## SCANNED MAY 2 1 2021

Form **990** 

(Rev January 2020)

Department of the Treasury Internal Revenue Service

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

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.

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

OMB No 1545-0047

Open to Public

| Inter                       | nal Rever    | nue Service                                       | ► Go to ww                     | w.irs.gov/Form990 for instru            | ctions and the late                   | st information.   |                                | Insped               | ction             |  |  |
|-----------------------------|--------------|---|--------------------------------|---|---------------------------------------|-------------------|--------------------------------|----------------------|-------------------|--|--|
| A                           | For the      | 2019 calen  | dar year, or tax year be       | ginning January 1                       | , 2019, and end                       | ling Dece         | nber 31                        | , 20 19              |                   |  |  |
| В                           | Check if     | applicable  | C Name of organization IB      | EW HARDSHIP & BENEVOLE                  | NT FUND                               |                   | D Employer identification numl |                      |                   |  |  |
| $\Box$                      | Address      | change  | Doing business as              |   |                                       |                   |                                | 92-0176084           |                   |  |  |
| $\overline{\Box}$           | Name ch      | -   |                                | O box if mail is not delivered to sti   | reet address)                         | Room/suite        | E Teleph                       | none number          |                   |  |  |
| Η                           | Initial ret  | •   | 3333 Denali St.                |   | 907-777-723                           | )                 |                                |                      |                   |  |  |
| H                           |              | urn/terminated                                    |                                |   |                                       |                   |                                |                      |                   |  |  |
|                             |              |   | G Gross                        | receipts \$                             | 440,651                               |                   |                                |                      |                   |  |  |
| 片                           | Amende       | -   | Anchorage, AK 99503            | ncipal officer Dave Reaves 333          | 2 Donali St. Sto 200                  | ) H(a) Is this    |                                |                      | Yes ✓ No          |  |  |
| Ш                           | Applicat     | ion pending                                       | · ·                            | icipal officer Dave Reaves 333          | S Delian St. Ste 200                  | 1                 | -                              | es included?         | = :               |  |  |
|                             | <del>-</del> |   | Anchorage, AK 99503            | (2) ( 2 ) 4 (2224 22)                   | 4947(a)(1) or 527                     | <del>- /-</del>   |                                | st. (see instruction |                   |  |  |
| <u></u>                     |              | mpt status  | 501(c)(3)                      | (c) ( 5 ) ◀ (insert no )                | 4947(a)(1) or 527                     | <del> -/- </del>  |                                |                      |                   |  |  |
| <u>J</u>                    | Website      |   |                                |   | <u></u>                               |                   | exemption                      |                      | N/A               |  |  |
| _                           |              |   | Corporation Trust              | Association                             | ofit L Year of for                    | mation 2001       | M State                        | of legal domicile    | AK                |  |  |
| P                           | art I        | Summa   |                                |   | <u> </u>                              | <del></del>       |                                | <u> </u>             |                   |  |  |
|                             | 1            | Briefly des                                       | cribe the organization         | 's mission or most significa            | nt activities: To pr                  | ovide financial   | assistanc                      | e to members         | ın                |  |  |
| Activities & Governance     | 1            | extreme ne  | ed.                            |   |                                       |                   |                                |                      |                   |  |  |
| na n                        |              |   |                                |   |                                       |                   |                                |                      |                   |  |  |
| ē                           | 2            | Check this  | box ▶ ☐ If the organ           | ization discontinued its ope            | erations or dispose                   | ed of more tha    | n 25% of                       | its net assets       | <b>5.</b>         |  |  |
| Ĝ                           | 3            | Number of   | voting members of th           | e governing body (Part VI,              | ine 1a)                               |                   | $\sqrt{3}$                     |                      | 5                 |  |  |
| <b>مح</b>                   | 4            | Number of   | independent voting m           | nembers of the governing b              | ody (Part VI, line 1                  | (b)               | 4                              | ·                    | 5                 |  |  |
| ïës                         | 5            | Total numb  | per of individuals empl        | oyed in calendar year 2019              | (Part V, line 2a)                     | 15V               | <b>(公) 5</b>                   |                      | 0                 |  |  |
| Ž                           | 6            | Total numb  | per of volunteers (estin       | nate if necessary)                      | · · · · ·//                           | EIVED<br>1 2020   | \ <u>\</u> \(\6                |                      | 0                 |  |  |
| Act                         | 7a           |   |                                | e from Part VIII, column (C),           | line 12                               | 3050              | \ <sup>↑</sup> 7a              |                      | 0                 |  |  |
|                             | ь            |   |                                | ncome from Form 990-T, lir              | ne 39 \                               | 01.20.            | 7b                             |                      | 0                 |  |  |
| _                           | <u> </u>     |   |                                |   | 12/11                                 | 01 2020           | 68K                            | Current '            | /ear              |  |  |
| _                           | 8            | Contributio                                       | ons and grants (Part Vi        | III. line 1h)                           | 1021                                  | N.                | 258,273                        |                      | 275,583           |  |  |
| ž                           | 9            |   | ervice revenue (Part V         |   | (6)                                   | GOER              | n                              | ·                    | 0                 |  |  |
| Revenue                     | 10           |   |                                | umn (A), lines 3, 4, and 7d)            | /                                     | 9                 | 115,262                        |                      | 164,318           |  |  |
| æ                           | 11           |   |                                | (A), lines 5, 6d, 8c, 9c, 10c,          | \ /                                   |                   | 1,000                          |                      | 750               |  |  |
|                             | 1            |   |                                | th 11 (must equal Part VIII, o          |                                       |                   | 374,535                        |                      | 440,651           |  |  |
|                             | 12           |   |                                |   |                                       | <del></del>       |                                |                      |                   |  |  |
|                             | 13           |   | •                              | (Part IX, column (A), lines 1           | 1-3)                                  |                   | 65,827                         | <del></del>          | 77,579            |  |  |
|                             | 14           |   |                                | (Part IX, column (A), line 4)           | · · · · · · · · · · · · · · · · · · · |                   | 0                              |                      |                   |  |  |
| es                          | 15           |   |                                | oloyee benefits (Part IX, colu          |                                       |                   | 0                              |                      | 0                 |  |  |
| Expenses                    | 16a          |   | • •                            | rt IX, column (A), line 11e)            |                                       |                   | 0                              |                      | 0                 |  |  |
| Š                           | b            |   |                                | IX, column (D), line 25) ▶              |                                       |                   |                                |                      |                   |  |  |
| ш                           | 17           | -   |                                | (A), lines 11a-11d, 11f-24e             |                                       |                   | 17,434                         |                      | 26,542            |  |  |
|                             | 18           |   |                                | (must equal Part IX, colum              | n (A), line 25) .                     |                   | 83,261                         |                      | 104,121           |  |  |
| _                           | 19           | Revenue le  | ess expenses. Subtrac          | t line 18 from line 12                  | <u> </u>                              |                   | 291,274                        |                      | 336,530           |  |  |
| Net Assets or Fund Balances |              |   |                                |   |                                       | Beginning of C    | ırrent Year                    | End of Y             | ear               |  |  |
| sets                        | 20           | Total asset                                       | ts (Part X, line 16) .         |   |                                       |                   | 5,581,714                      | <u>.</u> .           | 6,445,123         |  |  |
| A B                         | 21           | Total liabili                                     | ties (Part X, line 26) .       |   |                                       |                   | 13,696                         |                      | 0                 |  |  |
| F R                         | 22           | Net assets  | or fund balances. Sub          | otract line 21 from line 20             |                                       |                   | 5,568,018                      |                      | 6,445,123         |  |  |
| Pa                          | art II       | Signatu   | re Block                       |   |                                       |                   |                                |                      |                   |  |  |
| Un                          | der pena     | ilties of perjury                                 | , I declare that I have examin | ned this return, including accompa      | nying schedules and st                | atements, and to  | he best of n                   | ny knowledge an      | d belief, it is   |  |  |
| tru                         | e, correc    | t, and complet                                    | e Declaration of preparer (of  | ther than officer) is based on all info | ormation of which prep                | arer has any know | ledge                          |                      |                   |  |  |
| _                           |              |   |                                |   |                                       |                   | ·                              |                      |                   |  |  |
| Sig                         | gn           | Signati   | ure of officer                 |   |                                       | Da                | ite , )                        | 1-1-                 |                   |  |  |
| He                          | -            |   | $\wedge$                       | xxun h                                  | بسا                                   |                   | 61                             | 12120                | )                 |  |  |
|                             |              | Type o  | r print name and title         | FREALITS, BI                            | 15INASS                               | man               | AGI ER                         | ·                    |                   |  |  |
| _                           |              | <del>                                      </del> | preparer's name                | Preparer's signature                    |                                       | Date              | Check                          | 0.700                |                   |  |  |
| Pa                          |              |   |                                | ,                                       |                                       |                   | self-emp                       | <b>.</b> " ]         |                   |  |  |
|                             | epare        | I Comic con                                       | no <b>b</b>                    |   |                                       | F.,,              | n's EIN ▶                      |                      | <u>.</u>          |  |  |
| Us                          | e Oni        | ly Firm's nar                                     |                                |   |                                       |                   | one no                         |                      |                   |  |  |
| NAC                         | v tho IF     | Firm's add  |                                | parer shown above? (see i               | nstructions)                          |                   | ALC IIU                        | . 🗌 Yes              | □No               |  |  |
| _                           |              |   |                                |   |                                       |                   | • • •                          |                      |                   |  |  |
| For                         | Paperv       | work Reduct                                       | ion Act Notice, see the        | separate instructions.                  | Ca                                    | t No 11282Y       | $\cap$                         | Form                 | <b>990</b> (2019) |  |  |

| orm 99 |  | age 2       |
|--------|--|-------------|
| Part   | Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III  |             |
| 1      | Briefly describe the organization's mission:   |             |
|        | To provide financial assistance to members in extreme need.  | . <b></b>   |
|        |  |             |
|        |  |             |
| 2      | Did the organization undertake any significant program services during the year which were not listed on the   |             |
|        | prior Form 990 or 990-EZ?  | No          |
| 3      | Did the organization cease conducting, or make significant changes in how it conducts, any program   |             |
|        | services?  | No          |
| _      | If "Yes," describe these changes on Schedule O   |             |
| 4      | Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to of the total expenses, and revenue, if any, for each program service reported. |             |
| 4a     | (Code. ) (Expenses \$ including grants of \$ ) (Revenue \$ )   |             |
|        |  |             |
|        |  |             |
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|        |  | •••••       |
|        |  |             |
|        |  |             |
|        |  |             |
|        |  |             |
|        |  |             |
| 4b     | (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )   |             |
|        |  |             |
|        |  |             |
|        |  |             |
|        | ·····  |             |
|        |  |             |
|        |  |             |
|        |  | <del></del> |
|        |  |             |
| 4c     | (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )   |             |
|        |  |             |
|        |  |             |
|        |  |             |
|        |  |             |
|        |  |             |
|        |  |             |
|        |  |             |
|        |  |             |
|        |  |             |
| 4d     | Other program services (Describe on Schedule O.)   |             |
|        | (Expenses \$ including grants of \$ ) (Revenue \$ )  |             |

77,579

**4e** Total program service expenses ▶



| Part IV C |  | Schedules |
|-----------|--|-----------|
|           |  |           |
|           |  |           |

|     |   |     | res      | 140      |
|-----|---|-----|----------|----------|
| 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   |          | /        |
| 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   | <b>Section 501(c)(3) organizations.</b> 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   |          |          |
| 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   | <b>\</b> |          |
| 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   |          | 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? If "Yes," complete Schedule D, Part IV            | 9   |          | 1        |
| 10  | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V  | 10  |          | 1        |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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   | 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        |
| 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 |          | ✓        |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  | 12a | ✓_       |          |
| 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  |          | ✓        |
| 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 |          | ✓        |
| 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  |          | 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? <i>If "Yes," complete Schedule G, Part I</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  |          | ✓.       |
| 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  |          | ✓        |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 20a |          | ✓        |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .  | 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  |          | ✓        |

Form **990** (2019)

| Part    | IV Checklist of Required Schedules (continued)   |            |          |          |
|---------|--|------------|----------|----------|
|         |  |            | Yes      | No       |
| 22      | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22         | 1        |          |
| 23      | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated  |            |          |          |
|         | employees? If "Yes," complete Schedule J.  | 23         | ļ        | ✓        |
| 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   | 240        |          |          |
| h       | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24a<br>24b |          | 1        |
| b       | Did the organization maintain an escrow account other than a refunding escrow at any time during the year  | 240        |          | -        |
| С       | to defease any tax-exempt bonds?   | 24c        |          | 1        |
| d       |  | 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       | 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        |          |          |
| 26      | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II   | 26         |          | ✓        |
| 27      | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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)  |            |          |          |
| а       | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV   | 28a        |          | 1        |
| b       | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  | 28b        |          | <b>✓</b> |
| С       | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV  | 28c        |          | ✓        |
| 29      | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   | 29         |          | 1        |
| 30      | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M   | 30         |          | <b>✓</b> |
| 31      | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   | 31         |          | ✓        |
| 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         |          | ✓        |
| 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         |          | ✓        |
| 35a     | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a        |          |          |
| 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        | -        | ✓        |
| 36      | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  | 36         |          |          |
| 37      | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  | 37         |          | ✓        |
| 38      | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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. W  |            | Yes      | No       |
| 1a<br>b | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   | 1 1        |          |          |
| С       | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?   | 1c         |          |          |

| Part | V Statements Regarding Other IRS Filings 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 0  |  |     |          |
| b    | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .  | 2b                                     |     |          |
|      | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)   |  |     |          |
| 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 on Schedule O .   | 3b                                     |     |          |
| 4a   | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,   |  |     |          |
|      | a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  | 4a                                     |     | ✓        |
| b    | If "Yes," enter the name of the foreign country ▶   |  |     |          |
|      | See instructions for filing 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                                     |     | ✓        |
| b    | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  | 5b                                     |     | ✓        |
|      | 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                                     |     | 1        |
| b    | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?   | 6b                                     |     |          |
| 7    | Organizations that may receive deductible contributions under section 170(c).   |  |     |          |
| a    | 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                                     |     |          |
| С    | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was  |  |     |          |
|      | required to file Form 8282?   | 7c                                     |     |          |
| d    | If "Yes," indicate the number of Forms 8282 filed during the year   |  |     |          |
| е    | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   | 7e                                     |     |          |
| f    | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  | 7f                                     |     |          |
| g    | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  | 7g                                     |     |          |
| h    | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  | 7h                                     |     |          |
| 8    | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?          | 8                                      | عند | سخت      |
| 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:   |  |     |          |
| а    | Initiation fees and capital contributions included on Part VIII, line 12  |  | .   |          |
|      | 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   | .                                      | - } |          |
| b    | Gross income from other sources (Do not net amounts due or paid to other sources  | ]                                      |     |          |
|      | against amounts due or received from them)  |  |     |          |
|      | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  | 12a                                    |     |          |
|      | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b   | .                                      | i   | `        |
|      | Section 501(c)(29) qualified nonprofit health insurance issuers.  | $\longrightarrow$                      |     | i        |
|      | Is the organization licensed to issue qualified health plans in more than one state?  | 13a                                    | -i  | 1        |
|      | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans   |  |     |          |
| С    | Enter the amount of reserves on hand  |  |     |          |
|      | 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 on Schedule O.  | 14b                                    |     |          |
| 15   | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or   | Ī                                      |     |          |
|      | excess parachute payment(s) during the year?  | 15                                     |     | ✓        |
|      | If "Yes," see instructions and file Form 4720, Schedule N.  | اـــــــــــــــــــــــــــــــــــــ |     | لــِـــ  |
|      | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.   | 16                                     |     | <b>✓</b> |

| Part     | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "I response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instruction. Check if Schedule O contains a response or note to any line in this Part VI  |       |          |          |  |  |  |  |  |  |  |
|----------|--|-------|----------|----------|--|--|--|--|--|--|--|
| Secti    | on A. Governing Body and Management  |       |          |          |  |  |  |  |  |  |  |
|          |  |       | Yes      | No       |  |  |  |  |  |  |  |
| 1a       | Enter the number of voting members of the governing body at the end of the tax year .  |       |          |          |  |  |  |  |  |  |  |
|          | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.  |       | -        |          |  |  |  |  |  |  |  |
| b        | <b>b</b> Enter the number of voting members included on line 1a, above, who are independent . 1b 5   |       |          |          |  |  |  |  |  |  |  |
| 2        | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  | 2     |          | 1        |  |  |  |  |  |  |  |
| 3        | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .  | 3     |          | 1        |  |  |  |  |  |  |  |
| 4        | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   | 4     |          | 1        |  |  |  |  |  |  |  |
| 5        | Did the organization become aware during the year of a significant diversion of the organization's assets?   | 5     |          | <b>✓</b> |  |  |  |  |  |  |  |
| 6        | Did the organization have members or stockholders?   | 6     | 1        | ļ        |  |  |  |  |  |  |  |
| 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    |          | 1        |  |  |  |  |  |  |  |
| 8        | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |       |          |          |  |  |  |  |  |  |  |
| а        | The governing body?  | 8a    | <b>/</b> | <u> </u> |  |  |  |  |  |  |  |
| b        | Each committee with authority to act on behalf of the governing body?  | 8b    | <b>✓</b> |          |  |  |  |  |  |  |  |
| 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 on Schedule O   | 9     | <u> </u> | 1        |  |  |  |  |  |  |  |
| Secti    | on B. Policies (This Section B requests information about policies not required by the Internal Reven  | ue C  |          |          |  |  |  |  |  |  |  |
| 10a      | Did the every retion have local chapters, by anchor or offiliates?   | 40-   | Yes      | No<br>✓  |  |  |  |  |  |  |  |
|          | Did the organization have local chapters, branches, or affiliates?   | 10a   |          | <b></b>  |  |  |  |  |  |  |  |
| b        | 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   |          | ✓,       |  |  |  |  |  |  |  |
| b<br>12a | Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  | 12a   |          | 7        |  |  |  |  |  |  |  |
| ıza<br>b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?   | 12a   |          |          |  |  |  |  |  |  |  |
| c        | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.  | 12c   |          |          |  |  |  |  |  |  |  |
| 13       | Did the organization have a written whistleblower policy?  | 13    |          | 1        |  |  |  |  |  |  |  |
| 14       | Did the organization have a written document retention and destruction policy?   | 14    | 1        | _        |  |  |  |  |  |  |  |
| 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   |          |          |  |  |  |  |  |  |  |
| b        | Other officers or key employees of the organization  | 15b   |          |          |  |  |  |  |  |  |  |
| 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   | 700   |          | _        |  |  |  |  |  |  |  |
|          | 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 ▶ NONE  |       |          |          |  |  |  |  |  |  |  |
| 18       | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (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 on Schedule O)  | (Sect | tion 5   | 01(c)    |  |  |  |  |  |  |  |
| 19       | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.   | inter | est p    | olicy,   |  |  |  |  |  |  |  |
| 20       | State the name, address, and telephone number of the person who possesses the organization's books and reconstruction and telephone number of the person who possesses the organization's books and reconstruction and telephone number of the person who possesses the organization's books and reconstruction and telephone number of the person who possesses the organization's books and reconstruction and telephone number of the person who possesses the organization's books and reconstruction and telephone number of the person who possesses the organization's books and reconstruction and telephone number of the person who possesses the organization's books and reconstruction and telephone number of the person who possesses the organization's books and reconstruction and telephone number of the person who possesses the organization and telephone number of the person who possesses the organization and telephone number of the person who possesses the organization and telephone number of the person who possesses the organization and telephone number of the person who possesses the organization and telephone number of the person who possesses the organization and telephone number of the person who possesses the organization and telephone number of the person who possesses the organization and telephone number of the person who person and telephone number of the person who person are the person and telephone number of the person who person are the |       |          | 220      |  |  |  |  |  |  |  |

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| Part VII  |   |
|           | independent Contractors   |
|           | Check if Schedule O contains a response or note to any line in this Part VII      |
| Section A | . Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees |

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

| Check this box if neither the organization noi | r any relate  | a org                          | anız                  | atic        | n c          | ompe   | nsa        | ited any current                 | onicer, director,                    | or trustee.                                     |
|--|---|--------------------------------|-----------------------|-------------|--------------|--|------------|----------------------------------|--------------------------------------|---|
|  |   |                                |                       | ((          | C)           |  |            |                                  |                                      |   |
| (A)  | (B)   |                                |                       |             | ition        |  |            | (D)                              | (E)                                  | (F)   |
| Name and title                                 | Average<br>hours<br>per week  | box,                           | unles<br>er and       | s pe<br>dad | rson         | than one than one that the state of the stat | an<br>tee) | Reportable compensation from the | Reportable compensation from related | Estimated amount of other compensation          |
|  | (list any<br>hours for<br>related<br>organizations<br>below<br>dotted line) | Individual trustee or director | Institutional trustee | Officer     | Key employee | Highest compensated employee   | Former     | organization<br>(W-2/1099-MISC)  | organizations<br>(W-2/1099-MISC)     | from the organization and related organizations |
| (1) DAVE REAVES                                | 2   |                                |                       | ,           |              |  |            |                                  |                                      |   |
| COMMITTEE MEMBER                               |   |                                | <b> </b>              | ✓           | -            |  |            | 0                                | 0                                    | (   |
| (2) SPENCER RUHL COMMITTEE MEMBER              | 1   |                                |                       | 1           |              |  |            | 0                                | 0                                    |   |
| (3) TIM ESTESEN                                | 11  |                                |                       | !           |              |  |            |                                  |                                      |   |
| COMMITTEE MEMBER                               |   |                                |                       | ✓           |              |  |            | 0                                | 0                                    | (   |
| (4) JACOB SOBOLEFF                             | 1   |                                |                       |             |              |  |            |                                  |                                      |   |
| COMMITTEE MEMBER                               |   |                                |                       | ✓           |              |  | _          | 0                                | 0                                    |   |
| (5) CHESTER HUGO COMMITTEE MEMBER              | 11  |                                |                       | 1           |              |  |            | 0                                | 0                                    |   |
| (6)  |   |                                |                       |             |              |  |            |                                  |                                      |   |
| (7)  |   |                                |                       |             |              |  |            |                                  |                                      |   |
| (8)  |   |                                |                       |             |              |  |            |                                  |                                      |   |
| (9)  |   |                                |                       | ·           |              |  |            |                                  |                                      |   |
| (10)   |   |                                |                       |             |              |  |            |                                  |                                      |   |
| (11)   |   |                                |                       |             |              |  |            |                                  |                                      |   |
| (12)   |   |                                |                       |             |              |  |            | '                                |                                      |   |
| (13)   |   |                                |                       |             |              |  |            | ·                                |                                      |   |
| (14)   |   |                                |                       |             |              |  |            |                                  |                                      | •   |

| Part        | VII Section A. Officers, Directors, 7   | Frustees,                | Key   | Em            | _        | yee<br>c)    | s, an                        | d F         | lighest Compe         | nsated Er                  | nplo    | yees (         | conti              | nued,         |
|-------------|---|--------------------------|---|---------------|----------|--------------|------------------------------|-------------|-----------------------|----------------------------|---------|----------------|--------------------|---------------|
|             | (A)   | (B)                      |   |               | •        | o)<br>iition |                              |             | (D)                   | (E)                        | į       |                | <b>(5</b> )        |               |
|             | (A) Name and title  | (B)<br>Average           | (do not check more than obox, unless person is both |               |          |              |                              |             | Reportable            | (=)<br>Reportab            | Estima  | (F)<br>ated an | nount              |               |
|             |   | hours                    | office  | er and        |          |              | or/trus                      |             | compensation          | compensa                   | tion    | c              | of other           |               |
|             |   | per week<br>(list any    | Individual trustee or director                      | Ins           | Officer  | <u>\$</u>    | em Hg                        | ਨੂੰ         | from the organization | from relati<br>organizatio |         |                | pensation the      |               |
|             |   | hours for                | livida  | 重             | Cer      | en           | ploy                         | Former      | (W-2/1099-MISC)       | (W-2/1099-N                |         | organ          | ization            | and           |
|             |   | related<br>organizations | tor to  | Institutional |          | Key employee | e con                        |             |                       |                            |         | related        | organi             | zations       |
|             |   | below<br>dotted line)    | uste  | trustee       | i        | 69           | pen                          |             |                       | ı                          | ŀ       |                |                    |               |
|             |   | 001100 11110)            | 0   | tee           |          |              | Highest compensated employee |             |                       |                            |         |                |                    |               |
| (15)        |   |                          |   |               |          |              | <u> </u>                     |             |                       |                            |         |                |                    | <del></del> - |
|             |   |                          |   | L             |          |              |                              |             |                       |                            |         |                |                    |               |
| (16)        |   | ļ                        |   |               |          |              |                              |             | 1                     |                            |         |                |                    |               |
| (17)        |   |                          |   | -             |          |              |                              | -           |                       |                            |         |                |                    |               |
| X.17        |   |                          |   |               | •        |              |                              |             |                       |                            |         |                |                    |               |
| (18)        |   |                          |   |               |          |              |                              |             |                       |                            |         |                |                    |               |
| (10)        |   |                          | -   |               |          |              | ļ .                          | _           |                       |                            |         |                |                    |               |
| (19)        |   | ļ                        | 1   |               |          |              |                              |             |                       |                            |         |                |                    |               |
| (20)        |   |                          |   |               |          |              |                              |             |                       | <del></del> -              |         |                |                    |               |
|             |   |                          |   |               | <u> </u> | _            |                              |             |                       |                            |         |                |                    |               |
| (21)        |   | <del> </del>             |   |               |          |              |                              |             | •                     |                            | į       |                |                    |               |
| (22)        |   |                          |   |               |          |              |                              |             |                       |                            |         |                |                    |               |
|             |   |                          |   |               |          |              |                              | L           |                       |                            |         |                |                    |               |
| (23)        |   | ļ                        |   |               |          |              |                              |             |                       |                            | İ       |                |                    |               |
| (24)        |   |                          | <del> </del>  | _             |          |              |                              | $\vdash$    |                       |                            |         | ·              |                    |               |
| (24)        |   | <del> </del>             |   |               |          |              |                              |             |                       |                            | 1       |                |                    |               |
| (25)        |   |                          |   |               |          |              |                              |             |                       |                            |         |                |                    |               |
|             |   |                          | l   |               |          | <u> </u>     | L                            | L           |                       | ·                          |         |                |                    |               |
| 1b          | Subtotal  |                          |   |               |          |              | ٠                            | <b>&gt;</b> | 0                     |                            | 0       |                |                    | 0             |
| c<br>d      | Total from continuation sheets to Part Total (add lines 1b and 1c)                  |                          |   | •             |          |              |                              | <b>&gt;</b> | 0                     |                            | 0       |                |                    | 0             |
| 2           | Total number of individuals (including but  |                          |   |               |          |              |                              |             | <del></del>           |                            |         | of             | -                  |               |
| -           | reportable compensation from the organi   |                          |   |               |          |              | 25010                        | ., ··       | 0                     | 5 t. id. i \$ 100          | ,,000   | ·              |                    |               |
|             |   |                          |   |               |          |              |                              |             |                       |                            |         |                | Yes                | No            |
| 3           | Did the organization list any former of   |                          |   |               |          |              |                              | mpl         | oyee, or highes       | t compens                  | ated    |                |                    |               |
|             | employee on line 1a? If "Yes," complete s   |                          |   |               |          |              |                              |             |                       |                            |         | 3              | -                  | <b>/</b>      |
| 4           | For any individual listed on line 1a, is the organization and related organizations |                          |   |               |          |              |                              |             |                       |                            |         |                | Ì                  |               |
|             | individual  |                          |   |               |          |              |                              | .,<br>      | · · · ·               |                            |         | 4              |                    | <b>V</b>      |
| 5           | Did any person listed on line 1a receive of   |                          |   |               |          |              |                              |             |                       | ion or indiv               | idual   |                |                    | i             |
| <del></del> | for services rendered to the organization   | ? If "Yes," c            | ompl  | ete           | Sch      | edu          | ıle J f                      | or s        | such person .         | · · · ·                    | <u></u> | 5              |                    | ✓             |
|             | on B. Independent Contractors   |                          |   |               |          |              |                              |             | -44 46-4              |                            |         | C              | 100.0              | 00 -6         |
| 1           | Complete this table for your five high compensation from the organization. Repo     |                          |   |               |          |              |                              |             |                       |                            |         |                |                    |               |
|             | (A)   |                          |   |               |          |              |                              | , -         | (B)                   |                            | 3       | (C)            |                    | ,             |
|             | Name and business add   | ress                     |   |               |          |              |                              |             | Description of serv   | ices                       | С       | ompens         | ation              |               |
|             |   | · <del></del>            |   |               |          |              |                              |             |                       |                            |         |                |                    |               |
| <del></del> |   | <u> </u>                 |   |               |          |              |                              |             | <u> </u>              | ····                       |         |                |                    |               |
|             | · ····  |                          |   |               |          |              |                              |             |                       | +-                         |         |                |                    |               |
|             |   |                          |   |               |          |              |                              |             |                       |                            |         |                |                    |               |
| 2           | Total number of Independent contracto   |                          |   |               |          |              |                              | th          | use listed above      | e) who                     |         | **             | (n. 1 <sub>9</sub> | • [           |
|             | received more than \$100,000 of compens   | ation from t             | he or   | ganı          | zatı     | on l         |                              |             | 0                     |                            |         |                |                    |               |

| Pan  | VIII   | Check if Schedule                            |          |              | senor   | se or note to an  | v line in this Ps | art VIII                               |                                      |  |
|--|--------|--|----------|--------------|---|-------------------|-------------------|--|--------------------------------------|--|
|  | •      | Officer if Goriedate                         | 0.00     | mails a re   | <u>sapor</u>                                  | ise or note to an | (A) Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business revenue | (D) Revenue excluded from tax under sections 512-514 |
| S S  | 1a     | Federated campaig                            | ns .     |              | 1a  |                   |                   |  |                                      |  |
| Contributions. Gifts, Grants and Other Similar Amounts | ь      | Membership dues                              |          |              | 1b  | 275.583           | ,                 |  |                                      | <u>.</u>   |
| ي ق  | С      | Fundraising events                           |          |              | 1c  |                   |                   |  | ·                                    |  |
| T A  | d      | Related organization                         | ns .     |              | 1d  |                   |                   |  |                                      | }  |
| ڇ ٍ ق  | е      | Government grants                            | (cont    | tributions)  | 1e  |                   |                   |  |                                      |  |
| Sin  | f      | All other contribution                       | ns, gr   | fts, grants, | l   |                   |                   |  |                                      | 1  |
| ig E   |        | and similar amounts no                       | ot incli | uded above   | 1f  |                   |                   |  |                                      | 1  |
| <b>6</b> 5   | g      | Noncash contribution                         | ons in   | icluded in   |   |                   |                   |  |                                      |  |
| 5 5  |        |  |          |              | 1g  |                   |                   |  |                                      | i  |
| <u>o</u> <u>a</u>                                      | h      | Total. Add lines 1a-                         | -1f .    |              | · . ·   | T T               | 275,583           |  |                                      |  |
| d)   | _      |  |          |              |   | Business Code     |                   |  |                                      |  |
| <u>Ş</u>   | 2a     |  |          |              |   |                   |                   |  |                                      |  |
| gram Ser<br>Revenue                                    | b      |  |          |              |   |                   | <del> </del>      |  |                                      |  |
| E 6  | C      |  |          |              |   |                   |                   |  |                                      |  |
| <u> </u>   | d      |  |          |              |   |                   | <del></del>       |  |                                      |  |
| Program Service<br>Revenue                             | e      | All other program se                         |          |              |   |                   |                   |  |                                      |  |
| <u>α</u> .   | f<br>g | All other program se<br>Total. Add lines 2a- |          |              |   | •                 |                   |  |                                      |  |
|  | 3      | Investment income                            |          |              |   |                   |                   |  |                                      |  |
|  | •      | other similar amoun                          |          | _            |   |                   | 164,318           | 164,318                                |                                      |  |
|  | 4      | Income from investr                          |          |              | npt bo  | nd proceeds ►     |                   |  |                                      |  |
|  | 5      |  |          |              |   | ▶                 |                   |  |                                      |  |
|  |        | •  |          | (ı) Rea      |   | (ii) Personal     |                   |  |                                      |  |
|  | 6a     | Gross rents                                  | 6a       |              |   |                   |                   |  |                                      | 1  |
|  | b      | Less rental expenses                         | 6b       |              |   |                   |                   |  |                                      |  |
|  | С      | Rental income or (loss)                      | 6c       |              |   |                   |                   |  |                                      |  |
|  | d      | Net rental income of                         | r (los:  | s)           |   | 🕨                 |                   |  |                                      |  |
|  | 7a     | Gross amount from                            |          | (i) Securi   | lies  | (II) Other        |                   |  |                                      |  |
|  |        | sales of assets                              |          |              |   |                   |                   |  |                                      |  |
|  |        | other than inventory                         | 7a       |              |   |                   |                   |  |                                      |  |
| e .  | b      | Less cost or other basis                     |          |              |   |                   |                   |  |                                      |  |
| evenue   |        | and sales expenses                           | 7b       |              |   |                   |                   |  |                                      |  |
| Re/  | C      | Gain or (loss)                               | 7c       | L            |   |                   |                   |  |                                      |  |
|  | d      | Net gain or (loss)                           | •        |              | ·   | ▶                 |                   |  |                                      |  |
| Other  | 8a     | Gross income from                            |          | บดุเสเลเนดิ  |   |                   |                   |  |                                      |  |
| 0  |        | events (not including of contributions rep   |          | d on line    |   |                   |                   |  |                                      |  |
|  |        | 1c). See Part IV, line                       |          |              | 8a  |                   |                   |  |                                      |  |
|  | b      | Less: direct expense                         |          |              | 8b  | -                 |                   |  |                                      |  |
|  |        | Net income or (loss)                         |          |              |   | nts               |                   |  |                                      |  |
|  |        | Gross income f                               |          |              | <u>, , , , , , , , , , , , , , , , , , , </u> |                   |                   |  |                                      |  |
|  | 34     | activities. See Part I                       |          |              | 9a  |                   |                   |  |                                      |  |
|  | ь      | Less: direct expense                         |          |              | 9b  |                   |                   | ;                                      |                                      |  |
|  |        | Net income or (loss)                         |          |              | ctivitie                                      | s <b>&gt;</b>     |                   |  |                                      |  |
|  |        | Gross sales of in                            |          | •            |   |                   | -                 |  | •                                    |  |
|  |        | returns and allowan                          |          | , , , ,      | 10a   | <u> </u>          |                   |  |                                      |  |
|  | ь      | Less. cost of goods                          | sold     |              | 10b   |                   |                   |  |                                      |  |
|  |        | Net income or (loss)                         |          |              | vento   | ory . ▶           | 0                 |  |                                      |  |
| v,   |        |  |          |              |   | Business Code     |                   |  |                                      |  |
| ē ē  | 11a    | Return of contributio                        | n        |              |   | 813930            | 750               |  |                                      |  |
| scellaneo<br>Revenue                                   | b      |  |          |              |   |                   |                   |  |                                      |  |
| Miscellaneou<br>Revenue                                | С      |  |          |              |   |                   | , .               |  |                                      |  |
| iš a   | d      | All other revenue                            |          |              |   |                   |                   |  |                                      |  |
| 2  |        | Total. Add lines 11a                         |          |              | <u> </u>                                      |                   | 750               |  | ·                                    |  |
|  | 40     | Total rayanua Coo                            | Inch.    | ictions      |   | <b>►</b> I        | 440 054           | 164 210                                |                                      |  |

### Part IX Statement of Functional Expenses

| Section   | on 501(c)(3) and 501(c)(4) organizations must comp  | olete all columns. All | other organizations                   | must complete col                                | umn (A).                       |  |  |
|---|---|------------------------|---------------------------------------|--|--------------------------------|--|--|
| Check if Schedule O contains a response or note to any line in this Part IX |   |                        |                                       |  |                                |  |  |
|   | ot include amounts reported on lines 6b, 7b,<br>o, and 10b of Part VIII.  | (A)<br>Total expenses  | (B) Program service expenses          | (C) Management and general expenses              | (D)<br>Fundraising<br>expenses |  |  |
| 1   | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .  |                        |                                       |  |                                |  |  |
| 2   | Grants and other assistance to domestic individuals. See Part IV, line 22   | 77,579                 |                                       |  |                                |  |  |
| 3   | Grants and other assistance to foreign  | 7.7,0.0                |                                       |  |                                |  |  |
|   | organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16  |                        |                                       |  |                                |  |  |
| 4   | Benefits paid to or for members   |                        |                                       |  | -                              |  |  |
| 5   | Compensation of current officers, directors, trustees, and key employees  |                        |                                       |  |                                |  |  |
| 6   | Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).                         |                        |                                       |  |                                |  |  |
| 7   | Other salaries and wages  |                        |                                       |  |                                |  |  |
| 8   | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  |                        |                                       |  |                                |  |  |
| 9   | Other employee benefits   |                        |                                       |  |                                |  |  |
| 10  | Payroll taxes   |                        | <del></del>                           | ·  |                                |  |  |
| 11  | Fees for services (nonemployees).   |                        |                                       | <del>                                     </del> | -                              |  |  |
| ··  | Management  |                        |                                       |  |                                |  |  |
| b   | Legal   |                        |                                       |  |                                |  |  |
| C   | Accounting  |                        |                                       |  |                                |  |  |
| d   | Lobbying  |                        |                                       |  |                                |  |  |
| e   | Professional fundraising services. See Part IV, line 17   |                        |                                       |  |                                |  |  |
| f   | Investment management fees  |                        | <del>, , </del>                       |  |                                |  |  |
| g   | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)  |                        |                                       |  |                                |  |  |
| 12  | Advertising and promotion   |                        |                                       |  |                                |  |  |
| 13  | - · · · · · · · · · · · · · · · · · · ·   |                        |                                       |  |                                |  |  |
| 14  | Office expenses   |                        |                                       | <del> </del>                                     | <del> </del>                   |  |  |
| 15  |   |                        |                                       | -  |                                |  |  |
|   |   |                        |                                       |  |                                |  |  |
| 16<br>17  | Occupancy   |                        |                                       |  |                                |  |  |
| 18  | Travel  |                        |                                       |  |                                |  |  |
| 40  | for any federal, state, or local public officials   |                        |                                       | <u> </u>   |                                |  |  |
| 19  | Conferences, conventions, and meetings .  |                        | ···                                   |  |                                |  |  |
| 20  | Interest  |                        |                                       | ļ  |                                |  |  |
| 21<br>22  | Payments to affiliates  |                        |                                       |  |                                |  |  |
| 23  | Depreciation, depletion, and amortization . Insurance   |                        |                                       |  |                                |  |  |
|   |   |                        | · · · · · · · · · · · · · · · · · · · |  |                                |  |  |
| 24  | Other expenses, Itemize expenses not covered  | ,                      |                                       |  |                                |  |  |
|   | above (List miscellaneous expenses on line 24o If<br>line 24e amount exceeds 10% of line 25, column   | , ,                    |                                       |  |                                |  |  |
|   | (A) amount, list line 24c expenses on Schedule O)   | <i>'</i>               |                                       |  | ·                              |  |  |
| а   | , ,   | 1,433                  |                                       |  |                                |  |  |
| b   | Meeting Expenses  | 25,109                 |                                       |  | <del></del>                    |  |  |
|   | Bank Fees   | 25,109                 |                                       |  |                                |  |  |
| C   |   |                        |                                       |  |                                |  |  |
| d   | All other expenses  |                        |                                       |  |                                |  |  |
| e<br>25   | All other expenses  | 404 404                |                                       |  |                                |  |  |
| 25<br>26  | Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the   | 104,121                |                                       |  |                                |  |  |
| 20  | 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) |                        |                                       |  |                                |  |  |

32

**Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X . . . . . End of year Beginning of year 1 357,597 298,002 2 Savings and temporary cash investments . . . . . 2 3 3 4 4 49.783 51.091 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . . 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 6 7 7 Assets Inventories for sale or use . . . . 8 Prepaid expenses and deferred charges . . . 9 9 Land, buildings, and equipment: cost or other 10a basis. Complete Part VI of Schedule D . . . 10a 10b 10c Less: accumulated depreciation . . . . Investments—publicly traded securities . . . . . 11 11 5,172,334 6,096,030 12 12 Investments—other securities. See Part IV, line 11 . . . 13 Investments - program-related, See Part IV, line 11 . . . 13 14 14 15 15 Other assets. See Part IV, line 11 . . . . . . . . . Total assets. Add lines 1 through 15 (must equal line 33) . . . 5,581,714 16 16 6,445,123 17 13,696 17 18 18 Deferred revenue . . . . . . . . 19 19 20 20 Tax-exempt bond liabilities . . . . . . . . . . 21 Escrow or custodial account liability. Complete Part IV of Schedule D. . . Loans and other payables to any current or former officer, director, 22 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . . 22 23 23 Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties . . . . 24 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 Total liabilities. Add lines 17 through 25 . . . . . . . . . 26 13,696 26 Organizations that follow FASB ASC 958, check here ▶ □ **Net Assets or Fund Balances** and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 27 28 Net assets with donor restrictions . . . . . 28 Organizations that do not follow FASB ASC 958, check here ▶ ✓ and complete lines 29 through 33. 29 29 30 30 Paid-in or capital surplus, or land, building, or equipment fund . . . . 31 31 Retained earnings, endowment, accumulated income, or other funds . . .

Total liabilities and net assets/fund balances . . . . . . . . . . .

6,445,123

6,445,123

32

5.568.018

5,581,714 33

| Form Q | 90 (2019)  |            |    | De       | ige <b>12</b> |
|--------|--|------------|----|----------|---------------|
|        | XI Reconciliation of Net Assets  |            |    |          | ige 12        |
|        | 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          |    | 44       | 10,651        |
| 2      | Total expenses (must equal Part IX, column (A), line 25)   | 2          |    | 10       | )4,121        |
| 3      | Revenue less expenses. Subtract line 2 from line 1   | 3          |    | 33       | 6,530         |
| 4      | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | 4          |    | 5,56     | 8,018         |
| 5      | Net unrealized gains (losses) on investments   | 5          |    | 54       | 0,575         |
| 6      | Donated services and use of facilities   | 6          |    |          |               |
| 7      | Investment expenses  | 7          |    |          |               |
| 8      | Prior period adjustments   | 8          |    |          |               |
| 9      | Other changes in net assets or fund balances (explain on Schedule O)   | 9          |    |          | _             |
| 10     | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10         |    | 6,44     | 5,123         |
| Part   | XII Financial Statements and Reporting   |            |    |          |               |
|        | Check if Schedule O contains a response or note to any line in this Part XII                                   | <u> </u>   |    |          |               |
|        |  |            |    | Yes      | No            |
| 1      | Accounting method used to prepare the Form 990. 🗌 Cash 🕡 Accrual 🔲 Other                                       |            | 1  |          |               |
|        | If the organization changed its method of accounting from a prior year or checked "Other," e                   | explain in |    | 1        |               |
|        | Schedule O.  |            |    |          |               |
| 2a     | Were the organization's financial statements compiled or reviewed by an independent accountant?                |            | 2a |          | ✓_            |
|        | if "Yes," check a box below to indicate whether the financial statements for the year were con                 | npiled or  | ŀ  |          | [             |
|        | reviewed on a separate basis, consolidated basis, or both  |            | -  |          | 1             |
|        | Separate basis Consolidated basis Both consolidated and separate basis   |            |    |          |               |
| b      | Were the organization's financial statements audited by an independent accountant?                             |            | 2b | <b>✓</b> |               |
|        | If "Yes," check a box below to indicate whether the financial statements for the year were aud                 | ited on a  |    |          | 1             |
|        | separate basis, consolidated basis, or both:   |            |    |          | ļ             |
|        | Separate basis Consolidated basis Both consolidated and separate basis   |            |    |          |               |
| С      | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov           | •          | 20 | 1        |               |

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

Form **990** (2019)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.

Schedule O

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

### **Political Campaign and Lobbying Activities**

2019

**Open to Public** Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

| • 26  | ection 50 r(c)(3) organizations                          | s that have NOT filed Form 5766 (electic                    | on under section 50 i | (n)): Complete Fart II-6 Do   | not complete Part II-A.  |
|-------|--|---|-----------------------|---|--|
|       | organization answered "Ye<br>see separate instructions), | es," on Form 990, Part IV, line 5 (Prox)                    | / Tax) (see separat   | e instructions) or Form 990   | )-EZ, Part V, line 35c (Proxy  |
|       | •  | ganizations: Complete Part III.                             |                       |   |  |
|       | of organization  |   |                       | Employer ide  | ntification number   |
| BEW I | Hardship & Benevolent Fu                                 | nd  |                       |   | 92-0176084   |
| Part  |  | ne organization is exempt und                               | er section 501(       | c) or is a section 527  | organization.  |
| 1     |  | of the organization's direct and in                         | direct political ca   | impaign activities in Par   | t IV. (see instructions for  |
| 2     | definition of "political ca                              | impaign activities) : ity expenditures (see instructions) : |                       | ▶ •   |  |
| 3     | Volunteer hours for notif                                | tical campaign activities (see instruc                      | ctions)               |   | S  |
| Part  |  | ne organization is exempt und                               |                       |   |  |
| 1     |  | excise tax incurred by the organization                     | <del></del>           |   | <u> </u>   |
| 2     |  | excise tax incurred by organization                         |                       |   | ·  |
| 3     |  | red a section 4955 tax, did it file Fo                      |                       |   | Yes No   |
| 4a    | -  | ?   |                       |   | Yes No   |
| b     | If "Yes," describe in Par                                | t IV.   |                       |   |  |
| Part  | I-C Complete if the                                      | ne organization is exempt und                               | er section 501(       | c), except section 501  | (c)(3).  |
| 1     |  | ctly expended by the filing organiz                         |                       | 527 exempt function   |  |
| 2     |  | e filing organization's funds contrib                       |                       | anizations for section  | · · · · · · · · · · · · · · · · · · ·  |
| 2     | 527 exempt function ac                                   | tivities  |                       | ▶ \$  |  |
| 3     |  | expenditures. Add lines 1 and 2                             |                       |   |  |
| 4     |  | on file Form 1120-POL for this year                         |                       |   | Yes No   |
| 5     | • •  | sses and employer identification nu                         |                       |   |  |
|       | organization made payn                                   | nents. For each organization listed,                        | enter the amount      | paid from the filing organ  | ization's funds. Also enter  |
|       |  | contributions received that were pro                        |                       |   |  |
|       | as a separate segregate                                  | d fund or a political action committe                       | e (PAC). If addition  | nal space is needed, provi  | de information in Part IV.   |
|       | (a) Name   | (b) Address   | (c) EIN               | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
| (1)   |  |   |                       |   |  |
| (-,   |  |   |                       |   |  |
| (2)   |  |   |                       |   |  |
| (3)   |  |   |                       |   |  |
| (4)   |  |   |                       |   |  |
| (5)   |  |   |                       |   |  |
|       |  | <del> </del>  |                       | <del> </del>  |  |
| (6)   |  | ļ   |                       |   |  |

| _   |   | • |
|-----|---|---|
| Pag | е | _ |

| Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)). |   |   |                      |                                       |                                      | <u> </u>              |                |
|---|---|---|----------------------|---------------------------------------|--------------------------------------|-----------------------|----------------|
| Α (   | Check ►   | If the filing organization be                                     |                      |                                       |                                      | liated group memb     | er's name,     |
| В   | address, EIN, expenses, and share of excess lobbying expenditures).  Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply. |   |                      |                                       |                                      |                       |                |
|   | JIIECK P  |   | bbying Expenditu     |                                       |                                      | (a) Filing            | (b) Affiliated |
|   |   | (The term "expenditures"  |                      |                                       | )                                    | organization's totals | group totals   |
| 18  | Total lo  | obbying expenditures to influer                                   | ce public opinion (  | grassroots lobby                      | ing)                                 |                       |                |
| ı   | Total lo  | bbying expenditures to influer                                    | ce a legislative boo | dy (direct lobbying                   | g)                                   |                       |                |
| (   | Total lo  | bbying expenditures (add line                                     | s 1a and 1b)         |                                       |                                      |                       |                |
| •   |   | exempt purpose expenditures                                       |                      |                                       |                                      |                       |                |
| •   |   | xempt purpose expenditures (a                                     |                      |                                       |                                      |                       | <del> </del>   |
| 1   | Lobbyi<br>columr  | ng nontaxable amount. Ente  | er the amount fro    | om the following                      | table in both                        |                       |                |
|   | If the ar   | nount on line 1e, column (a) or (b                                | is: The lobbying r   | nontaxable amoun                      | t is:                                |                       | ست ست معن      |
|   | Not ove   | r \$500,000   |                      | ount on line 1e.                      |                                      |                       |                |
|   |   | 00,000 but not over \$1,000,000                                   |                      | 15% of the excess                     |                                      |                       |                |
|   |   | ,000,000 but not over \$1,500,000                                 |                      | 10% of the excess                     |                                      | · [                   | •              |
|   | Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000.  |   |                      |                                       | ver \$1,500,000.                     |                       |                |
| Over \$17,000,000 \$1,000,000.  |   |   |                      |                                       |                                      |                       |                |
|   | -   | oots nontaxable amount (enter                                     | •                    |                                       |                                      |                       | <del></del>    |
|   |   | ct line 1g from line 1a. If zero o                                |                      |                                       |                                      |                       |                |
|   |   | ct line 1f from line 1c. If zero or<br>is an amount other than ze |                      | ther line 1: die                      | the organization                     | file Form 4720        |                |
| ,   |   | ng section 4911 tax for this ye                                   |                      |                                       | · · · ·                              |                       | Yes No         |
|   | (Som  | e organizations that made a<br>See t                              | he separate instru   | ction do not hav<br>uctions for lines | e to complete all<br>2a through 2f.) | of the five column    | ns below.      |
|   |   | Lobby   | ing Expenditures     | During 4-Year A                       | veraging Period                      | <del></del>           |                |
|   | Cale  | ndar year (or fiscal year<br>beginning in)                        | (a) 2016             | <b>(b)</b> 2017                       | <b>(c)</b> 2018                      | ( <b>d)</b> 2019      | (e) Total      |
| 2   | <b>a</b> Lobbyi   | ng nontaxable amount  |                      |                                       |                                      |                       |                |
| ı   | -   | ng ceiling amount<br>of line 2a, column (e))                      |                      | ·                                     |                                      | 1                     |                |
| (   | Total lo  | obbying expenditures  |                      |                                       |                                      |                       |                |
| (   | d Grassr  | oots nontaxable amount  |                      |                                       |                                      |                       |                |
|   |   | oots ceiling amount<br>of line 2d, column (e))                    |                      | <u> </u>                              |                                      |                       |                |
| 1   | Grassr  | oots lobbying expenditures  |                      |                                       |                                      |                       |                |

| Part   | II-B Complete if the organization is exempt under section 501(c)(3) and has NOT f (election under section 501(h)).   | iled    | Form        | 5768         |            |          |
|--------|--|---------|-------------|--------------|------------|----------|
| For e  | each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed  | (8      | 9)          |              | (b)        |          |
|        | ription of the lobbying activity.  | Yes     | No          | Aı           | mount      | t        |
| 1      | During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of. | -       |             |              |            |          |
| а      | Volunteers?  |         |             |              |            |          |
| b      | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?   | Ĺ       |             |              |            |          |
| С      | Media advertisements?  |         |             | <u> </u>     |            |          |
| d      | Mailings to members, legislators, or the public?   |         |             |              |            |          |
| е      | Publications, or published or broadcast statements?  |         |             | · · · · · ·  |            |          |
| f      | Grants to other organizations for lobbying purposes?   |         |             | <u> </u>     |            |          |
| g      | Direct contact with legislators, their staffs, government officials, or a legislative body?  |         |             | <del></del>  |            |          |
| h      | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  |         |             | <del> </del> |            |          |
| !      | Other activities?  |         |             | <b></b>      |            |          |
| J      | Total. Add lines 1c through 1i   |         |             | <del></del>  |            |          |
| 2a     | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912  |         |             |              |            |          |
| b      | If "Yes," enter the amount of any tax incurred under section 4912  |         |             |              |            |          |
| c<br>d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?   |         |             |              |            |          |
|        | III-A Complete if the organization is exempt under section 501(c)(4), section(501(c)   | (5))    | or se       | ction        |            |          |
| · circ | 501(c)(6).   | (9), (  | ,, ,,,      |              |            |          |
|        |  |         |             |              | Yes        | No       |
| 1      | Were substantially all (90% or more) dues received nondeductible by members?   |         |             | 1            | 1          | ļ        |
| 2      | Did the organization make only in-house lobbying expenditures of \$2,000 or less?  |         | _           | 2            | <b>✓</b>   | <u> </u> |
| 3      | Did the organization agree to carry over lobbying and political campaign activity expenditures from the  |         |             | 3            |            | <u> </u> |
| Part   | III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OF answered "Yes."  |         |             |              | ine 3      | I, is    |
| 1      | Dues, assessments and similar amounts from members   |         | 1           |              |            |          |
| 2      | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).  | of      |             |              |            |          |
| а      | Current year   |         | 2a          |              |            |          |
| b      | Carryover from last year   | ·       | 2b          |              |            |          |
| C      | Total  | ·       | 2c          |              |            |          |
| 3      | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .  |         | 3           |              |            |          |
| 4      | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby                                 | ing     |             |              |            |          |
| _      | and political expenditure next year?   | L       | 4           |              |            |          |
| 5      | Taxable amount of lobbying and political expenditures (see instructions)   | ·       | 5           |              |            |          |
| Par    |  | 1       | \. D        | - II A I     |            |          |
|        | de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grounstructions); and Part II-B, line 1. Also, complete this part for any additional information.                 | ıp iist | );          | t II-A, II   | nes i      | and      |
|        |  |         | ·- <b>-</b> |              |            |          |
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|         | rm 990 or 990-EZ) 2019                 | Page 4                                  |
|---------|--|---|
| Part IV | Supplemental Information (continued)   |   |
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### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

**Supplemental Financial Statements** 

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

► Attach to Form 990.

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

OMB No 1545-0047

2019

Open to Public Inspection

Employer identification number

| IBEW H | lardship & Benevolent Fund  |   | 92-0176084                              |
|--------|---|---|---|
| Part   | •   |   | ls or Accounts.                         |
|        | Complete if the organization answered '   | <del></del>                                       | 0.5                                     |
|        | Total country of and of coops   | (a) Donor advised funds                           | (b) Funds and other accounts            |
| 1      | Total number at end of year   |   | ·                                       |
| 2      | Aggregate value of contributions to (during year)   |   |   |
| 3<br>4 | Aggregate value of grants from (during year)  Aggregate value at end of year  |   |   |
|        | Did the organization inform all donors and donor  | advisors in writing that the assets hal           | ld in donor advised                     |
| 5      | funds are the organization's property, subject to the   |   |   |
| 6      | Did the organization inform all grantees, donors, a   |   |   |
| •      | only for charitable purposes and not for the benef  | fit of the donor or donor advisor, or for         | any other purpose                       |
|        |   |   |   |
| Part   | Il Conservation Easements.  |   |   |
|        | Complete if the organization answered '   | 'Yes" on Form 990, Part IV, line 7.               |   |
| 1      | Purpose(s) of conservation easements held by the  | organization (check all that apply).              |   |
|        | Preservation of land for public use (for example, recre   | ·   |   |
|        | Protection of natural habitat   | ☐ Preservation of                                 | f a certified historic structure        |
|        | ☐ Preservation of open space  |   |   |
| 2      | Complete lines 2a through 2d if the organization he   | eld a qualified conservation contribution         |   |
|        | easement on the last day of the tax year.   |   | Held at the End of the Tax Year         |
| a      | Total number of conservation easements  |   | 2a                                      |
|        | Total acreage restricted by conservation easement<br>Number of conservation easements on a certified h  |   | <b>-</b>                                |
| c<br>d | Number of conservation easements included in  | · · · · · · · · · · · · · · · · · · ·             |   |
| u      |   |   | . 2d                                    |
| 3      | Number of conservation easements modified, trans  |   |   |
|        | tax year ▶  | <b></b>   |   |
| 4      | Number of states where property subject to conser   | rvation easement is located ▶                     |   |
| 5      | Does the organization have a written policy required violations, and enforcement of the conservation ea   |   |   |
| 6      | Staff and volunteer hours devoted to monitoring, insper   | cting, handling of violations, and enforcing      | conservation easements during the year  |
| 7      | Amount of expenses incurred in monitoring, inspectir  | ng, handling of violations, and enforcing c       | conservation easements during the year  |
| 8      |   |   | 🗌 Yes 🗌 No                              |
| 9      | In Part XIII, describe how the organization reports of balance sheet, and include, if applicable, the text organization's accounting for conservation easeme  | of the footnote to the organization's final ents. | ncial statements that describes the     |
| Part   | Organizations Maintaining Collections Complete if the organization answered "   |   | Other Similar Assets.                   |
| 1a     | If the organization elected, as permitted under FAS of art, historical treasures, or other similar assets service, provide in Part XIII the text of the footnote  | held for public exhibition, education,            | or research in furtherance of public    |
|        | If the organization elected, as permitted under FAS art, historical treasures, or other similar assets held provide the following amounts relating to these item (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X | I for public exhibition, education, or resense:   | earch in furtherance of public service, |
| 2      | If the organization received or held works of art, following amounts required to be reported under Fa   | historical treasures, or other similar a          | assets for financial gain, provide the  |
| а      | Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X   |   | <b>&gt;</b> \$                          |

| _    | • |
|------|---|
| Page | 4 |

• • • • • •

| <ul> <li>3 Using the organization's acquisition, accession, and other collection items (check all that apply):</li> <li>a Public exhibition</li> <li>b Scholarly research</li> <li>c Preservation for future generations</li> </ul> | d 🗌 Loan                                | or exchange prog                          |  | gnificant use of its |
|---|---|---|--|----------------------|
| b Scholarly research  |   |   | ram  |                      |
|   | e 🗌 Other                               |   |  |                      |
| c Preservation for future generations   |   | •••••                                     |  |                      |
|   |   |   |  |                      |
| 4 Provide a description of the organization's collections ar<br>XIII.   | nd explain how t                        | hey further the or                        | ganization's exem <sub>l</sub>                     | pt purpose in Part   |
| 5 During the year, did the organization solicit or receive d<br>assets to be sold to raise funds rather than to be maintain   | lonations of art,<br>ned as part of the | historical treasure<br>e organization's c | es, or other similar ollection?                    | ☐ Yes ☐ No           |
| Part IV Escrow and Custodial Arrangements.  |   |   |  | ·                    |
| Complete if the organization answered "Yes" 990, Part X, line 21.   | · · · · · · · · · · · · · · · · · · ·   |   |  |                      |
| 1a Is the organization an agent, trustee, custodian or othe included on Form 990, Part X?   |   |   |  | :<br>☐ Yes ☐ No      |
| <b>b</b> If "Yes," explain the arrangement in Part XIII and complet   | e the following to                      | able:                                     | A  | nount                |
| 2. Deciminate halance   |   |   | · <del>  · · · · · · · · · · · · · · · · · ·</del> | lount                |
| c Beginning balance   |   | ·   |  |                      |
| d Additions during the year   |   | <del> </del>                              | -  |                      |
| e Distributions during the year   |   | · · · · · · · · · · · · · · · · · · ·     |  |                      |
| 2a Did the organization include an amount on Form 990, Par  |   |   |  | ☐ Yes ☐ No           |
| b If "Yes," explain the arrangement in Part XIII. Check here  |   |   |  |                      |
| Part V Endowment Funds.   |   |   |  |                      |
| Complete if the organization answered "Yes"   | on Form 990, I                          | Part IV, line 10.                         |  | <u> </u>             |
| (a) Current year  | (b) Prior year                          | (c) Two years back                        | (d) Three years back                               | (e) Four years back  |
| 1a Beginning of year balance  |   |   |  |                      |
| b Contributions   |   |   | -  |                      |
| c Net investment earnings, gains, and losses  |   |   |  |                      |
| d Grants or scholarships  |   |   |  |                      |
| e Other expenditures for facilities and programs  |   |   |  |                      |
| f Administrative expenses   | ····                                    |   |  |                      |
| g End of year balance   |   |   |  |                      |
| 2 Provide the estimated percentage of the current year end  |   | j, column (a)) neld                       | as.  |                      |
| a Board designated or quasi-endowment   | %                                       |   |  |                      |
| b Permanent endowment ► %   |   |   |  |                      |
| c Term endowment ►% The percentages on lines 2a, 2b, and 2c should equal 10i  |   | -A b-1dd                                  |  |                      |
| 3a Are there endowment funds not in the possession of the organization by:  | e organization the                      | at are nelo ano ac                        | iministered for the                                | Yes No               |
| (i) Unrelated organizations   |   |   |  | 3a(i)                |
| (ii) Related organizations  |   |   |  | 3a(ii)               |
| b If "Yes" on line 3a(ii), are the related organizations listed a   |   |   |  | 3b                   |
| 4 Describe in Part XIII the intended uses of the organization   |   |   |  |                      |
| Part VI Land, Buildings, and Equipment.   |   |   |  |                      |
| Complete if the organization answered "Yes"   | on Form 990, f                          | Part IV, line 11a.                        | See Form 990, F                                    | Part X, line 10.     |
| Description of property (a) Cost or othe (investment)   |   |   | Accumulated epreciation                            | (d) Book value       |
| 1a Land   |   |   |  |                      |
| <b>b</b> Buildings  |   |   |  |                      |
| c Leasehold improvements  |   |   |  |                      |
| d Equipment   |   |   |  |                      |
| e Other   | O Part Y column                         | (R) line 10c l                            |  |                      |

| Part VII       | Investments – Other Securities.  | m 000 Port IV lin       | o 11h Coo Form    | 000 Dort V line 10                            |
|----------------|--|-------------------------|-------------------|---|
|                | Complete if the organization answered "Yes" on For                                     | T                       |                   | ·····   |
| •              | (a) Description of security or category (including name of security)                   | (b) Book value          |                   | thod of valuation<br>d-of-year market value   |
| (1) Financia   | derivatives  |                         |                   |   |
| (2) Closely h  | neld equity interests  |                         |                   |   |
| (3) Other      |  |                         |                   |   |
| (A)            |  |                         |                   |   |
|                |  |                         |                   |   |
|                |  |                         |                   | * · · · · · · · · · · · · · · · · · · ·       |
|                |  |                         |                   | ···   |
| (E)            |  |                         |                   | <del></del>                                   |
| (F)            |  |                         |                   |   |
| (G)            |  |                         |                   |   |
| (H)            | ma /h) must squal Form 000 Bort V col /B) inc 12)                                      |                         |                   | <del></del>                                   |
| Part VIII      | mn (b) must equal Form 990, Part X, col. (B) line 12.) .  Investments—Program Related. |                         | L                 |   |
| Part VIII      | Complete if the organization answered "Yes" on For                                     | m 990, Part IV, line    | e 11c. See Form   | 990, Part X, line 13.                         |
|                | (a) Description of investment  | (b) Book value          |                   | thod of valuation<br>I-of-year market value   |
| (1)            |  |                         |                   |   |
| (2)            |  |                         |                   |   |
| (3)            |  |                         |                   |   |
| (4)            |  |                         |                   |   |
| (5)            |  |                         |                   |   |
| (6)            |  |                         |                   |   |
| (7)            |  |                         |                   |   |
| (8)            |  |                         |                   |   |
| (9)            |  |                         |                   |   |
|                | mn (b) must equal Form 990, Part X, col. (B) line 13.)                                 | <u> </u>                |                   |   |
| Part IX        | Other Assets.  | 000 David IV Iva        | - 11 d C F        | 000 Dad V line 45                             |
|                | Complete if the organization answered "Yes" on For                                     | m 990, Part IV, Ilne    | e 11a. See Form   | (b) Book value                                |
| 743            | (a) Description  |                         |                   | (b) Book value                                |
| (1)            |  |                         |                   |   |
| (2)            |  |                         |                   | ·   |
| (4)            |  | <del></del>             |                   |   |
| (5)            | <del></del>  |                         | ·                 |   |
| (6)            |  |                         |                   |   |
| (7)            |  |                         |                   |   |
| (8)            |  |                         |                   |   |
| (9)            |  |                         |                   |   |
|                | mn (b) must equal Form 990, Part X, col. (B) line 15.)                                 |                         |                   |   |
| Part X         | Other Liabilities.   |                         |                   |   |
|                | Complete if the organization answered "Yes" on For line 25.                            | m 990, Part IV, line    | e 11e or 11f. See | e Form 990, Part X,                           |
| 1.             | (a) Description of liability   |                         |                   | (b) Book value                                |
| (1) Federal ır | ncome taxes  |                         |                   | , , , <u>, , , , , , , , , , , , , , , , </u> |
| (2)            |  |                         |                   |   |
| (3)            |  |                         |                   |   |
| (4)            |  |                         |                   |   |
| (5)            |  |                         |                   |   |
| (6)            |  |                         |                   |   |
| (7)            |  |                         |                   |   |
| (8)            |  |                         |                   |   |
| (9)            |  |                         |                   |   |
| Total. (Colu   | mn (b) must equal Form 990, Part X, col. (B) line 25.)                                 |                         |                   |   |
|                | r uncertain tax positions. In Part XIII, provide the text of the footnot               |                         |                   |   |
| organization'  | s liability for uncertain tax positions under FASB ASC 740. Check                      | here if the text of the | footnote has been | provided in Part XIII . 🔲                     |

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| Part    | ·   |             | -             | Return.   |         |
|---------|---|-------------|---------------|-----------|---------|
| 1       | Complete if the organization answered "Yes" on Form 990, Total revenue, gains, and other support per audited financial statements       |             |               | 1         | 056 117 |
| 2       | Amounts included on line 1 but not on Form 990, Part VIII, line 12:   |             |               |           | 956,117 |
| a       | Net unrealized gains (losses) on investments  | 2a          | 540,575       |           |         |
| b       | Donated services and use of facilities  | 2b          | 340,373       |           |         |
| c       | Recoveries of prior year grants   | <del></del> |               |           |         |
| d       | Other (Describe in Part XIII.)  |             | (25,109)      |           |         |
| e       | Add lines 2a through 2d   |             |               | 2e        | 515,466 |
| 3       | Subtract line 2e from line 1  |             |               | 3         | 440,651 |
| 4       | Amounts included on Form 990, Part VIII, line 12, but not on line 1:  | ĹĹ          |               |           | 140,031 |
| a       | investment expenses not included on Form 990, Part VIII, line 7b  | 4a          |               |           |         |
| b       | Other (Describe in Part XIII.)  | 4b          |               |           |         |
| C       | Add lines <b>4a</b> and <b>4b</b>   |             |               | 4c        | 0       |
| 5       | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line  |             |               | 5         | 440,651 |
| Part    |   |             |               | r Return. |         |
|         | Complete if the organization answered "Yes" on Form 990, I  | Part IV,    | line 12a.     |           |         |
| 1       | Total expenses and losses per audited financial statements  |             |               | 1         | 79,012  |
| 2       | Amounts included on line 1 but not on Form 990, Part IX, line 25:   |             |               |           |         |
| а       | Donated services and use of facilities  | 2a          |               |           |         |
| b       | Prior year adjustments  | 2b          |               |           |         |
| С       | Other losses  | 2c          |               |           |         |
| d       | Other (Describe in Part XIII.)  | 2d          | 25,109        |           |         |
| е       | Add lines 2a through 2d   |             |               | 2e        | 25,109  |
| 3       | Subtract line <b>2e</b> from line <b>1</b>  | :           |               | 3         | 104,121 |
| 4       | Amounts included on Form 990, Part IX, line 25, but not on line 1:  |             |               |           |         |
| а       | Investment expenses not included on Form 990, Part VIII, line 7b .  | 4a          |               |           |         |
| b       | Other (Describe in Part XIII.)  | 4b          |               |           |         |
| _       | Add lines <b>4a</b> and <b>4b</b>   |             |               | 4c        | 0       |
| _5      | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.                              | e 18.) .    | · · · · · · · | 5         | 104,121 |
|         | XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part r GAAP, bank fees must be netted against investment income. |             |               |           |         |
|         |   |             |               |           | ······  |
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| Schedule D (Fo |                                      | Page : |
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| Part XIII      | Supplemental Information (continued) |        |
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## SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

IBEW HARDSHIP & BENEVOLENT FUND

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Go to www.ir

OMB No 1545-0047

| n answered "Yes" on Form 990, Part IV, line 21 or 22. |                                |
|---|--------------------------------|
| ▶ Attach to Form 990.                                 | Open to Public                 |
| s.gov/Form990 for the latest information.             | Inspection                     |
|   | Employer identification number |
|   | 92-0176084                     |

| Part      | General Information on Grants and Assistance   | on Grants and                             | Assistance                      |                                      |                                       |   |   |                                    |
|-----------|--|---|---------------------------------|--------------------------------------|---------------------------------------|---|---|------------------------------------|
| <u>-</u>  | Does the organization maintain records to substantiate the arithe selection criteria used to award the grants or assistance?   | ain records to subs                       | stantiate the amou              | nt of the grants or                  | assistance, the c                     | grantees' eligibility for                                   | e amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and   | br Nes                             |
| 2 De      | Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  | ization's procedur                        | es for monitoring t             | he use of grant fur                  | nds in the United                     | States.   | •   |                                    |
| Part II   | Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. | ssistance to Doily recipient that r       | mestic Organiza                 | ations and Dom<br>an \$5,000. Part I | estic Governm<br>I can be duplica     | ients. Complete if ated if additional s                     | rganizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, nore than \$5,000. Part II can be duplicated if additional space is needed. | d "Yes" on Form 990,               |
| 1 (a) Nar | (a) Name and address of organization or government   | (a)                                       | (c) IRC section (if applicable) | (d) Amount of cash<br>grant          | (e) Amount of non-<br>cash assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (9) Description of noncash assistance   | (h) Purpose of grant or assistance |
| Ξ         |  |   |                                 |                                      |                                       |   |   |                                    |
| (Z)       |  |   |                                 |                                      |                                       |   |   |                                    |
| ල         |  |   |                                 |                                      |                                       |   |   |                                    |
| (4)       |  |   |                                 |                                      |                                       |   |   |                                    |
| (2)       |  |   |                                 |                                      |                                       |   |   |                                    |
| (9)       |  |   |                                 |                                      |                                       |   |   |                                    |
| (2)       |  |   |                                 |                                      |                                       |   |   |                                    |
| (8)       |  |   |                                 |                                      |                                       |   |   |                                    |
| (6)       |  |   |                                 |                                      |                                       |   |   |                                    |
| (10)      |  |   |                                 |                                      |                                       |   |   |                                    |
| (11)      |  |   |                                 |                                      |                                       |   |   |                                    |
| (12)      |  |   |                                 |                                      |                                       |   |   |                                    |
| 3 2<br>E  | Enter total number of section 501(c)(3) and government organizations listed in the line 1 table<br>Enter total number of other organizations listed in the line 1 table  | 1501(c)(3) and gov<br>rganizations listed | rernment organizat              | ions listed in the li                | ne 1 table                            |   |   |                                    |
| For Paper | For Paperwork Reduction Act Notice, see the Instructions for Form  | see the Instructions                      | s for Form 990.                 |                                      | O                                     | Cat No 50055P   |   | Schedule I (Form 990) (2019)       |

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2019)

Part III Grants ar

| rait iii call de dupiicated ii additional space is needed.   | אלשכני וא וופניתני       | •                        |                                  |   |                                       |
|--|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| (a) Type of grant or assistance  | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
| 1 Mortgage   | 4                        | 24751                    |                                  |   |                                       |
| 2 Auto Expenses  | L                        | 18418                    |                                  |   |                                       |
| 3 Rent   | 4                        | 12039                    |                                  |   |                                       |
| 4 Utilities  | 9                        | 10659                    |                                  |   |                                       |
| 5 Property Taxes   | 1                        | 4018                     |                                  |   |                                       |
| 6 Cobra  | 1                        | 2873                     |                                  |   |                                       |
| 7 Phone Expenses   | 2                        | 2494                     |                                  |   |                                       |
| Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information | the information r        | equired in Part I, lin   | e 2; Part III, column            | ı (b); and any other additı                           | onal information                      |

Part 1 Line 2: All expenditures are reviewed by the IHBF Committee. This committee recommends disbursements to the IHBF Executive Committee. The recommended disbursements are reviewed and approved by the IHBF Executive Committee.

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Schedule I (Form 990) (2019)

Page 2 A ... (f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance 1366 8 881 (c) Amount of cash grant (b) Number of recipients m (a) Type of grant or assistance VO S. Transportation - Bus Pass A Medical Expenses S & Gift Cards Part IV Part III 4 Ŋ 9

Schedule I (Form 990) (2019)



### 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.

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

| IBEW Hardship & Benevolent Fund  | 92-0176084                       |
|--|----------------------------------|
| Part VI, Line 6: The organization is a non-profit with members.  |                                  |
| Part VI, Line 7: All members in good standing are eligible to vote for the Unit Chair in their Unit as well as t | the Business Manager/Financial   |
| Secretary of the Local. As per the bylaws of the IBEW Hardship & Benevolent Fund, the Unit Chair persons         | s and the Business Manager/      |
| Financial Secretary compose the Executive Committee of the IBEW Hardship & Benevolent Fund.                      |                                  |
| Part VI, Line 11b: The 990 is prepared by the accounting staff of the IBEW Local Union 1547. It is reviewed      | by the Controller & the Business |
| Manager.   | ·····                            |
| Part VI, Line 19: All governing documents & financial statements are made available to the membership up         | on written request to the        |
| Executive Committee of the IBEW Hardship & Benevolent Fund.  |                                  |
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