total. Add lines 1 through 5	44,467.00	28,781.00	32,558.00	26,897.00	24,784.00	157,487.00
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0.00	0.00	0.00	0.00	0.00	0.0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
^	Add lines 7a and 7b	20,747.00	10,350.00 10,350.00	17,750.00	11,300.00	12,322.00	72,469.00
8	Public support (Subtract line 7c from	20,747.00	10,350.00	17,750.00	11,300.00	12,322.00	72,469.00
•	line 6.)			i			85,018.00
Secti	on B. Total Support	<b>_</b>					03,010.00
	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
9	Amounts from line 6	44,467.00	28,781.00	32,558.00	26,897.00	24,784.00	157,487.00
10a	Gross income from interest, dividends,			02,000.00	25/557.155		101,101.00
	payments received on securities loans, rents,	1		İ			
	royalties and income from similar sources .	26.00	13.00	5.00	6.00	5.00	55.00
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						-
	· '	0.00	0.00	0.00	0.0	0.00	0.00
	Add lines 10a and 10b	26.00	13.00	5.00	6.00	5.00	55.00
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0.00	0.00	0.00	0.00	0.00	0.00
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,	0.00	0.00	0.00	0.00	0.00	0.00
14	First five years. If the Form 990 is for the		28,794.00 's first, second	32,563.00 d, third, fourth,	26,903.00 or fifth tax ye	24,789.00 ear as a section	157,542.00 n 501(c)(3)
	organization, check this box and stop he				<del></del>	<u> </u>	<b>▶</b> □
<u>Secti</u>	on C. Computation of Public Suppor						· · · · · · · · · · · · · · · · · · ·
15	Public support percentage for 2014 (line 8		-	3, column (f))		15	0.54 %
16	Public support percentage from 2013 Sch			<u> </u>	<u> </u>	16	0.51 %
<u>Secti</u>	on D. Computation of Investment In		<del></del>			· <del>,                                     </del>	
17	Investment income percentage for 2014 (					17	0.00 %
18	Investment income percentage from 2013					18	0.001 %
19a	331/2% support tests—2014. If the organi 17 is not more than 331/2%, check this box	and <b>stop here.</b>	The organization	on qualifies as a	publicly suppo	orted organization	on . 🕨 🌠
b	331/a% support tests—2013. If the organiz line 18 is not more than 331/a%, check this l						
~~	Private foundation If the organization di	d and abank a l	hay an line 14	100 or 10b o	بيمط منطة باممط		stions -

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete P	art V	.)	
Secti	on A. All Supporting Organizations			
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		Yes	No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	1		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	2 3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control?  Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in	5c		
7	Part VI.  Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
C	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

determine whether the organization had excess business holdings.)

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	1		1
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		}
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	1		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	į		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
		1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	1		ļ
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
<u> </u>		2		l
Section	on C. Type II Supporting Organizations		I	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).			-
Socti	on D. All Type III Supporting Organizations	1	<u> </u>	<u> </u>
Secu	on b. All Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	r	res	NO
•	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax	-		
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			İ
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	<del>ا</del>		<del> </del>
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	1	1	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			1
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	e).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			٠,.
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	ee ins	tructi	onsi
_				
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>	1		
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.			
L	·	2a		<b> </b> -
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in 2 if "Yes." evolute in Part III the			1
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.			<del> </del>
2		2b		<del> </del>
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? <i>Provide details in <b>Part VI.</b></i>	3a	<b></b>	
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	34		<del> </del>
b	of its supported organizations? If "Ves " describe in Part VI the role played by the organization in this regard	3h		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must co	g tru: mple	st on Nov. 20, 1970. <b>Sec</b> ete Sections A through E	
Section A - Adjusted Net Income		(A) Pnor Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4	-	
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount	1	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		<del></del>
c Fair market value of other non-exempt-use assets	1c		-
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in <b>Part VI</b> ):	1		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	6		
6 Multiply line 5 by .035 7 Recoveries of prior-year distributions	7		<del></del>
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount	10		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2	W V JAN -/	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	ly-ın	tegrated Type III support	ting organization (see
instructions).	-		,

1 Amounts paid to supported organizations to accomplish exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations. 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (pnor IRS approval required) 6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2014 from Section C, line 6. 10 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see instructions)  1 Distributable amount for 2014 from Section C, line 6. 2 Underdistributions, if any, for years pnor to 2014 (reasonable cause required-see instructions) 3 Excess distributions carryover, if any, to 2014: a b	Part	<u> </u>	3) Supporting Organi	zations (continued)	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2014 from Section C, line 6 10 Line 8 amount divided by Line 9 amount 8 Section E - Distribution Allocations (see instructions) 1 Distributable amount for 2014 from Section C, line 6 2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions) 3 Excess distributions carryover, if any, to 2014: a b b c d i Total of lines 3a through e g Applied to 2014 distributable amount 1 Carryover from 2009 not applied (see instructions) 1 Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2014 from Section D, line 7: 8 Applied to underdistributions of prior years Applied to underdistributions of prior years Applied to underdistributions of prior years Applied to underdistributions of prior years Applied to underdistributions of prior years Applied to underdistributions of prior years Applied to underdistributions of prior years Applied to underdistributions of prior years Applied to underdistributions of prior years Applied to underdistributions of prior years Applied to underdistributions of prior years Applied to underdistributions of prior years Applied to underdistributions of prior years Applied to underdistributions of prior years Applied to underdistributions of prior years Applied to underdistributions of prior years Applied to underdistributions of prior years Applied to underdistributions of prior years Applied to underdistributions of prior years Applied to	Secti		·		Current Year
organizations, in excess of income from activity  3. Administrative expenses paid to accomplish exempt purposes of supported organizations  4. Amounts paid to acquire exempt-use assets  5. Qualified set-aside amounts (pnor IRS approval required)  6. Other distributions (describe in Part VI). See instructions.  7. Total annual distributions. Add lines 1 through 6.  8. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.  9. Distributable amount for 2014 from Section C, line 6  10. Line 8 amount divided by Line 9 amount  11. Section E - Distribution Allocations (see instructions)  12. Underdistributions. If any, for years pnor to 2014 (reasonable cause required-see instructions)  13. Excess distributions carryover, if any, to 2014:  14. a  15. b  16. c  17. Total of lines 3a through e  18. g Applied to underdistributions of pnor years  19. Applied to 2014 distributable amount  10. Carryover from 2009 not applied (see instructions)  11. Remainder, Subtract lines 3g, 3h, and 3i from 3f.  12. Postributions for 2014 distributable amount  13. Remaining underdistributions of prior years  19. Applied to underdistributions of prior years  20. Applied to underdistributions for years prior to 2014, If any, Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).  19. Remaining underdistributions for years prior to 2014, If any, Subtract lines 3a and 4b from line 1 (if amount greater than zero, see instructions).  19. Excess distributions carryover to 2015. Add lines 3j and 4c.  19. Breakdown of line 7:  20. A Breakdown of line 7:  20. Breakdown of line 7:  21. Breakdown of line 7:  22. A Breakdown of line 7:  23. A Breakdown of line 7:  24. Breakdown of line 7:  25. A Breakdown of line 7:  26. Breakdown of line 7:	1_	Amounts paid to supported organizations to accomplish	exempt purposes		
3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (pnor IRS approval required) 6 Other distributions (describe in Part VI), See instructions. 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2014 from Section C, line 6 10 Line 8 amount divided by Line 9 amount  Section E - Distribution Allocations (see instructions)  1 Distributable amount for 2014 from Section C, line 6 2 Underdistributions, if any, for years pnor to 2014 (reasonable cause required-see instructions) 3 Excess distributions carryover, if any, to 2014: a b c d d e From 2013 f Total of lines 3a through e f Applied to underdistributions of prior years h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions) J Remainer. Subtract lines 3g, 3h, and 3f from 3f. 4 Distributions for 2014 from Section D, line 7: \$ Applied to underdistributions of prior years b Applied to underdistributions of prior years b Applied to 1014 distributable amount c Remainder. Subtract lines 43 and 4b from 4. 5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3 and 4d from line 1 (if amount greater than zero, see instructions). 6 Remaining underdistributions for 2014. Subtract lines 3 and 4d from line 1 (if amount greater than zero, see instructions). 7 Excess distributions carryover to 2015. Add lines 3j and 4d. 8 Breakdown of line 7: a b	2		empt purposes of suppo	orted	
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Section E - Distribution Allocations (see instructions)  1 Distributable amount for 2014 from Section C, line 6 2 Underdistributions, if any, for years pnor to 2014 (reasonable cause required-see instructions) 3 Excess distributions carryover, if any, to 2014: a b c d e From 2013 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions) j Remainder, Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2014 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2014 distributable amount c Remainder, Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2014, if any, Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). 6 Remaining underdistributions carryover to 2015. Add lines 3j and 4c. 8 Breakdown of line 7: a b	10	Line 8 amount divided by Line 9 amount	<del>,</del>		
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(reasonable cause required-see instructions)  3		Distributable amount for 2014 from Section C, line 6			
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h Applied to 2014 distributable amount  i Carryover from 2009 not applied (see instructions)  j Remainder. Subtract lines 3g, 3h, and 3i from 3f.  4 Distributions for 2014 from Section D, line 7:  a Applied to underdistributions of prior years  b Applied to 2014 distributable amount c Remainder. Subtract lines 4a and 4b from 4.  5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).  6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).  7 Excess distributions carryover to 2015. Add lines 3j and 4c.  8 Breakdown of line 7:  a  b	f	Total of lines 3a through e			
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j Remainder. Subtract lines 3g, 3h, and 3i from 3f.  4 Distributions for 2014 from Section D, line 7:  a Applied to underdistributions of prior years  b Applied to 2014 distributable amount c Remainder. Subtract lines 4a and 4b from 4.  5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).  6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).  7 Excess distributions carryover to 2015. Add lines 3j and 4c.  8 Breakdown of line 7: a b	<u>h</u>	· · · · · · · · · · · · · · · · · · ·			
4 Distributions for 2014 from Section D, line 7:  a Applied to underdistributions of prior years  b Applied to 2014 distributable amount c Remainder. Subtract lines 4a and 4b from 4.  5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).  6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).  7 Excess distributions carryover to 2015. Add lines 3j and 4c.  8 Breakdown of line 7: a b	i_	<del></del>			
D, line 7:  a Applied to underdistributions of prior years  b Applied to 2014 distributable amount  c Remainder. Subtract lines 4a and 4b from 4.  5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).  6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).  7 Excess distributions carryover to 2015. Add lines 3j and 4c.  8 Breakdown of line 7:  a b	j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
b Applied to 2014 distributable amount c Remainder. Subtract lines 4a and 4b from 4.  5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).  6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).  7 Excess distributions carryover to 2015. Add lines 3j and 4c.  8 Breakdown of line 7:	4				
c Remainder. Subtract lines 4a and 4b from 4.  5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).  6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).  7 Excess distributions carryover to 2015. Add lines 3j and 4c.  8 Breakdown of line 7:	а	Applied to underdistributions of prior years			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).  6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).  7 Excess distributions carryover to 2015. Add lines 3j and 4c.  8 Breakdown of line 7:	b				
any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).  6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).  7 Excess distributions carryover to 2015. Add lines 3j and 4c.  8 Breakdown of line 7:	c				
and 4b from line 1 (if amount greater than zero, see instructions).  7 Excess distributions carryover to 2015. Add lines 3j and 4c.  8 Breakdown of line 7:	5	any. Subtract lines 3g and 4a from line 2 (if amount			
and 4c.  8 Breakdown of line 7:  a  b	6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see			
a b	7	<del>_</del>			-
b	8	Breakdown of line 7:			
	а				
	b				
<u> </u>					
d Excess from 2013	d	Excess from 2013			
e Excess from 2014	е	Excess from 2014			

Schedule A (l	Form 990 or 990-EZ) 2014	Page <b>8</b>
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12. Also complete this part for any additional information. (See instructions.)	
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#### **SCHEDULE J** (Form 990)

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Local Union 2222 IBEW Benevolent Fund Trust

Compensation Information

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

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

▶ Attach to Form 990.

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

Inspection Employer identification number

04-3490716

Part	Questions Regarding Compensation	_		
			Yes	No
та	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			1
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment	i		
-	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	1		
	explain	1b		
_				
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line			
	1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee ☐ Written employment contract			i
	☐ Independent compensation consultant ☐ Compensation survey or study			
	☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		V
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		~
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		~
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
a	The organization?	5a	ļ	~
b	Any related organization?	5b		<i>V</i>
	II res to line 3a or 3b, describe in Fart III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
_	compensation contingent on the net earnings of:			
а	The organization?	6a		~
b	Any related organization?	6b		~
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
•	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		V
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject		<del>                                     </del>	1
-	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		1
_				
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?			
	TRANSPORTED AND ADDRESS OF THE PROPERTY OF THE			

Page 2

Schedule J (Form 990) 2014

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note The sum of columns (B)(ii)-(iii) for each listed individual must equal the total amount of Form 990. Part VII. Section A line to another columns (B)(ii)-(iii) for each listed individual must equal the total amount of Form 990.

Note. The sum of columns (B)(i)-(iii) for each listed individual must	or each	h listed individual mus	st equal the total amo	ount of Form 990, Pa	equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.	a, applicable columr	(D) and (E) amounts	s for that individual.
		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(ı)(a)	in column (B) reported as deferred in pnor Form 990
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2	(ii)							
	(9)							
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Schedule J (Form 990) 2014

Schedule J (Form 990) 2014

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2014

#### **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.

OMB No 1545-0047

04-3490716

Department of the Treasury Internal Revenue Service Name of the organization

**Local Union 2222 IBEW Benevolent Fund Trust** 

▶ Attach to Form 990 or 990-EZ. Open to Public ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Employer identification number

Part VI - Line 6 - All active members of IBEW LU 2222 (1,505 members as of 12/31/14) are members of Local Union 2222, IBEW Benevolent
Fund Trust, IBEW LU 2222 (EIN 04-2473962) formed Local Union 2222 IBEW Benevolent Fund Trust.
Part VI - 7a - Every three years IBEW LU 2222 holds an election of officers. A notice by mail is sent out to the membership stating when
nominations are to be held (always at the May monthly union meeting). After nominations have been made and nominations have been
closed, the president appoints an Election Judge and as many tellers as are required, who shall serve as the Election Board to conduct the
election. No candidate for any office shall be eligible to serve on this board. After nominations have been made and those nominated are
found to be qualified, the Election Board shall have ballots prepared, listing in alphabetical order the names of all candidates for each
respective office beginning with the President and continuing in the order named in the IBEW Constituion. Such ballots shall not contain
any identifying numbers or marks. All voting shall be by mail ballot. The Financial Secretary furnishes to the Election Judge not less
than 20 days before the election, an alphabetical list of all members eligible to vote. All members in good standing and qualified shall be
entitled to vote. The Executive Board shall decide the last day o which ballots shall be received, and the date, time and place when the
ballots will be counted and this information shall be enclosed with the ballot sent to the members. The Executive Bord of IBEW LU 2222
serves as trustees of LU 2222 IB EW Benevolent Fund Trust for as long as they serve on the Executive Board of IBEW LU 2222.
Part VI - Line 7b - The trustees meet on the third Wednesday of each month to approve donations, bills and discuss any other matters
brought before the trustees. Minutes are taken at this meeting and read to the membership of IBEW LU 2222 at the monthly union meeting
which is held on the first Wednesday of each month. The members can accept or reject the minutes.
Part VI - Section B - 11a - The trustees are given a copy of the Form 990 to review before being filed and signed by the President/Trustee.
Part VI - Section B - 12c - Once a year our "Conflict of Interest Policy" is given to all trustees. All trustees are required to read the policy
and sign to the fact they have read and will comply with the policy.
Part VI - Section 15a & 15b - The Benevolent Fund Trust Agreement addresses compensation. "Each trustee shall serve without
compensation for his services, but all expenses of this trust or any Trustee shall be paid by the Trustees from this trust fund".

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization	Employer identification number
Local Union 2222 IBEW Benevolent Fund Trust	04-3490716
Part VI - Section C - AL:ine 19 - Upon request, Form 990 and all governing documents are	made available to review at the office within
30 days of request.	
Both Will Consider A and E Constant of the Con	
Part VII - Section A - col. E - Compensation from related organizations was taken directly	from their W-2 forms issued by IBEW Local
Union 2222 (EIN 04-2473962). The President/Trustee is a full time (40 hours) officer of IBE	W LU 222. Other trustees average 4 hrs. per
month to 24 hrs. per week serving on the Executive Board as well as being a steward of II	BEW LU 2222.
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

■ Attach to Form 990.

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

Open to Public 2014

OMB No. 1545-0047

**Employer Identification number** 

(f) Direct controlling entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. 04-3490716 (e) End-of-year assets (d) Total income Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (c)
Legal domicile (state
or foreign country) (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity Local Union 2222 IBEW Benevolent Fund Trust Partl PartII

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(g) Section 512(b)(13) controlled entity? ž 7 Yes (f)
Direct controlling
entity Parent (e)
Public charity status
(if section 501(c)(3)) (d) Exempt Code section 501 (C) (S) (c) Legal domicile (state or foreign country) ٤ (b) Primary activity Organize Labor For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a) Name, address, and EIN of related organization EIN 04-2473962 1137 Washington Street, Suite 2, Dorchester, MA (1) IBEW Local Union 2222 <u>8</u> ල € 9 3 E

Schedule R (Form 990) 2014

Cat. No. 50135Y

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

(k) Percentage ownership				!	İ				',	(f) Section 512(b)(13) controlled entity?	8								Schedule R (Form 990) 2014
	0				ļ	ļ		-	art IV	ection 5 contr enti	Yes								Jrm 99
(j) General or managing partner?	oN s		<u>.</u>		ļ	-	<del> </del>	1	900, F								<u> </u>		e R (F
	Yes					-			orm 6	(h) Percentage ownership									hedul
(f) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)									Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	(g) Share of end-of-year assets									S
n) artionate tions?	Š								vered						ļ	ļ	<u> </u>		-
(h) Disproportionale allocations?	Yes								ansv ar.	(f) Share of total income									
nd-of- ets									ation × yea	Share									
(g) Share of end-of- year assets									ganiza he ta	ty or trust)									
***					-				e org	(e) Type of entity (C corp, S corp, or trust)									
(f) Share of total income									e if th	Type Corp, S				:					
Share incc			:						plet r tru					-					
.; <sub>-</sub> 4									Ge	(d) Direct controlling entity									
(e) ominant ominant e (relatec elated, ded from under s 512-51				i					<b>rust</b>	Direct o									
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)									a cor						1			<del>                                     </del>	1
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(d) Direct controlling entity									rpor	(c) Legal domicile (state or foreign country)									
(d) ect contr entity									a Co	(stat							ļ		
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(c) Legal domicile (state or foreign country)									<b>xabl</b> rgani	<b>(b)</b> ry activit									
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(a) (b) (c) (d) (d) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f									ion o	(a) Name, address, and EIN of related organization									
(a) Name, address, and EiN of related organization									ficat bec	and El									
(a) me, address, and Elk related organization									denti	ddress,									
ne, adk related										тте, ас									
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Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Schedule R (Form 990) 2014

Part V Transactio

THE RESERVE TO BE SEEN AS A SECOND SE					Vac No
Note. Complete line 1 if any entity is listed in Parts II, III, of IV of this schedule.  1 During the tax year, did the organization engage in any of the following tra	/ of this schedule. of the following transactions with one or more related organizations listed in Parts II–IV?	more related organ	izations listed in Parts	s II–IV?	
	trolled entity				1a
b Gift grant, or capital contribution to related organization(s)					<b>1</b> 0
					10
	· · · · · · ·		· · ·		2 3
d Loans or loan guarantees to or for related organization(s)					D.
e Loans or loan quarantees by related organization(s)			•		<b>-</b>
					近年の変
6 Dividends from soloted accordant					46
I DIVIDENDS FOR FEIGUE ORGANIZATION(S)					= .
g Sale of assets to related organization(s)					1g
h Purchase of assets from related organization(s)					th
i Exchange of assets with related organization(s)	•	•			-   II
i Lease of facilities equipment or other assets to related organization(s)					1;
	· · · · · · · · · · · · · · · · · · ·	•	•	•	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
k Lease of facilities equipment or other assets from related organization(s)	(8)				3
Performance of services or membership or fundraising	solicitations for related organization(s)	• •		• •	=
m Performance of services or membership or fundrasing solicitations by reis	solicitations by related organization(s)	•			- E
Creditation of city and an analysis of city and a city	coloridation (c)				
<ul> <li>Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)</li> </ul>	ed organization(s)				E .
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>					
p Reimbursement paid to related organization(s) for expenses					1р
<b>q</b> Reimbursement paid by related organization(s) for expenses	•				1q
					では、これのでは、
<ul> <li>Contraction of cash or property to related organization(s)</li> </ul>					_ _
s Other transfer of cash or property from related organization(s)					1s
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	rmation on who must con	nplete this line, ınclı	iding covered relation	ships and transaction	on thresholds.
		3	(7)	5	
(a) Name of related organization		(b) Transaction type (a-s)	(c) Amount involved	Method of determining amount involved	g amount involved
(1)					
3					
(2)					
£					
(4)					
(5)					
9					
				Schedule	Schedule R (Form 990) 2014

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or area and a related organization. See instructions regarding exclusion for certain investment partnerships

	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under	Are all partners section 501(c)(3) organizations?	Share of total income	Share of end-of-year assets	Disproportionate allocations?	whate Code V—UBI s? amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	r Percentage
			Yes No			Yes No	0	Yes No	
(1)									
(2)									
(6)									
(4)									
(5)									
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(12)								_	
(13)									
(14)									
(15)									
(16)									

Part VII

Supplemental Information
Provide additional information for responses to questions on Schedule R (see instructions).

## Local Union 2222 IBEW Benevolent Fund Trust 1137 Washington Street, Suite 2 Dorchester, MA 02124

#### **2014 Trustees**

Edward T. Fitzpatrick, President/Trustee 17 Haskell Street Norton, MA 02766

Keith R. Bonasoro P.O. Box 5617 Boston, MA 02114

Donna M. Cunningham, Trustee 45 Utica Street Quincy, MA 02169

Daniel J. DuRoss, Trustee 31 Colby Street Rockland, MA 02370

Kevin J. Holland, Trustee 12 Sever Street Plymouth, MA 02360

John T. Soderlund, Trustee 31 Lake Street Norfolk, MA 02056 Thomas H. Moses, Treasurer/Trustee 12A Prospect Street Rockport, MA 01966

John A. Colleran, Trustee 25 Thurlow Avenue Revere, MA 02151

Julio DeLa Cruz, Trustee 53 Tufts Street, Fl. 2 Somerville, MA 02145

Robert E. Goggin, Trustee 65 Dorothea Drive Weymouth, MA 02188

Patricia E. Riley, Trustee 95 Parkview Street, Apt. 10 South Weymouth, MA 02190

Steven J. Walsh, Trustee 16 Border Road Dedham, MA 02026