Form 990

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

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

OMB No 1545-0047 2018

Dep	artment of	the Treasury		I security numbers on this form as	_	·=	c.	Open to I		
	rnal Reveni		► Go to www.irs.g	ov/Form990 for instructions and the	he latest in	formation.		Inspec	tion	
<u>A</u>	For the	2018 cale	ndar year, or tax year beginning	, 2018, a	and ending			20		
В	Check if	applicable	C Name of organization Local Union	n 2222 IBEW Benevolent Fund Tru	st		D Employer ide	entification n	umber	
	Address	change	Doing business as				04	-3490716		
	Name ch	- 1	Number and street (or P.O. box if m	ail is not delivered to street address)	Room/surte	:	E Telephone number			
$\overline{\Box}$	Initial retu	•	1137 Washington Street		l ,	2	617	-929-6000		
$\overline{\Box}$		n/terminated	City or town, state or province, cour	ntry, and ZIP or foreign postal code				010 0000		
H	Amended		Braintree, MA 02184	3,1			G Gross receipt	re \$	37,796.73	
H		1			•	Life's leather a se	roup return for suborc			
Ш	Application				1	L				
_			Edward V. Hastings, President/	_			subordinates incli o," attach a list.			
Ļ		npt status	✓ 501(c)(3)	) ◀ (insert no.) 🔲 4947(a)(1) or	<u> </u>		•	•	,iiiaj —	
<u>J</u>	Website:			<del></del>		<del></del>	exemption num			
K		<del> </del>		tion ☑ Other ► Pub.Charity L Yes	ar of formatio	n 1999	M State of le	gal domicile	MA	
P	art I	Summ		<u></u>						
	1	Briefly de	escribe the organization's miss	ion or most significant activities:	Raises n	noney to he	lp support w	orthwhile		
Se	İ	communi	ty projects that need funding su	ch as, sponsoring school sports to	eams, polic	e & fire de	partment caus	es & vario	us	
Jan	ł	disease re	esearch, etc.							
/eu	2	Check th	is box ▶ ☐ if the organization	discontinued its operations or di	sposed of	more than	25% of its r	et assets.		
ő	3	Number of	of voting members of the gove	rning body (Part VI, line 1a)			3		11	
જ				rs of the governing body (Part VI	, line 1b)		4		11	
Activities & Governance				n calendar year 20/18 (Part V, line			5		0	
Ξ	1		nber of volunteers (estimate if				6		25	
<b>d</b> ct			elated business revenue from				7a		0.00	
•			lated business taxable income				7b		0.00	
_	<b>⊢~</b>	1401 071101	ated business taxable income	10111 GIII GOZI 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(C)	Pnor Ye		Current Yo		
	8	Contribut	tions and grants (Part VIII, line	16)	. YY					
Revenue			- ·		010 7	<del>. /</del>	18,578.00		21,218.00	
		-	service revenue (Part VIII, line		`.y . <u>/</u> ç	3/	0.00	<del></del>	0.00	
Ř			ent income (Part VIII, column (A		· ·/¦}		10.00		13.00	
				es 5, 6d, 8c, 9c, 10c, and 11e)	>/&/		3,690.00		3,284.00	
	<del></del>			nust equal Part VIII, column (A), i	re 12)	;	22,278.00		<u>24,515.00</u>	
			nd similar amounts paid (Part I				17,925.00		19,325.00	
	14	Benefits (	paid to or for members (Part I)	(, column (A), line 4)	· ·		0.00		0.00	
S	15	Salaries, o	other compensation, employee l	penefits (Part IX, column (A), lines	5–10)		0.00		0.00	
Expenses	16a	Professio	onal fundraising fees (Part IX, c	olumn (A), line 11e)	· - L		0.00		0.00	
ĝ	b	Total fund	draising expenses (Part IX, col	umn (D), lıne 25) ▶	0.00		الربيب		المن البيار	
ú	17	Other exp	penses (Part IX, column (A), lin	es 11a-11d, 11f-24e)			89.00		37.00	
	18	Total exp	enses. Add lines 13-17 (must	equal Part IX, column (A), line 25	5) . [		18,014.00		19,362.00	
	19	Revenue	less expenses. Subtract line 1	8 from line 12	· $\Gamma$	•	4,264.00		5,153.00	
- K			<u> </u>			ginning of Cu	<del></del>	End of Ye		
ets (	20	Total ass	ets (Part X, line 16)				21,928.00		27,081.00	
Net Assets or Fund Balances	21		ilities (Part X, line 26)		' ' <u> </u>	•	0.00		0.00	
Set	22		ts or fund balances. Subtract I		· ·		21,928.00		27,081.00	
	art II		ture Block		•••	•	21,320.00		21,081.00	
		<del></del>	<del> </del>						d balant dua	
				eturn, including accompanying schedules officer) is based on all information of white				owieuge and	i beller, it is	
_			5, 11/4/							
Sig	<b>~</b>	Sign	ature of officer	->>			4-19	<del>-/7</del>		
-	_	y Sign	Edward V H	/ / 9	٠, ,	_	i.e			
пе	ere	<u> </u>		astings Fres	ident	•				
		<u> </u>	or print name and title				<del></del>	I porte.		
Pa	aid	Print/Ty	pe preparer's name	Preparer's signature	Date	•	Check [] if			
	epare	r	······································				self-employe	<u> </u>		
	se Only		ame ►			Firm	n's EiN ▶			
		Firm's a	ddress ▶			Pho	ne no.			
Ma	y the IR	S discuss	s this return with the preparer s	shown above? (see instructions)				. Yes	s 🗌 No	
Foi	Paperw	ork Redu	ction Act Notice, see the separa	te instructions.	Cat No	11282Y		Form	990 (2018)	



	90 (2018			Page 2
⊇art	Ш	Statement of Program Service Accomplishments		
1	Brief	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>	<u>· ⊔</u>
•		es money to help support worthwhile community and other projects that need funding, such as school sports tea	ams. poli	ce and
		department causes, scholarships and disease research, etc.		
2		the organization undertake any significant program services during the year which were not listed on the		
	-		☐ Yes	✓ No
3		es," describe these new services on Schedule O.		
3		the organization cease conducting, or make significant changes in how it conducts, any program ices?	☐Yes	☑ No
	If "Y	es," describe these changes on Schedule O.		<u> </u>
4	Desc expe	cribe the organization's program service accomplishments for each of its three largest program services, enses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocated expenses, and revenue, if any, for each program service reported.	as meas ations to	sured by others,
4a	(Cod	de:) (Expenses \$ including grants of \$ ) (Revenue \$		)
	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		'
4b	(Cod	de:) (Expenses \$including grants of \$) (Revenue \$		)
		······································		
	•	······································		
		•••••••••••••••••••••••••••••••••••••••		
4c	(Cod	de·) (Expenses \$including grants of \$) (Revenue \$		
4d		er program services (Describe in Schedule O.)	•	
4-		enses \$ including grants of \$ ) (Revenue \$ )		
440				

# Part IV 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		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 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, 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		<b>√</b>
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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? <i>If "Yes," complete Schedule D, Part IV</i>	9		<b>~</b>
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, 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		<b>√</b>
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		<b>√</b>
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		<b>\</b>
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>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
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
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and If the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>√</b>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<b>√</b>
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		<b>\</b>
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		<b>\</b>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<b>\</b>
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		<b>\</b>
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
b	, ,	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	225	✓
			. 000	10040

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Part	Checklist of Required Schedules (continued)			
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	Yes	No ✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? 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		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<b>✓</b>
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c 24d		1
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<b>√</b>
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):		ļ	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	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	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	1	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	<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? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	1	
Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V		<u>,</u>	
	51		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Ī	-

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Part	Statements Regarding Other INS Fillings and Tax Compliance (continued)						
		,	Yes	No			
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	<del> </del>	<u> </u>				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		ļ			
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			ļ			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		ļ			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,		İ	1			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	ļ				
b	If "Yes," enter the name of the foreign country:						
<b>-</b> -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			<del> </del>			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<b>/</b>			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		<b>-</b>			
С	Does the assessment of heavy amount were presented that are presently assested that \$4.00,000, and did the						
ьа	···						
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<b>✓</b>			
b	gifts were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).	60					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods						
а	and services provided to the payor?	7a	1	·			
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> -	<u> </u>				
C	required to file Form 8282?	7c	Į	1			
d	If "Yes," indicate the number of Forms 8282 filed during the year	<u> </u>		<u> </u>			
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	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 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					
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:		İ				
а	Initiation fees and capital contributions included on Part VIII, line 12	_					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]						
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders	4		1			
b	Gross income from other sources (Do not net amounts due or paid to other sources	ļ					
	against amounts due or received from them.)	<del> </del>		<b> </b>			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<del> </del>			
b	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.	13a		-			
а	Is the organization licensed to issue qualified health plans in more than one state?	134	-	<del>                                     </del>			
		1					
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		ļ	1			
С	Enter the amount of reserves on hand	1	]	1			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	$\vdash$	-			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	<del></del>					
	excess parachute payment(s) during the year?	15	1	<b>/</b>			
	If "Yes," see instructions and file Form 4720, Schedule N.	<u> </u>					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		1			
	If "Vos " complete Form 4720 Schedule O		Ι	亡			

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Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee ins	struct	ions.
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	•	<u>.                                    </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 11 11			1
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 11			1
2	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?	2		<del>                                     </del>
4	supervision of officers, directors, or trustees, or key employees to a management company or other person?  Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	,	<b>7</b>
6	Did the organization have members or stockholders?	6	1	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	1	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	7	
b	Each committee with authority to act on behalf of the governing body?	8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	<u> </u>
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<b>✓</b>
, 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	
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	✓	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use 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	
13	Did the organization have a written whistleblower policy?	13		1
14	Did the organization have a written document retention and destruction policy?	14	✓	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
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		
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?	16b		
Secti	on C. Disclosure			•
17	List the states with which a copy of this Form 990 is required to be filed ▶ Massachusetts - Office of the Attorney	Gene	eral	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-1 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			501(c)
	☐ 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 financial statements available to the public during the tax year.	erest	policy	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	<b>&gt;</b>	
	Edward V. Hastings, President, LU 2222 IBEW Benevolent Fund Trust,1137 Washington St., # 2, Dorchester, MA 02124	(617)	929-6	000 (2018)
		. 011		(-0.0)

Part VII	Compensation of Officers, Direction	ectors, Trustees,	Key Employees,	Highest C	ompensated Empl	oyees, and
	Independent Contractors					

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

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

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

Check this box if neither the organization no	r any relate	d org	anız		_	ompe	nsa	ted any curren	t officer, director	, or trustee.
<b>(A)</b> Name and Trtle	(B) Average		(C)  Position (do not check more than one box, unless person is both an					<b>(D)</b> Reportable	(E)	<b>(F)</b> Estimated
	hours per week (list any hours for related organizations below dotted line)	office Individua	er and		lirect	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) Edward V. Hastings	2 Hrs.Mo.									
President/Trustee	40 Hrs.Wk.	1		✓				0.00	147,632.57	7,215.04
(2) Kevin J Holland	1 Hr. Mo.									
Vice President/Trustee	32 Hrs.Wk.	1		✓				0.00	69,555.56	0.00
(3) Paul G. English	2 Hrs. Mo.									
Treasurer/Trustee	12 Hrs.Wk.	✓		✓	L.			0.00	30,540.84	0.00
(4) Keith R. Bonasoro	1 Hr Mo.				1					
Trustee	3 Hrs.Mo.	✓		✓	L_			0.00	4,574.40	0.00
(5) Robert J. Cinelli	1 Hr. Mo.									
Trustee	3 Hrs. Mo.	✓		✓				0.00	2,842.08	0.00
(6) John A. Colleran	1 Hr. Mo.				l		•			
Trustee	3 Hrs. Mo.	✓		✓	L			0.00	2,792.08	0.00
(7) Julio D DeLa Cruz	1 Hrs. Mo.						İ			
Trustee	7.5 Hrs.Wk.	✓	L	✓			L.	0.00	20,308.58	0.00
(8) Robert J. Keating	1 Hr. Mo.				İ					
Trustee	3 Hrs. Mo.	✓		✓				0.00	2,052.92	0.00
(9) Janelle M. Quinn	1 Hrs. Mo.									
Trustee	3 Hrs. Mo.	✓		✓				0.00	1,052.24	0.00
(10) John T. Soderlund	1 Hr. Mo.									
Trustee	3 Hrs. Mo.	✓		1				0.00	2,691.20	0.00
(11) Steven J. Walsh	1 Hr. Mo.									
Trustee	3 Hrs. Mo.	✓		✓				0.00	0.00	0.00
(12)										
(13)					-					
(14)							-			

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	ees	s, ar	nd H	lighes	st C	ompensated E	mployees (co	ontinue	ed)	<u></u>
					(0	<b>C)</b>	_						
	(A)	(B)	(do n	ot ch		ition	than o	200	(D)	(E)		(F)	
	Name and title	Average					is both		Reportable	Reportable		Estimated	
		hours per week (list any	office	r and	_	irect	or/trust	<u> </u>	compensation	compensation t related	irom	amount of other	
		hours for	유료	nst	Officer	<u>3</u>	eng Hig	Former	the	organization	s	compensation	
		related	# Z	it i	g	Көу етріоуев	hest	T) er	organization	(W-2/1099-MI	SC)	from the	
		organizations below dotted	힟호	on a		lpi pi	8 8		(W-2/1099-MISC)			organization and related	
		line)	Individual trustee or director	ŧ		yee	npe		1			organizations	
			8	Institutional trustee			Highest compensated employee						
	· · · · · · · · · · · · · · · · · · ·			Ĺ		L	8	_					
(15)		ļi					ļ						
			ļ		_			L.					
(16)		ļ							ļ				
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(17)		ļ				ŀ			ł				
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(18)		ļ							į				
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(19)		ļ											
			<u> </u>		ļ	<u> </u>	ļ	<u> </u>	ļ				
(20)		ļ							ļ				
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(23)		ļ	-			İ							
(0.4)			ļ			├		_			$-\!\!\!\!+$		
(24)		ļ	ļ					l					
(0.5)			ļ	H							$-\!\!\!+\!\!\!\!-$		
(25)		ļ											
-46	Cub satal	<u>.                                    </u>	<u> </u>			l		_		224.24			
1b	Sub-total	 VII Contin	 	•	•	•	•		0.00			7,21	
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)			•	•		•		0.00		0.00		0.00
	Total number of individuals (including but	t not limited					above	2) 144	0.00				15.4
2	reportable compensation from the organi		i to tr	iose	IISI	ea :	above	e) W		ore than \$10	J,UUU	OI	
	reportable compensation from the organi	Zalion							0			T Ves T	No
_	Ded the consequent of the constant of	·			4								
3	Did the organization list any <b>former</b> of employee on line 1a? <i>If "Yes," complete a</i>							emp	ployee, or nigr	iest compen	sated	3	7
	• •											<del>   </del>	<u>*</u>
4	For any individual listed on line 1a, is the												
	organization and related organizations individual	greater the	an s	JOU,	UUU	17 11	r re	S,	complete Scri	eaule J Ior	sucn	4	<del></del>
_	Did any person listed on line 1a receive of				Hon	fro	m anı		· · · · ·		udual	<del></del>	<u>*</u>
5	for services rendered to the organization											5	
Section	on B. Independent Contractors	. 11 103, 0	.Ompi		00,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0, 2	sauri persori	<u> </u>			<u> </u>
1	Complete this table for your five highest				d				om that receive	d mara than	<b>#</b> 100	000 of	
•	compensation from the organization. Repyear.												(
	(A)				-				(B)			(C)	
	Name and business add	lress							Description of s	ervices	C	Compensation	
-													
								t					
					-								_
2	Total number of independent contractor	rs (includir	na hi	ıt n	ot I	ımıt	ed to	th	ose listed ah	ove) who	تحرينا		نی
_	received more than \$100,000 of compens		-					• • • • • • • • • • • • • • • • • • • •		- : 5,			

Part	VIII	Statement of Revenue					<del></del>	
		Check if Schedule O contains a	response o	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
nts nts	1a	Federated campaigns	1a			1		
in in	b	Membership duos [	1Ն			Ţ		
s, C Am	C	Fundraising events	1c	<u>12,</u> 700. <u>00</u>		,		
3rft Jar	ď	Related organizations .	1d					
S,	е	Government grants (contributions)	1e					
er S	f	All other contributions, gifts, grants,						
ig A		and similar amounts not included above	1f	8,518.00				
Contributions, 3:ifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-						ļ
	h	Total. Add lines 1a-1f		· <u> </u>	21,218.00			
an e			Busine	ss Code				
eve	2a							
e E	b							
Ş.	C						<u> </u>	
S	d							
ıran	e	All other program control rotten			<del>.</del>		<u> </u>	
Program Service Revenue	f g	All other program service revenue <b>Total.</b> Add lines 2a–2f		. ▶	0.00			ï
<u> </u>	3	Investment income (including	dividends. i	nterest.	0.00	<del></del>		
	•	· · · · · · · · · · · · · · · · · · ·		_ '	13.00			
	4	Income from investment of tax-exen	not bond prod	eeds▶				
	5	Royalties		F	•			
		(i) Real		ersonal				
	6a	Gross rents			`			Ì
	b	Less: rental expenses				,	,	'
	С	Rental income or (loss)			,			
	d	Net rental income or (loss)		. ▶				
	7a	Gross amount from sales of (i) Securitie	es (ii) (	Other				
		assets other than inventory						
	b	Less cost or other basis						
		and sales expenses				:		
	C	Gain or (loss)						
	d	Net gain or (loss)	· · · · ·	. ▶				
ne	8a	Gross Income from fundraising				•		
	"	events (not including \$ 12,700.0	n				1	
ş		of contributions reported on line 10	<u>:).</u>					
i i		See Part IV, line 18	1	14,550.00				
Other Reven	ь	Less: direct expenses	_	12,078.00			ļ	
•	С	Net income or (loss) from fundral	sing events	. ▶	2,472.00			
	9a	Gross income from gaming activit						]
		See Part IV, line 19	· a	2,015.00				
	1	Less: direct expenses		1,203.00				
		Net income or (loss) from gaming		. ▶	812.00			
	10a	Gross sales of inventory, le		ł			•	
		returns and allowances	-					
	b	Less: cost of goods sold		-				
	C	Net income or (loss) from sales of Miscellaneous Revenue		ss Code	3,297.00			
	11a			.55 5006	·· · · · · · · · · · · · · · · · · · ·		<u> </u>	
	b							
	c							
	d	All other revenue						·
	е	Total. Add lines 11a-11d		. ▶	0.00			1
	12	Total revénue. See instructions		. ▶	24,515.00			

### Part IX | Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con	plete all columns. A	II other organization	s must complete col	umn (A).
	Check if Schedule O contains a respon	se or note to any lin			
	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	19,325.00	0.00		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0.00	. 0.00		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.00	0.00		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0.00	0.00		
6	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
7		0.00	0.00	0.00	0.00
7 8	Other salaries and wages	0.00	0.00	0.00	0.00
9	Other employee benefits	0.00	0.00	0.00	0.0
10	Payroll taxes	0.00	0.00	0.00	0.00
11	Fees for services (non-employees):	0.00	0.00	0.00	0.00
	Management	0.00	0.00	0.00	0.00
b	Legal	0.00	0.00	0.00	0.00
С	Accounting	0.00	0.00	0.00	0.00
d	Lobbying	0.00	0.00	0.00	0.00
е	Professional fundraising services. See Part IV, line 17	0.00			0.00
f	Investment management fees	0.00	0.00	0.00	0.00
g	Other. (If line 11g amount exceeds 10% of line 25, column		1		
	(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	0.00	0.00	0.00	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 18	Travel	0.00	0.00	0.00	0.00
10	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 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 (A) amount, list line 24e expenses on Schedule O)				•
а	Annual MA PC Filing	35.00	0.00	35.00	0.00
b	PayPal Fee	2.00	0.00	2.00	0.00
C					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e				
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)	40.200.00	0.00	27.00	
		19,362.00	_ 0.00	37.00	0.00

21

22

23

24

25

Liabilities

Form 990 (2018) Page 11 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 1 0.00 1 0.00 2 2 Savings and temporary cash investments . . . 21,928.00 27,081.00 3 3 0.00 0.00 4 4 0.00 0.00 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 0.00 5 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 Notes and loans receivable, net . . . . . . . . . 0.00 0.00 Inventories for sale or use . . . . . . 8 0.00 8 0.00 9 Prepaid expenses and deferred charges 9 0.00 0.00 Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 10a 0.00 Less: accumulated depreciation . . . . 10b 0.00 10c 0.00 0.00 Investments—publicly traded securities . . . . 11 0.00 11 0.00 12 Investments—other securities. See Part IV, line 11 . 0.00 12 0.00 13 Investments—program-related. See Part IV, line 11. 0.00 13 0.00 14 Intangible assets . . . . . . . . . . . . . . . . 14 0.00 0.00 15 Other assets. See Part IV, line 11 . . . . . . . . 15 0.00 0.00 16 Total assets. Add lines 1 through 15 (must equal line 34) . 16 21,928.00 27,081.00 17 Accounts payable and accrued expenses . . . . 0.00 17 0.00 0.00 18 18 0.00 Deferred revenue . . . . . . . 19 0.00 19 0.00 20 20 0.00 0.00

		parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	0.00	25	0.00
	26	Total liabilities. Add lines 17 through 25	0.00	26	0.00
Ses	,	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.			
a	27	Unrestricted net assets	21,928.00	27	27,081.00
Balan	28	Temporarily restricted net assets	0.00		0.00
덛	29	Permanently restricted net assets	0.00	29	0.00
or Fur		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
sets	30	Capital stock or trust principal, or current funds	0.00	30	0.00
sse	31	Paid-in or capital surplus, or land, building, or equipment fund	0.00	31	0.00
Ä	32	Retained earnings, endowment, accumulated income, or other funds .	21,928.00	32	27,081.00
Š	33	Total net assets or fund balances	21,928.00	33	27,081.00

21 0.00

22 0.00

23 0.00

0.00 24

21,928.00 34

0.00

0.00

0.00

0.00

27.081.00 Form 990 (2018)

Escrow or custodial account liability. Complete Part IV of Schedule D.

Secured mortgages and notes payable to unrelated third parties . . .

Unsecured notes and loans payable to unrelated third parties . . .

Total liabilities and net assets/fund balances .

Other liabilities (including federal income tax, payables to related third

Loans and other payables to current and former officers, directors,

trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . . .

Form 990 (2018) Page **12** 

Part						
•	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			515.00	
2	Total expenses (must equal Part IX, column (A), line 25)	2		(19,3	62.00)	
3	<u> </u>					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		21,	928.00	
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					
	33, column (B))	10		27,	<u>081.00</u>	
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		· · ·		<u>. Ц</u>	
				Yes	No	
1	Accounting method used to prepare the Form 990:  Cash Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
_	Schedule O.			-	لبٍ-	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u> </u>		<b>✓</b>	
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	oiled o	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis		-	-		
D	Were the organization's financial statements audited by an independent accountant?		. <u>  2b</u>	+	<b>  √</b>	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on	a			
	separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis					
		!	.	-	┼──	
С						
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O.	piairi ii	"			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth I			,	
	the Single Audit Act and OMB Circular A-133?		. <u>3a</u>	+	<b>├</b>	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	_	e   3b			
	Todalica addit of addite, explain why in concedic o and accomb any steps taken to undergo such a					

Form **990** (2018)

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

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

		on 2222 IBEW Benevolent Fund					04-34	
Par		Reason for Public Char						ns.
1		nization is not a private founda A church, convention of church	nes, or association	on of churches descri	bed in <b>se</b>	ction 17	0(b)(1)(A)(i).	<u>a</u>
		A school described in section		•			• • • • • • • • • • • • • • • • • • • •	'
3 4	The state of the s							
5								
6 7		A federal, state, or local goverr An organization that normally described in <b>section 170(b)(1)</b>	receives a subst	tantial part of its supp				n the general public
8		A community trust described in	section 170(b)	(1)(A)(vi). (Complete f	Part II.)			
9	(	An agricultural research organi or university or a non-land-grai university						
10	!	An organization that normally receipts from activities related support from gross investment acquired by the organization at	to its exempt fur income and unr	nctions—subject to co related business taxal	ertain exc ole incom	eptions, e (less se	and (2) no more that ection 511 tax) from	n 331/3% of its
11		An organization organized and		•		-		
12	(	An organization organized and of one or more publicly support Check the box in lines 12a thro	rted organization	ns described in secti	on 509(a	)(1) or se	ection 509(a)(2). See	e section 509(a)(3).
а	[	Type I. A supporting organ the supported organization supporting organization. Ye	(s) the power to	regularly appoint or e	lect a ma	jority of t		
b	[	Type II. A supporting organ control or management of to organization(s). You must o	he supporting o	rganization vested in	the same			
С		Type III functionally integrits supported organization(						ally integrated with,
d		Type III non-functionally i that is not functionally integ requirement (see instruction	rated. The orgai	nization generally mus	st satisfy	a distribu	ition requirement an	
е	E	<ul> <li>Check this box if the organ functionally integrated, or T</li> </ul>						e II, Type III
f		iter the number of supported o						· · <u>L</u>
<u>g</u>	Pr	ovide the following information						
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))		rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No	-	
(A)								
(B)								
(C)								
(D)		!			_			
(E)								

Total

_		
D	20	4

Schedule A (Form 990 or 990-EZ) 2018

Part	II Support Schedule for Organiza	ations Descr	ibed in Sect	ions 170(b)(1	)(A)(iv) and 1	70(b)(1)(A)(vi	
	(Complete only if you checked the						
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support				,- · · ·		
Calen	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and 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				/_/		
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			/			
	on B. Total Support		7.0045	/	1 (0.0047		
	dar year (or fiscal year beginning in)  Amounts from line 4	(a) 2014	<b>(b)</b> 2015	/ <b>(c)</b> 2016	(d) 2017	(e) 2018	(f) Total
7 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 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc First five years. If the Form 990 is for the	ne organizatior	n's first, secon	d, third, fourth	i, or fifth tax y	12 ear as a sectio	n 501(c)(3)
Secti	organization, check this box and stop/he on C. Computation of Public Suppor	rt Percentag	<u></u> e	<del></del>	<u> </u>	· · · · ·	· · • U
14	Public support percentage for 2018 (line 6			1. column (fl)		14	%
Public support percentage from 2017 Schedule A, Part II, line 14							
this box and <b>stop here</b> . The organization qualifies as a publicly supported organization							
b 18	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization of Explain in Part VI how the organization or supported organization	ation meets the meets the "fac	e "facts-and-d ts-and-circum: 	circumstances stances" test.	" test, check The organizati	this box and son qualifies as	a publicly ▶ □
	instructions						

### 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.)

C4:	if the organization fails to quality	under the tes	sis listed beit	w, piease co	mpiete Part i	l.)	
	on A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")	7,587.00	6,554.00	6,413.00	6,555.00	8,518.00	35,627.00
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the				i		
	organization's tax-exempt purpose	17,197.00	26,559.00	30,158.00	29,712.00	29,265.00	132,891.00
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	0.00	0.00	0.00	0.00	0.00	0.00
7	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					1	
	organization without charge	0.00	0.00	0.00	0.00	0.00	0.00
6	Total. Add lines 1 through 5	24,784.00	33,113.00	36,571.00	36,267.00	37,783.00	168,518.00
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						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	12,322.00	10,610.00	11,550.00	10,325.00	10,208.00	55,015.00
С	Add lines 7a and 7b	1				T I	
8	Public support. (Subtract line 7c from	12,322.00	10,610.00	11,550.00	10,325.00	10,208.00	55,015.00
U	line 6.)						
Sacti	on B. Total Support	Ţ					113,503.00
	dar year (or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9		<del></del>				<del></del>	
		24,784.00	33,113.00	36,571.00	36,267.00	37,783.00	168,518.00
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,					İ	
	royalties, and income from similar sources.	5.00	11.00	6.00	10.00	13.00	45.00
b	Unrelated business taxable income (less					1	
	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	5.00	11.00	6.00	10.00	13.00	45.00
11	Net income from unrelated business				·		
	activities not included in line 10b, whether			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	3.30	2.30		3.30		
	loss from the sale of capital assets						
	(Explain in Part VI.)	0.00	0.00	0.00	0.00	0.00	0.00
13	Total support. (Add lines 9, 10c, 11,	0.00	0.00	0.00	0.00	0.00	0.00
	and 12.)	24,789.00	33,124.00	36,577.00	36,277.00	37,796.00	168,563.00
14	First five years. If the Form 990 is for th						
'	organization, check this box and stop her	•	· <del>-</del>		•		
organization, check this box and stop here							
15	Public support percentage for 2018 (line 8			3 column (fl)		15	68 %
16	Public support percentage from 2017 Sch		-			16	64 %
	on D. Computation of Investment Inc			<del></del>	<u> </u>	1 10	<b>64</b> 70
				v line 12 sel	mp (fl)	17	6.0/
17	Investment income percentage for 2018 (I			•		<del> </del>	0 %
18							
19a							
	17 is not more than 331/8%, check this box					=	
b	331/3% support tests—2017. If the organiz				•		
	line 18 is not more than 331/3%, check this b	_	-	•		· · · · · ·	=
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

# 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.)

Sooti	on A. All Supporting Organizations	art v	· <u>/</u>	
Secu	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).	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.	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	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		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	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 <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).	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 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 <b>Part VI</b> .	9b		
С	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 supporting organizations)? If "Yes," answer 10b 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.)

10b

_	2
Page	-

Part I	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)	<u></u>		
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
C	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		1	
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or	1	}	
	controlled the organization's activities. If the organization had more than one supported organization,	1		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	<u> </u>	<u> </u>	
	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,		l	l
	supervised, or controlled the supporting organization.	2		
Section	on 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 Part VI how control			.
	or management of the supporting organization was vested in the same persons that controlled or managed	L		
	the supported organization(s).	1		
Section	on 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			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI 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 Part VI the role the organization's			
	supported organizations played in this regard.	3		<u> </u>
Section	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	ction	s).
а	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	☐ The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (	see ın		
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			ł I
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	}		
	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			نــــا
_	that these activities constituted substantially all of its activities	2a		ļ
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 <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.	2b		<u> </u>
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			لــــا
	trustees of each of the supported organizations? Provide details in Part VI.	3a		ļ
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Vas." describe in Part VI the role played by the organization in this regard	3h		<b> </b>
	of its supported organizations? If "Yes " describe in Wart III the role blaved by the organization in this regard	- : - C	1	4

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
<ul> <li>1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ</li> </ul>			
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of pnor-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>b</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			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	v int	egrated Type III support	ing organization (see

Part	Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continued)	
Secti	on D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nızatıons	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whice (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2018 from Section C, line 6	· · · · · · · · · · · · · · · · · · ·		
	Line 8 amount divided by line 9 amount	·		
	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			,
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
<u>i</u>	Carryover from 2013 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:		1	
а				
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

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.)
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#### 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.

2018

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

Schedule O (Form 990 or 990-EZ) (2018)

Cat. No. 51056K

**Employer identification number** 

04-3490716 Local Union 2222 IBEW Benevolent Fund Trust Part VI - Line 6 - All active members of IBEW LU 2222 are members of Local Union 2222, IBEW Benevolent Fund Trust. IBEW Local Union 2222 (EIN 04-2473962) formed Local Union 2222 IBEW Benevolent Fund Trust on September 15, 1999. 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 eliquble 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 Constitution. 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 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 serve as trustees of LU 2222 IBEW 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 - 11b - The Trustees are given a copy of the Form 990 to review before being filed and signed by the President/Trustee. Prt 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 that 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."

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

	_
Schedule O (Form 990 or 990-EZ) (2018)  Name of the organization	Page 2
Local Union 2222 IBEW Benevolent Fund Trust	04-3490716
Part VI - Section C - Line 19 - Upon request, Form 990 and all governing docum	ents are made available to review at the office within
thirty days (30) of the request.	
	·
Part VII - Section A - Column E - Compensation from related organizations was	taken directly from their W-2 forms issued by IBEW LU 2222
(EIN 04-2473962). The President/Trustee is a full time (40 hrs.) officer of IBEW L	U 2222. Other trustees average 4 hrs. per month to 32 hrs.
per week serving on the Executive Board as well as being an officer or steward	of IBEW Local Union 2222.
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#### SCHEDULE R (Form 990)

#### **Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047 2018

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection
Employer identification number

(f) Direct controlling entity

Name of the organization

Part I

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

(b) Primary activity

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(e) End-of-year assets

(1)								
(2)								
(3)							·	
(4)			i					
(5)								
(6)								
Part II Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations of	ations. Co	omplete if t ax year.	he organization	answered "Yes" o	n Form 990, Part	IV, line 34, bed	ause it h	ad
(e) Name, address, and EIN of related organization	(b) Primary activity		(c) Legal domicile (stati or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))		~   cont	g) 512(b)(13) rolled rty?
	ļ						Yes	No
(1) IBEW Local Union 2222 (EIN 04-2473962) 1137 Washington Street, Dorchester, MA 02124	Organize L	abor	MA	501 (C) (3		Parent		
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
	•		<del></del>	<del></del>	•			

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

(a)
Name, address, and EIN (if applicable) of disregarded entity

Cat No 50135Y

(c) Legal domicile (state or foreign country)

(d) Total income

Part III 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.																
(e) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512—514)	(f) Share of total income	(g) Share of end-of- year assets	() Dispropi alloca	ortionate	(i) Code VUBI amount in box 20 of Schedule K-1 (Form 1065)			General or managing		General or managing		(k) Percentage ownership
							Yes	No		Yes	No					
(1)	:															
(2)																
(3)	•					-										
(4)		·				-										
(5)					<del></del>											
(6)									<del>                                     </del>							
(7)												-				

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.

inic o+, occasion it had one of their	o Tolatos organization	io ii caica as a c	or por ation or t	additioning the t	un juai.				
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) ' Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 5 contr enti	) i12(b)(13) rolled rty?
								Yes	No
_(1)									
(2)									
(3)									
(4)					-				
(5)									
(6)									
(7)									

Schedu	e R (Form 990) 2018						F	age 3
Part	Transactions With Related Organizations. Complete if the organization answer	wered	d "Yes" on For	n 990, Part IV, line 3	4, 35b, or 36.			
Note	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		-				Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one	e or m	nore related orga	nizations listed in Parts	s II—IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .					1a		1
b	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)					1d		<b>-</b>
е	Loans or loan guarantees by related organization(s)	•			•	1e		<b>\</b>
f	Dividends from related organization(s)					11	_	$\overline{}$
g	Sale of assets to related organization(s)				-	19		✓
h	Purchase of assets from related organization(s)					1h		✓
i	Exchange of assets with related organization(s)					11		<b>\</b>
1	Lease of facilities, equipment, or other assets to related organization(s)		-			1j		_
k	Lease of facilities, equipment, or other assets from related organization(s)					1k	—	7
î	Performance of services or membership or fundraising solicitations for related organization(s		•	•		11		Ż
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		7
•	one my or part on project many states or garmano (c)	-		•	• •			Ť
p	Reimbursement paid to related organization(s) for expenses					1p	_	7
q	Reimbursement paid by related organization(s) for expenses					1g		7
-	(-) (-) (-) (-) (-) (-) (-) (-) (-) (-)			, , , ,				Ť
r	Other transfer of cash or property to related organization(s)					1r		
s	Other transfer of cash or property from related organization(s)					15		
2	If the answer to any of the above is "Yes," see the instructions for information on who must	comp	lete this line, inc	luding covered relation	ships and transacti	on thre	eshol	ds -
	(a)	Τ.	(b)	(c)	(d)			
	Name of related organization		Transaction type (a-s)	Amount involved	Method of determining		nt invol	ved
(1)								
(2)		<del> </del>						
(3)								
(4)								
		+						
(5)		╫						
(6)				<u> </u>				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	income (related, unrelated, excluded	501	oartners toon (c)(3)	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) ortionate itions?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	ral or aging	(k) Percentage ownership
			from tax under sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)	}												
(2)													
(3)	_												
(4)	-												
(5)								<del> </del>					
(6)	-				_					,			
<u>m</u>								<u> </u>					
(8)													
(9)													
(10)	-												
(11)	-												
(12)													
(13)													
(14)	-												
(15)	-												
(16)	1						,	1					

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