

Form **990** 

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

OMB No. 1545-0047

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

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

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Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A	For the	2017 cale	ndar year, or tax year beginning , 2017, and en	ding		, 20
В	Check if	applicable	C Name of organization Local Union 2222 IBEW Benevolent Fund Trust		D Employ	er identification number
	Address	change	Doing business as			04-3490716
	Name ch	hange	Number and street (or P.O. box if mail is not delivered to street address) Room	√sute	E Telephor	ne number
	Initial ret	turn	1137 Washington Street	2		617-929-6000
	Fınal retu	rn/terminated	City or town, state or province, country, and ZIP or foreign postal code			
	Amende	ed return	Dorchester, MA 02124		<b>G</b> Gross re	eceipts \$ 36,277.49
	Applicat	tion pending	F Name and address of principal officer	H(a) is this a g	roup return for	subordinates? Yes V No
			Edward V. Hastings, President/Trustee			s included Y Yes No
)	Tax-exe	mpt status.	√ 501(c)(3)  √ (insert no.)  √ 4947(a)(1) or  √ 527			list. (see instructions)
J	Website		1	H(c) Group	exemption	number ▶
ĸ	Form of	organization:	Corporation Trust Association ✓ Other Pub.Charity L. Year of for	mation 1999	M State	of legal domicile. MA
Р	art I	Summ				
	1	Briefly de	escribe the organization's mission or most significant activities: Rais	ses money to he	elp suppo	rt worthwhile
9	1		ity projects that need funding such as, sponsoring school sports teams,			
ğ	{		esearch, etc.	***************************************	<b></b>	
F	2	Check th	nis box ▶☐ if the organization discontinued its operations or dispose	d of more than	125%₌of	its net assets.
õ	3		of voting members of the governing body (Part VI, line 1a)		M 3 \	11
9	4	Number	of independent voting members of the governing body (Part VI-lines)	DIPINE L	142	11
ijes	5	Total nur	mber of individuals employed in calendar year 2017 (Part V, line 2a)		50	
Activíties & Governance	6	Total nur	mber of volunteers (estimate if necessary)	AUG 12 7 25	18 हैं	25
AC	7a	Total uni	related business revenue from Part VIII, column (C), line 12	VANG I	Za	0.00
	Ь	Net unre	related business revenue from Part VIII, column (C), line 12		ゅうけん	0.00
	1			<b>DGD</b> Toly	ear	Current Year
•	8	Contribu	itions and grants (Part VIII, line 1h)		21,699.00	18,578.00
Revenue	9		service revenue (Part VIII, line 2g)		0.00	0.00
eve	10	Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d)		6.00	10.00
Œ	11		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		(1,390.00)	3,690.00
	12		enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<del></del>	20,315.00	
_	13		nd similar amounts paid (Part IX, column (A), lines 1-3)		11,925.00	
	14	Benefits	paid to or for members (Part IX, column (A), line 4)		0.00	0.00
ω	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.00	0.00
nse	16a	Profession	onal fundraising fees (Part IX, column (A), line 11e)		0.00	0.00
Expenses	. b	Total fun	ndraising expenses (Part IX, column (D), line 25) ▶			
Ð	17	Other ex	penses (Part IX, column (A), lines 11a-11d, 11f-24e)		50.00	89.00
	18	Total exp	penses. Add lines 13-17 (must equal Part IX, column (A), line 25)		11,975.00	18,014.00
	19	Revenue	e less expenses. Subtract line 18 from line 12		8,340.00	4,264.00
ъ	g			Beginning of Co	irrent Year	End of Year
sets or	20	Total ass	sets (Part X, line 16)		17,664.00	21,928.00
Net Ass	21	Total liab	pilities (Part X, line 26)		0.00	0.00
Ž,	22	Net asse	ets or fund balances. Subtract line 21 from line 20		17,664.00	21,928.00
P	art II	Signa	ture Block			
			ury, I declare that I have examined this return, including accompanying schedules and si			ny knowledge and belief, it is
tr	ue, correc	ct, and comp	plete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any know	ledge.	
		<b>\</b>	Chal VII		8/9/	18
	gn	Sign	nature of officer		nte '	
H	ere	<b>       </b>	EDWARD V HASTINGS PRESIDEN	//		
		Тур	e or print name and title			
P	aid	Print/T	ype preparer's name Preparer's signature	Date	Check	of PTIN
	repare	er			self-em	
	se On	1	name 🕨	Fin	n's ElN ▶	
_		Firm's	address ▶	Pho	one no.	
M	ay the I	IRS discus	ss this return with the preparer shown above? (see instructions)			Yes No
Fo	r Paper	work Red	uction Act Notice, see the separate instructions.	at. No. 11282Y		Form <b>990</b> (2017)

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art	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	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	<u> </u>		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
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		<b>\</b>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		<b>✓</b>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	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	10-		
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	12a		1
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b	-	1
14 a		14a		1
b		<u> </u>		<del>'</del>
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 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		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		1
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aiti	Checkist of nequired schedules (continued)		V.	
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No.
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<b>✓</b>
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		<b>√</b>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		✓
c	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		<b>√</b>
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 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		1
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		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
c	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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charatable related organization? If "Yes," complete Schedule R, Part V, line 2	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? If "Yes," complete Schedule R,			<u> </u>
38	Part VI	37	1	1
			n <b>99</b> 0	(2017

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⊃art				
	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 1			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	✓	<del></del>
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 0			
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?.	2b		<u> </u>
30	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		1
3a 	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 4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		
70	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
b	If "Voc." enter the name of the foreign country.	- <del></del> -	<del> </del>	
-	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	}		
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			_
_	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	<u> </u>	<b>✓</b>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	l		ł
_	gifts were not tax deductible?	6b		<b></b>
7	Organizations that may receive deductible contributions under section 170(c).	1		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		!
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	1	<del> </del> -
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		<u> </u>	<del>                                     </del>
Ū	required to file Form 8282?	7c		/
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		1
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		1
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	<u> </u>	L
9	Sponsoring organizations maintaining donor advised funds.		ļ	
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		ļ
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	<del>                                     </del>	<del> </del> ,
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1		
11	Section 501(c)(12) organizations. Enter:	1		
''a	Gross income from members or shareholders		1	[
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			<u> </u>
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O.	]	1	] [
b	Enter the amount of reserves the organization is required to maintain by the states in which	1	•	
	the organization is licensed to issue qualified health plans	1		
С	Enter the amount of reserves on hand	-		<del> </del>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<del>                                     </del>	<b>✓</b>
-	n i ves nas mien a form i zicin renori mese navidenis ( Il. 140 - brovine an explanation in Schoolie C).	144	1	

Part \	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S Check if Schedule O contains a response or note to any line in this Part VI	ee ins	tructi	ons.
Section	on A. Governing Body and Management	• •	<del></del>	
Ocour	71 74 dotterming body and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year   1a 11			
	If there are material differences in voting rights among members of the governing body, or			1
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			اا
•	any other officer, director, trustee, or key employee?	2		<b>✓</b>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	2		,
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3		1
4 5	Did the organization become aware during the year of a significant diversion of the organization's assets?.	5		1
6	Did the organization have members or stockholders?	6	1	<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			<u> </u>
	one or more members of the governing body?	7a	✓	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	<b>✓</b>	<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	<b>√</b>	
p	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven		ode.)	<u> </u>
<u> </u>			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	L
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	ļ
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
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	1	ŀ
12	Did the organization have a written whistleblower policy?	13	<b></b>	1
14	Did the organization have a written document retention and destruction policy?	14	1	<b>                                     </b>
15	Did the process for determining compensation of the following persons include a review and approval by		<u> </u>	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	_	L	
а	The organization's CEO, Executive Director, or top management official	15a	1	
b	Other officers or key employees of the organization	15b	1	
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a	<del> </del>	✓
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		1	
	organization's exempt status with respect to such arrangements?	16b	<b> </b> -	<del> </del>
Secti	on C. Disclosure	1 . 55		
17	List the states with which a copy of this Form 990 is required to be filed ► Massachusetts - Office of the Attorn	ney Ge	eneral	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501	(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)		_	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	polic	y, and
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and re			
	Edward V. Hastings, President, LU 2222 IBEW Bldg. Corp., 1137 Washington St., Ste.2, Dorchester, MA 02124 (617) 92	3-000	U	

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# 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 nor	any related	d orga	aniz	atio	n c	ompe	nsa	ited any curren	t officer, director	, or trustee.
			(C)							
(A)	(B)	(do n	ot ch	Pos		than c	ne	(D)	(E)	(F)
Name and Title	Average	box, t	(do not check more that box, unless person is bo			is both	an	Reportable	Reportable	Estimated
	hours per week (list any		fficer and a		rect			- from	compensation from related	amount of other
	hours for	ind:	Inst	Officer	<b>₹</b>	벌	Former	the	organizations	compensation
	related organizations	Individual trustee or director	Institutional trustee	e,	Key employee	og est	ner .	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	altr	nal		햦	9 8	ļ	,		and related
	line)	uste	trus		8	9				organizations
			60			Highest compensated employee			_	
										<del></del>
(1) Edward V. Hastings	2 Hrs. Mo.					]			ļ	
President/Trustee	40 Hrs.Wk.	<b>✓</b>	-	1	ļ		<del> </del>	0.00	144,371.59	7,040.33
(2) Kevin J. Holland	1 Hr. Mo.			١,		ļ				
Vice President/Trustee	32 Hrs.Wk.	<b>/</b>	-	1	-		├	0.00	69,648.80	
(3) Paul G. English	2 Hrs. Mo.	1	}	1			1		24.752.00	
Treasurer/Trustee	14 Hrs.Wk.	<b></b> -	<del> </del>	•			┢	0.00	34,753.92	·- ·- · · · · · · · · · · · · · · · · ·
(4) Keith R. Bonasoro	1 Hrs. Mo.	1		/		į	1		2 200 72	
Trustee (5) Public to Circuit	3 Hrs. Mo.	<del>  •</del>	-	-	├		-	0.00	3,389.72	
(5) Robert J. Cinelli	1 Hr. Mo.	1	ł	1			1	0.00	5 211 64	
Trustee (6) John A. Colleran	3 Hrs. Mo. 1 Hr. Mo.	<del>                                     </del>	╁	┞			<del> </del>	0.00	5,311.64	
	3 Hrs. Mo.	1		1	1		1	0.00	3,898.76	
Trustee (7) Julio D. DeLa Cruz	1 Hrs. Mo.	<u> </u>	-	╁┷	-	<del> </del>	$\vdash$	0.00	3,838.70	
Trustee	7 1/2 Wk.	1	1	1	İ	1		0.00	19,095.16	
(8) Robert J. Keating	1 Hr. Mo.	<del>                                     </del>	<del>                                     </del>	Ė	┢┈	<del>                                     </del>	1	5.00	10,000110	
Trustee	3 Hrs. Mo.	1		1				0.00	1,642.60	
(9) Janelle M. Quinn	1 Hr. Mo.			T	$\vdash$		┰	1		
Trustee	3 Hrs. Mo.	1		1		1		0.00	1,462.60	
(10) John T. Soderlund	1 Hr. Mo.		T				Γ			
Trustee	3 Hrs. Mo.	✓		<b>✓</b>				0.00	2,400.44	
(11) Steven J. Walsh	1 Hrs. Mo.		П	1						
Trustee	3 Hrs. Mo.	✓_		✓				0.00	1,638.08	
(12)										
(13)		_		-				1		
(14)	<del>                                     </del>				$\vdash$		-			
\17/	†	1								

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/005	s, ar	nd H	lighes	st C	ompensated E	mployees (	continue	d)		
	(B) Average hours per	box, ı	unles	Pos neck ss pe	more	than o	an	(D)  Reportable compensation from	(E)  Reportable compensation related		Estir	F) nated unt of		
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-M		compe fror organ and r	her ensatior n the ization elated izations	
(15)											_			
(16)														
(17)														
(18)				-		-						-		
(19)				-									<del></del>	
(20)		ļ												
(21)														
(22)				-	-	-			<u> </u>				,-,-	
(23)		ļ												
(24)														
(25)													· · · ·	
1b c	Sub-total	VII, Section		•	•	•	 	<b>&gt; &gt;</b>	0.00		0.00			40.33 0.00
d_ 2	Total (add lines 1b and 1c)	t not limited			e lis	: ted	abov	e) w	0.00 /ho received m 0	<del></del>	13.31 00,000	of	7,0	<u>40.33</u>
3	Did the organization list any former of employee on line 1a? If "Yes," complete	fficer, direc						emp		nest compe	nsated	3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$									4		1
5	Did any person listed on line 1a receive of for services rendered to the organization											5		<b>✓</b>
Section	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Reyear.													iΧ
	(A) Name and business add	dress							(B) Description of s	ervices	C	(C) Compens	ation	
								$\vdash$						
					_	_		$\vdash$						
2	Total number of independent contractor received more than \$100,000 of compens							) o th	nose listed ab	ove) who		<del></del>		

Part	VIII	Statement of Reven							
		Check if Schedule O c	ontains	a res	ponse or note to				<u> </u>
) } }						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512-514
ats rts	1a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .		1b		ļ	ļ		
S, G	С	Fundraising events .		1c	12,023.00		į		!
Gift Far	d	Related organizations		1d			j		
ns, Simi	е	Government grants (contri		1e		Ì	Ì		
er S	f	All other contributions, gifts							
년 동		and similar amounts not include		1f	6,555.00				i
ont of	g	Noncash contributions included		•			1		
	<u>h</u>	Total. Add lines 1a-1f	<u> </u>	• •	Business Code	18,578.00			
ž	200				Business Code				
Şe.	2a b				<del></del>				<del></del>
e	6								
<u>S</u>	d				<b></b>	·			
E	e				<del></del>				
Program Service Revenue	f	All other program service							
F.	g	Total. Add lines 2a-2f			>	0.00	<del></del>	. <del>,</del>	
	3	Investment income (in							
		and other similar amou	-		L L	10.00	10.00	0.00	0.00
	4	Income from investment of				0.00	0.00	0.00	0.00
	5	Royalties				0.00	0.00	0.00	0.00
			(i) Rea		(ii) Personal	-			1
	6a	Gross rents							
	b	Less: rental expenses Rental income or (loss)				-	ļ		
	d	Net rental income or (lo	ieel			0.00	0.00	0.00	
	7a	Gross amount from sales of	(i) Securit	ies	(ii) Other	0.00	0,00	0.00	0.00
		assets other than inventory					ļ	:	
	Ь	Less: cost or other basis					1		
		and sales expenses .			}	j			
	C	Gain or (loss)							
	d	Net gain or (loss) .			· · · · <b>&gt;</b>	0.00	0.00	0.00	0.00
nue	8a	Gross income from fun	_						}
Other Reve		events (not including \$	12,023.		ļ į	-			T F
ď	İ	of contributions reported See Part IV, line 18 .	on line 1	-					!
:Fe	_			_	10,100.00	İ			ł
δ		Less: direct expenses  Net income or (loss) fro			10,000.00				
	C Qa	Gross income from gam			events .	2,710.00		0.00	0.00
	""				2,289.00		1	į	
	ь	Less: direct expenses		_	2,200.00				1
	C	Net income or (loss) fro			1,000.00	980.00	980.00	0.00	0,00
	1	Gross sales of inve	-	_		300.00	300.00	0.00	0,00
		returns and allowances		. a	Ì		İ	;	
	Ь	Less: cost of goods sol	ld	. b		j			1
	С	Net income or (loss) fro		of inve	entory ►	0.00	0.00	0.00	0.00
		Miscellaneous Rev	renue		Business Code				
	11a								
	b								
	C				ļ				
	d	All other revenue .		•					
	12	Total. Add lines 11a-11 Total revenue. See ins			-	0.00			
	14	i viai i e i e i i i i o c e i i i o	a 4000013		🚩 1	22 278 00	990 000	o ool	0.00

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(o)(4) organizations must com				
	Check if Schedule O contains a respons	se or note to any lin	e in this Part IX .		🗆
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21 .	17,925.00	17,925.00		
2	Grants and other assistance to domestic				
	ındıvıduals. See Part IV, line 22	0.00	0.00		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	Į		Į.	
	individuals. See Part IV, lines 15 and 16	0.00	0.00		1
4	Benefits paid to or for members	0.00	0.00		
5	Compensation of current officers, directors,				
	trustees, and key employees	0.00	0.00	0.00	0.00
6	Compensation not included above, to disqualified	İ	į		
	persons (as defined under section 4958(f)(1)) and			ľ	
	persons described in section 4958(c)(3)(B)	0.00	0.00	0.00	0.00
7	Other salaries and wages	0.00	0.00	0.00	0.00
8	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):				
a	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
e f	Investment management fees	0.00	0.00	0.00	0.00
g	Other. (If line 11g amount exceeds 10% of line 25, column	0.00	0.00	0.00	0.00
9	(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
13	Office expenses	54.00	0.00	54.00	0.00
14	Information technology	0.00	0.00	0.00	0.00
15	Royalties	0.00	0.00	0.00	0.00
16	Occupancy	0.00	0.00	0.00	0.00
17	Travel	0.00	0.00	0.00	0.00
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.00	0.00	0.00	0.00
19	Conferences, conventions, and meetings .	0.00	0.00		0.00
20	Interest	0.00	0.00	0.00	0.00
21	Payments to affiliates	0.00	0.00	0.00	0.00
22	Depreciation, depletion, and amortization .	0.00	0.00	0.00	0.00
23	Insurance	0.00	0.00	0.00	0.00
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column	ŀ			1
	(A) amount, list line 24e expenses on Schedule O.)			<u> </u>	·····
а	Annual MA PC Filing	35.00	0.00	35.00	0.00
b			<del></del>		<u></u>
C				<u> </u>	
đ	All			ļ	<del></del>
9	All other expenses				·
25	Total functional expenses. Add lines 1 through 24e	18,014.00	17,925.00	89.00	0.00
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here   ☐ if following SOP 98-2 (ASC 958-720)				

33

34

Form 990 (2017) Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 0.00 0.00 2 Savings and temporary cash investments . . . . . 2 17,664.00 21,928.00 3 Pledges and grants receivable, net . . . . . 0.00 3 0.00 4 Accounts receivable, net 0.00 0.00 5 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 . . . . . . . . 0.00 6 0.00 7 0.00 0.00 8 Inventories for sale or use . . . . . . 0.00 8 0.00 9 Prepaid expenses and deferred charges 0.00 9 0.00 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 0.00 10b 0.00 10c Less: accumulated depreciation . . . . 0.00 0.00 11 Investments—publicly traded securities 11 0.00 0.00 Investments-other securities. See Part IV, line 11 . 12 12 0.00 0.00 13 Investments—program-related. See Part IV, line 11. 13 0.00 0.00 14 14 0.00 0.00 15 15 0.00 0.00 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 16 0.00 **10.00** 17 17 Accounts payable and accrued expenses . . . . . . 0.00 0.00 18 0.00 18 0.00 19 0.00 19 0.00 20 20 0.00 0.00 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 21 0.00 0.00 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons, Complete Part II of Schedule L . . . . . . . 22 0.00 0.00 Secured mortgages and notes payable to unrelated third parties . . . 23 23 0.00 0.00 24 Unsecured notes and loans payable to unrelated third parties . . . 24 0.00 0.00 Other liabilities (including federal income tax, payables to related third 25 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 0.00 26 0.00 Organizations that follow SFAS 117 (ASC 958), check here ▶ **Fund Balances** complete lines 27 through 29, and lines 33 and 34. 27 27 17,664.00 21,928.00 28 28 Temporarily restricted net assets . . . 0.00 0.00 29 0.00 29 0.00 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. ō 0.00 30 Net Assets 30 Capital stock or trust principal, or current funds . . . . . . . . . 0.00 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 0.00 0.00 32 Retained earnings, endowment, accumulated income, or other funds. 32 17.664.00 21,928.00

Total liabilities and net assets/fund balances . .

Form 990 (2017)

21,928.00

21,928.00

33

17,664.00

17,664.00

Part	XI Reconciliation of Net Assets			<del> </del>	_ <u>~~</u>
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1			,278.00
2	Total expenses (must equal Part IX, column (A), line 25)	2			014.00)
3	Revenue less expenses. Subtract line 2 from line 1	3			264.00
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		17	,664.00
5	Net unrealized gains (losses) on investments	5			0.00
6	Donated services and use of facilities	6			0.00
7	Investment expenses	7			0.00
8	Prior period adjustments	8			0.00
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.00
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	1	}		
	33, column (B))	10	<u> </u>	21	,928.00
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u> </u>	<u> </u>	<u>.                                     </u>
				Yes	No
1	Accounting method used to prepare the Form 990: 🗹 Cash 🔲 Accrual 📗 Other		_	İ	
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	in	i	
	Schedule O.		<u> </u>		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			4	<b>√</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were companied to a constant to the second statement of the year were companied to the second statement of the year were companied to the year.	oiled	or	}	
	reviewed on a separate basis, consolidated basis, or both:		ļ		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		ļ- <u>-</u> -	-	
b	Were the organization's financial statements audited by an independent accountant?	• . •	. 2b	<u> </u>	1
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on	a	1	
	separate basis, consolidated basis, or both:		}	1	
	Separate basis Consolidated basis Both consolidated and separate basis		}_		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or of the audit, review, or compilation of its financial statements and selection of an independent accounts.		_		
	·				4
	If the organization changed either its oversight process or selection process during the tax year, ex- Schedule O.	piain	in	1	
•		fadh	<u></u>	-	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	iorin	,		1,
	If "Yes," did the organization undergo the required audit or audits? If the organization did not under		· 3a	<del>'</del>	1
ь	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a			$\cdot$	
	required addit of addits, explain why in ochedule o and describe any steps taken to undergo such a	auno.			0 (2017)
			)-(	ココラ ココ	<b>U</b> (201/)

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

**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. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

▶ Attach to Form 990 or Form 990-EZ.

201

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Local Union 2222 IBEW Benevolent Fund Trust 04-3490716 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/8 of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having ь control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D)

(E) Total

Part							
	(Complete only if you checked th						alify under
Casti	Part III. If the organization fails to	quality unde	r the tests lis	ited below, pl	ease comple	ete Part III.)	
	on A. Public Support dar year (or fiscal year beginning in) ▶	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
1	Gifts, grants, contributions, and	(a) 2013	(6) 2014	(6) 2013	(4) 2016	(e) 2017	(i) iotai
•	membership fees received. (Do not include any "unusual grants.")						
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		· · · · · · · · · · · · · · · · · · ·		<del></del>	·	<u> </u>
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	L		L	<del>,                                      </del>	<u> </u>	<u> </u>
	on B. Total Support dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015/	(d) 2016	(e) 2017	/f) Total
7	Amounts from line 4	(a) 2013	( <b>b)</b> 2014	(6) 2013/	(0) 2016	(6) 2017	(f) Total
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 carned on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the	- ,	i's first, secon	id, third, fourth	, or fifth tax y	ear as a section	on 501(c)(3)
Coat	organization, check this box and stop he ion C. Computation of Public Support		• • • • •	<del>· · · · · · · · · · · · · · · · · · · </del>	<del></del>	<del></del>	· · · · ·
<u>Sect</u>	Public support percentage for 2017 (line )			1 column (fi)		14	%
15	Public support percentage from 2016 Sci	, ,,	-			15	<del>/</del> 8
16a	331/3% support test—2017. If the organi box and stop here. The organization qua	ization did not	check the box	x on line 13, ar	nd line 14 is 3	31/3% or more,	check this
b	331/3% support test—2016. If the organithis box and stop here. The organization						
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part VI how the organization meets the 'organization	eets the "facts 'facts-and-circ	-and-circumst umstances" te	ances" test, ch	neck this box zation qualifie	and <b>stop here</b> s as a publicly	. Explain in
b	15 is 10% or more, and if the organization resupported organization	ation meets the meets the "fac	e "facts-and- ts-and-circum	circumstances' stances" test.	' test, check The organizat	this box and ion qualifies as	stop here. s a publicly
18	Private foundation. If the organization d						see

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

(Complete only if you checked the box on line 10 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						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	9,463.00	7,587.00	6,554.00	6,413.00	6,555.00	36,572.00
2	Gross receipts from admissions, merchandise sold or services performed, or facilities	1		1			
	furnished in any activity that is related to the	į	}	j		1	
	organization's tax-exempt purpose	17,434.00	17,197.00	26,559.00	30,158.00	29,712.00	121,060.00
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	ì					
	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	ļ		Í			
	organization without charge	0.00	0.00	0.00	0.00	0.00	0.00
6	Total. Add lines 1 through 5	26,897.00	24,784.00	33,113.00	36,571.00	36,267.00	157,632.00
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .	0.00	0.00	0.00	0.00	0.00	0.00
b	Amounts included on lines 2 and 3	Ì		1			
	received from other than disqualified	1	l		i		
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		į.				
	•	11,300.00	12,322.00	10,610.00	11,550.00	10,325.00	56,107.00
	Add lines 7a and 7b	11,300.00	12,322.00	10,610.00	11,550.00	10,325.00	56,107.00
8	line 6.)	[					
Sooti	on B. Total Support	1				L (	101,525.00
	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
Galeri 9	Amounts from line 6	26,897.00	24,784.00				
10a	Gross income from interest, dividends,	20,897.00	24,784.00	33,113.00	36,571.00	36,267.00	157,632.00
IVa	payments received on securities loans, rents,		ļ			1	
	royalties, and income from similar sources .	6.00	5.00	11.00	6.00	10.00	38.00
b	Unrelated business taxable income (less	0.00	3.00	11.00	0.00	10.00	30.00
~	section 511 taxes) from businesses	}					
	acquired after June 30, 1975	0.00	0.00	0.00	0.00	0.00	0.00
c	Add lines 10a and 10b	6.00	5.00	11.00	6.00	10.00	38.00
11	Net income from unrelated business			7.100		10.00	00.00
	activities not included in line 10b, whether	l l			İ		
	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			ļ			
	(Explain in Part VI.)	0.00	0.00	0.00	0.00	0.00	0.00
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	26,903.00	24,789.00	33,124.00	36,577.00	36,277.00	157,670.00
14	First five years. If the Form 990 is for the		's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he			<u></u>	<u></u>	· · · · ·	· · <b>&gt;</b> 🖸
	on C. Computation of Public Suppor						
15	Public support percentage for 2017 (line 8					<del></del>	64 %
16	Public support percentage from 2016 Sch			<del></del>	<del></del>	16	41 %
	on D. Computation of Investment In				(0)	T .= T	
17	Investment income percentage for 2017 (			•		17	0 %
18	Investment income percentage from 2016					18	0 %
19a	331/23% support tests—2017. If the organ 17 is not more than 331/23%, check this box						
۵.			-			=	_
ь	331%% support tests—2016. If the organize line 18 is not more than 331%, check this						
20	Private foundation. If the organization di		_	-	• •		=

#### Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All	Supporting Org	ganizations

supporting organizations)? If "Yes," answer 10b below.

determine whether the organization had excess business holdings.)

ecti	on A. All Supporting Organizations			
			Yes	No
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.	1		
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).			
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 12a or 12b 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		
С	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	<b>Type I or Type II only.</b> 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).			
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 or 990-EZ).	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 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
¢	Did a disqualified person (as defined in line 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

10a

10b

Part	IV Supporting Organizations (continued)		·	age o
	·		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) 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		
	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 tax year? If "No," describe in <b>Part VI</b> 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 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 VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	ion C. Type II Supporting Organizations			
			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).	1		
Sect	ion D. All Type III 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 organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the 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>  '-</del>		
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how 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 income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations	ــــــــــــــــــــــــــــــــــــــ	·	L
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity.			
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	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 those supported organizations and explain</b> 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.	2a		J
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? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	<u> </u>		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	<u>L</u>	<u> </u>

rype in Non-Functionally integrated 509(a)(3) Supporting Org	anı	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	tru izat	st on Nov. 20, 1970 (explainment) ions must complete Secti	ain in Part VI). See ons 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		(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 Average monthly cash balances	1b		
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 Part VI):			
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 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
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			1
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	y in	tegrated Type III supporti	ng organization (see

Part		) Supporting Organi	zations (continued)	
	on D - Distributions	<del></del>		Current Year
_1_	Amounts paid to supported organizations to accomplish e		<del></del>	<del></del>
2	Amounts paid to perform activity that directly furthers exe			
	organizations, in excess of income from activity			
	Administrative expenses paid to accomplish exempt purp			
4	Amounts paid to acquire exempt-use assets  Qualified set-aside amounts (prior IRS approval required)			
<u>5</u>	Other distributions (describe in <b>Part VI</b> ). See instructions.			
<del></del> 7	Total annual distributions. Add lines 1 through 6.			
<del></del> 8	Distributions to attentive supported organizations to which	h the organization is res	noneive	<del></del>
•	(provide details in <b>Part VI</b> ). See instructions.	ii tile organization is res	ponsive	
9	Distributable amount for 2017 from Section C, line 6		<del></del>	
	Line 8 amount divided by line 9 amount	<del></del>	<del></del>	
	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
_1_	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a	<u></u>			<del></del>
	From 2013			
	From 2014			
	From 2015		<del></del>	
	From 2016	- · · · · · · · · · · · · · · · · · ·	<del></del>	<del></del>
f	Applied to underdistributions of prior years			
<u>9</u> _	Applied to Underdistributions of prior years  Applied to 2017 distributable amount	f	<del></del>	<del></del>
<del>-</del>	Carryover from 2012 not applied (see instructions)			
$-\dot{i}$	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	<del></del>		
4	Distributions for 2017 from Section D, line 7: \$			
a	Applied to underdistributions of prior years	<del></del>		
	Applied to 2017 distributable amount	<del></del>	· · · · · · · · · · · · · · · · · · ·	
	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.	1		
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013		<del></del>	
<u>b</u>	Excess from 2014		<u></u>	
C	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

## SCHEDULE O (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.

2017

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ➤ Attach to Form 990 or 990-EZ.
➤ Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Employer identification number

Local Union 2222 IBEW Benevolent Fund Trust	04-3490716
Part VI - Line 6 - All active members of IBEW LU 2222 (1394 members as of 12/13/17) are members of L	ocal 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	t to the membership stating when
nominations are to be held (always at the May monthly union meeting). After nominations have been r	nade 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 na	ames of all candidates for each
respective office beginning with the President and continuing in order named in the IBEW Constitution	n. Such ballots shall not contain
any identifying numbers or marks. All voting shall be by mail ballot. The Financial Secretary furnished	s to the Election Judge not less
than 20 days before the election, an alphabetical list of all members eligible to vote. All members in go	ood standing and qualified shall be
entitled to vote. The Executive Board shall decide the last day to 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 Board of IBEW LU 2222
serves as trustee of LU 2222 IBEW Benevolent Fund Trust for as long as they serve on the Executive E	Soard 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 LI	U 2222 at the monthly union meeting
which is held on the first Wednesday of each month. The members and accept or reject the minutes.	
Part VI - Section B -11b - The trustees are given a copy of the Form 990 to review before being filed and	d signed by the President/Trustee.
Part VI - Section B 12c - Once a year our "Conflict of Interest Policy" is given to all trustees. All trustee	es are required to read the policy
and sign to the fact that they have read and will comply with the policy.	
Part VI- Section 15a & 15b - The Benevolent Fund Trust Agreement addresses compensation. "Each trust	ustee shall serve without
compensation for his services, but all expenses of this trust or any Trustee shall be paid by the Truste	as from this trust fund"

301edule 0 (F0111 330 01 330-12) (2017)	Page Z
Name of the organization	Employer identification number
Local Union 2222 IBEW Benevolent Fund Trust	04-3490716
Part VI - Section C - Line 19 - Upon request, Form 990 and all governing documents are made available to	review at the office within
Tart 17 December 2 Line 10 Open requesty form over and an governing december at a made available to	review at the office within
thirty (30) days of the request.	
.,	
Part VII - Section A - column E - Compensation from related organizations was taken directly from their W	7-2 forms issued by IBEW LU 2222
(EIN 04-2473962). The President/Trustee is a full time (40 hrs.) officer of IBEW LU 2222. Other trustees a	verage 4 hrs. per month to 32 hrs
Jenson Prince Control Business and Control Business	orage 4 ms. per monarto se ms.
per week serving on the Executive Board as well as being an officer or steward of IBEW Local Union 222	2.
	1

### SCHEDULE R (Form 990)

# **Related Organizations and Unrelated Partnerships**

OMB No 1545-0047 2017

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

➤ Attach to Form 990.

➤ Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Local Union 2222 IBEW Benevolent Fund Trust					0	1-3490716	
Part I Identification of Disregarded Entities. Compl	ete if the organiza	tion answered "Yes	s" on Form 990, Pa	rt IV, line 33.			
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity Legal di or fore		(d) Total Income	(e) End-of-year assets	(f) Direct con entit	trolling
(1)							
(2)							<del></del>
(3)							
(4)		······································			<del></del>		
(5)						!	
(6)							
Part II Identification of Related Tax-Exempt Organi one or more related tax-exempt organizations of	zations. Complete	e if the organization	answered "Yes" o	n Form 990, Par	t IV, line 34, be	cause it h	ad
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicule (sta or foreign country		(e) Public chanty statu (if section 501(c)(3)		~   cont	(g) 512(b)(13) trolled trty?
	<del></del>			ļ		Yes	No
(1)IBEW Local Union 2222 EIN 04-2473962 1137 Washington Street, Dorchester, MA 02124	Organize Labor	_ MA	501 (c) (5	,	Parent	j	1
[2]							
(3)							
<u>(4)</u>							
(5)	-						
(6)						+-	
	+	<del></del>		<del> </del>	<del></del>		├

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

Cat. No. 50135Y

(a) Name, address, and EIN of related organization	Primary activity Leg dom (stat	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, urrelated, excluded from tax under sections 512—514)	(f) Share of total income	(g) Share of end-of- year assets			(f) Code V—UBI amount in box 20 of Schedule K-1 (Form 1066)	(I) General or managing partner?		General or managing		General or managing		General or managing		Gene	enal or aging	(k) Percentage ownership
							Yes	No		Yes	No									
(1)										}										
(2)																				
(3)			<del> </del>			1														
(4)								-		<u>-</u>	-									
(5)						<del>                                     </del>	_				-									
(6)							-		<del> </del>			ļ. <u></u>								
(7)	-		<del> </del>		<u> </u>		-				-									

Part IV 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d)	(e) Type of entity (C corp., S corp., or trust)	(1)	(g) Share of end-of-year assets	(h) Percentage ownership	Section 5 contr ent	i) i12(b)(13) olled rty?
								Yes	No
_(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
. (7)									

Schedu	a H (Form 990) 2017					F	age 3
Part	Transactions With Related Organizations. Complete if the organization answ	vered "Yes" on Form	n 990, Part IV, line 3	4, 35b, or 36.			
Not	: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		***************************************		$\neg \neg$	Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one	or more related organ	nizations listed in Parts	s I⊢IV?			Č,
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		1
ь	Gift, grant, or capital contribution to related organization(s)				1b		<b>√</b>
c	Gift, grant, or capital contribution from related organization(s)				1c		1
d	Loans or loan guarantees to or for related organization(s)			. <i>'</i>	10		<u> </u>
ө	Loans or loan guarantees by related organization(s)				10		1
					133	m 5 pm ,	
t	Dividends from related organization(s)				11		1
9	Sale of assets to related organization(s)				19		7
h	Purchase of assets from related organization(s)				1h		7
i	Exchange of assets with related organization(s)				11		7
j	Lease of facilities, equipment, or other assets to related organization(s)				11		1
							Ī
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		1
1	Performance of services or membership or fundraising solicitations for related organization(s				11		7
m	Performance of services or membership or fundraising solicitations by related organization(s	)			1m		7
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).				1n		7
0	Sharing of paid employees with related organization(s)				10		
						بريدا	*
р	Reimbursement paid to related organization(s) for expenses				1p		1
q	Reimbursement paid by related organization(s) for expenses				19		7
_							}
r	Other transfer of cash or property to related organization(s)				1r		1
s	Other transfer of cash or property from related organization(s)		<i>.</i>		15		7
2	If the answer to any of the above is "Yes," see the instructions for information on who must				on thre	shok	ds.
	(a) Name of related organization	(b) Transaction type (a – s)	(c) Amount involved	(d) Method of determinin		it invol	ved
(2)				 			
						_	
_(3)_		<del> </del>	<del> </del>				
(4)							
_(5)		<u> </u>					
IB)							

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. Soo instructions recording explanation for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets

or gross revenue) that was not a related org								T					
(a) Name, address, and EIN of antity	(b) Primary activity	(c) Legal domictle (state or foreign country)		organizations?		(f) Share of total income	(g) Share of end-of-year assets	(in) Disproportionate allocations?		(i) Code VUBI amount in box 20 of Schedule K-1 (Form 1065)	(i) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)								1					<del></del>
(3)							· · · · · · · · · · · · · · · · · · ·	<b> </b>					<del></del>
(4)			7.2			-		1		·····			<del></del>
(5)								<del> </del>		<del></del>			
(6)							·	<u> </u>	-				
(7)							······································	<del> </del>					
(8)							<del></del>	<del> </del>					<del></del>
(9)								<del> </del> -					<del></del>
10)							<del></del>	1					
(11)				ļ				1					
[12]								-					
(13)								1					
(14)				-				1					
(15)								$\dagger$					
(16)	·· <del>·</del> ···	<u>.</u>						-				-	

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Part VII	Supplemental Information.  Provide additional information for responses to questions on Schedule R. See instructions.	
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