DLN: 93493087001229 OMB No 1545-0047 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 Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 C Name of organization D Employer identification number B Check if applicable INTERNATIŎNAL BROTHERHOOD OF ELECTRICAL □ Address change WORKERS LOCAL 405 42-0668751 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 1211 WILEY BLVD SW ☐ Amended return ☐ Application pending (319) 396-8241 City or town, state or province, country, and ZIP or foreign postal code CEDAR RAPIDS, IA $\,$ 524041320 G Gross receipts \$ 1,500,836 Name and address of principal officer H(a) Is this a group return for WILLIAM HANES ☐Yes ☑No subordinates? 1211 WILEY BLVD SW H(b) Are all subordinates CEDAR RAPIDS, IA 524041320 ☐Yes ☐No ıncluded? 501(c)(3) **✓** 501(c) (5) **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW IBFW405 ORG L Year of formation 1911 M State of legal domicile IA Summary 1 Briefly describe the organization's mission or most significant activities ELEVATES THE MORAL, INTELLECTUAL, AND SOCIAL CONDITIONS OF ITS MEMBERS Activities & Governance 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 4 11 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 7 **6** Total number of volunteers (estimate if necessary) 6 20 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 **b** Net unrelated business taxable income from Form 990-T, line 34 0 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . Ravenua 1,533,664 9 Program service revenue (Part VIII, line 2g) . 1,461,399 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 18,519 32,357 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -9,380 -8,125 1,542,803 1,485,631 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 302,782 178,495 **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 499,574 540,941 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 646,183 665,412 1,448,539 1,384,848 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . 94,264 100,783 Assets or d Balances Beginning of Current Year End of Year 3,604,912 3,705,435 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 4,733 4,473 22 Net assets or fund balances Subtract line 21 from line 20 . 3,600,179 3,700,962 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2019-03-27 Signature of officer Sign Here WILLIAM HANES BUSINESS MANAGER Type or print name and title Print/Type preparer's name Preparer's signature Check 🔲 ıf P01480921 Paid self-employed Firm's name CLIFTONLARSONALLEN LLP Firm's EIN ► 41-0746749 Preparer Use Only Firm's address ▶ 600 3RD AVE SE STE 300 Phone no (319) 363-2697 CEDAR RAPIDS, IA 52401 ✓ Yes 🗆 No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

Form	990 (2018)				Page 2
Pa	rt III Stat	tement of Program Service Acc	omplishments		
	Chec	ck if Schedule O contains a response or	note to any line in this Part III		🗆
1	Briefly desci	ribe the organization's mission			
		DRAL, INTELLECTUAL, AND SOCIAL CON ARD OF CITIZENSHIP	IDITIONS OF ITS MEMBERS, AND TH	HEIR FAMILIES AND DEPENDENT	S, IN THE INTEREST OF
2	Did the orga	anızatıon undertake any sıgnıfıcant prog	ram services during the year which	were not listed on	
	the prior Fo	rm 990 or 990-EZ?			🗌 Yes 🗹 No
	If "Yes," des	scribe these new services on Schedule (
3	Did the orga	anization cease conducting, or make sig	nificant changes in how it conducts,	any program	
		scribe these changes on Schedule O			☐ Yes ☑ No
4	Describe the Section 501	e organization's program service accom (c)(3) and 501(c)(4) organizations are and revenue, if any, for each program so	required to report the amount of gr		
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	See Additiona		3 3	, (,
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other progr	ram services (Describe in Schedule O)	rants of \$) (Revenue \$)
4e	Total prog	ram service expenses ▶			

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Par	tIV Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	100	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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	Yes	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
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?	5	Yes	
6	If "Yes," complete Schedule C, Part III	_		No No
7	If "Yes," complete Schedule D, Part I 2	6 7		No
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets?			No
9	If "Yes," complete Schedule D, Part III	8		
	services?If "Yes," complete Schedule D, Part IV 🐿	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
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			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
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		No
	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		No
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		No
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		No
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
	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	Yes	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States? 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	14a 14b		No No
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		No
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		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
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	Yes	
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 27 If "Yes," complete Schedule I. Parts I and III	22		No

column (A), line 2⁷ If "Yes," complete Schedule I, Parts I and III

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Pa	tiV Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
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		No
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		No
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
	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	Yes	
36	Section 501(c)(3) organizations. 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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Yes

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8

0

1c

1a

1b

No

Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V .

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

Part V

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

13b

13c

14a

14b

15

No

Nο

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ırt \	Governance, Management, and Disclosure For each "Yes" response to lines 2 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Scheic Check if Schedule O contains a response or note to any line in this Part VI	dule 0	See inst	ructions	5		·		lınes V	
ect	ion A. Governing Body and Management									
								Yes	No	
E	inter the number of voting members of the governing body at the end of the tax year	1a				11				
	f there are material differences in voting rights among members of the governing ody, or if the governing body delegated broad authority to an executive committee or									

similar committee, explain in Schedule O **b** Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Νo Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Nο of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . 4 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 Yes 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7a Yes Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b Yes Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a Yes Яh Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes

Νo Νo Nο Nο Nο 10a 10a Did the organization have local chapters, branches, or affiliates? No b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the 11a Yes Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Yes b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe in 12c Yes 13 Did the organization have a written whistleblower policy? 13 No Did the organization have a written document retention and destruction policy? 14 14 Yes 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? The organization's CEO, Executive Director, or top management official 15a Νo 15b Nο If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a Nο b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt 16b Section C. Disclosure

List the States with which a copy of this Form 990 is required to be filed▶ Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website 🗹 Upon request 🔲 Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records

►WILLIAM HANES 1211 WILEY BLVD SW CEDAR RAPIDS, IA 524041320 (319) 396-8241

Part VII

(E)

(E)

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee" • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)

/RI

- 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, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations
- List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Name and Title	Average hours per week (list any hours	than o	ne bo oth a direct	ox, i n of tor/t	t ch unle: ficei	and a	son	Reportable compensation from the organization	Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	MISC)	organization and related organizations
(1) JEFFREY COOLING PRESIDENT	1 00 0 50	х		х				28,681	0	0
(2) MARK CARSON EXECUTIVE BOARD	1 00	х						727	0	0
(3) CODY DILL EXECUTIVE BOARD	1 00 0 50	х						857	0	0
(4) JON FASSELIUS EXECUTIVE BOARD	1 00	х						700	0	0
(5) STEVE STRAUB EXECUTIVE BOARD	1 00	х						621	0	0
(6) AARON SWEET EXECUTIVE BOARD	1 00 0 50	х						388	0	0
(7) NICK VOLK EXECUTIVE BOARD	1 00 0 50	x						649	0	0
(8) KENT MCNALLY VICE PRESIDENT	1 00 0 50			×				449	0	0
(9) BRANDON SCHROEDER TREASURER	1 00 0 50			x				1,656	0	0
(10) JEBEDIAH NOVAK RECORDING SECRETARY	1 00			x				1,656	0	0
(11) WILLIAM HANES BUSINESS MANAGER/FINANCIAL SECRETARY	50 00 1 00			х				100,454	0	38,024
										Form 990 (2018)

Form 990 (2018) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other is both an officer and a week (list from the from related compensation organization (Worganizations (Wany hours director/trustee) from the for related 2/1099-MISC) 2/1099-MISC) organization and organizations related below dotted organizations

line)				
iệi .				
st compensated ovee				
employee				
સ				
tutional Trustee				
dual trustee ector				
line)				

1b Sub-Total . c Total from continuation sheets to Part VII, Section A . 136,838

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 2 of reportable compensation from the organization > 1

Yes No

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . 3 No

38,024 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the

4 organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such 4 No

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

5

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

compensation from the organization ▶ 0

Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Name and business address Compensation Compensation Compensation		services rendered to the organization of Yes, complete Schedule 3 for such person		5	No
from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C)	Se	ection B. Independent Contractors			
	1			ensation	
Traine and Balances dual less		(A) Name and business address	(B) Description of services		

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Part								
	Check if Schedule O contains	a respor	nse or note to any	(A) Total revenu	ue Re	(B) elated or exempt unction	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a Federated campaigns	1a			r	evenue		512 - 514
nts nts	b Membership dues	1b						
s, Grants Amounts	c Fundraising events	1c						
S, (d Related organizations	1d						
Giff	e Government grants (contributions)	1e						
ons, Gifte Similar	f All other contributions, gifts, grants,							
atio er	and similar amounts not included above	1f						
Contributions, Gifts, Grants and Other Similar Amounts	g Noncash contributions included							
Cont	In lines 1a - 1f \$							
	II Totali Add lilles ta 11		Busines	c Code		I		
TE e	2a MEMBERSHIP DUES		busines		1,461,399	1,461,	,399	
Program Service Revenue	-			900099				
رد	b ————————————————————————————————————							
Ę.	c —							
8	e ————							
ogra	f All other program service revenue	:						
Ě	gTotal. Add lines 2a-2f	. 1	→	461,399				
	3 Investment income (including divided similar amounts)		terest, and other		32,357			32,357
	similar amounts)		ا nd proceeds ا		,			
	5 Royalties			• <u> </u>				
	(ı) Rea	ı	(II) Personal					
	6a Gross rents							
	b Less rental expenses							
	c Rental income or	-		\dashv				
	(loss)							
	d Net rental income or (loss)							
	(1) Securi	ties	(II) Other	\dashv				
	from sales of assets other							
	than inventory							
	b Less cost or other basis and							
	sales expenses C Gain or (loss)			\dashv				
	d Net gain or (loss)		>	_				
4	8a Gross income from fundraising ev (not including \$							
ř	contributions reported on line 1c)							
eve	See Part IV, line 18 b Less direct expenses	a b		4				
<u>*</u>	c Net income or (loss) from fundrai	L	nts					
Other Revenue	9a Gross income from gaming activit	ies	<u> </u>					
O	See Part IV, line 19	a l						
	b Less direct expenses	ь						
	c Net income or (loss) from gaming	activitie	es >	<u> </u>				
	10aGross sales of inventory, less returns and allowances							
		a	7,05	5				
	b Less cost of goods sold	b	15,20	5	0.450	0.450		
	C Net income or (loss) from sales of Miscellaneous Revenue	invento	Business Code		-8,150	-8,150		
	11a		business code	-				
	b							
	с			1				
	d All other revenue				25			25
	e Total. Add lines 11a-11d		•		25			
	12 Total revenue. See Instructions			1.4	185,631	1,453,249		0 32,382
	<u> </u>			2,1	,	_,,		Form 990 (2018)

Section $501(c)(3)$ and $501(c)(4)$) organizations must complete all columns	All other organizations must complete column (A)

orr	m 990 (2018)				Page 10
	art IX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	anızatıons must com	plete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX .			🗆
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	178,495			
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	166,761			
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	240,240			
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	51,544			
9	Other employee benefits	49,489			
10	Payroll taxes	32,907			
11	Fees for services (non-employees)				
a	a Management				
ı	Legal				
	c Accounting	19,170			
	il Lobbying				
	e Professional fundraising services See Part IV, line 17				
1	Investment management fees				
9	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	10,237			
13	Office expenses	25,703			
14	Information technology	16,205			
	Royalties				
16	Occupancy	32,100			
17	Travel	9,007			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	26,009			
20	Interest				
21	Payments to affiliates	359,201			
22	Depreciation, depletion, and amortization	24,439			
23	Insurance	43,212			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
	a COMMITTEE EXPENSES	51,705			
	b EVENTS	22,386			
	c PARTY AND PICNIC	13,070			
	d MEMBERSHIP DUES	789			
	e All other expenses	12,179			
25	Total functional expenses. Add lines 1 through 24e	1,384,848			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	Check here ► ☐ if following SOP 98-2 (ASC 958-720)				<u> </u>

Form 990 (2018)

34

Total liabilities and net assets/fund balances

raitA	Check if Schedule O contains a response or not	te to any line ir	this Part IX			🗆
				(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing			416,227	1	493,830
2	Savings and temporary cash investments .		[3,127,457	2	3,174,815
3	Pledges and grants receivable, net				3	
4	Accounts receivable, net		[4	
5	Loans and other receivables from current and for trustees, key employees, and highest compens Part II of Schedule L	ated employees	Complete		5	
ssets 7 8	section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organiza- voluntary employees' beneficiary organizations Part II of Schedule L	on 4958(c)(3)(B ations of section (see instruction	s), and n 501(c)(9) ns) Complete		6	
SS 8	Inventories for sale or use				8	
و 🌣	Prepaid expenses and deferred charges				9	
10	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	255,259			
ŀ	Less accumulated depreciation	10b	218,469	61,228	10 c	36,790
11	Investments—publicly traded securities .				11	
12	Investments—other securities See Part IV, line	11			12	
13	Investments—program-related See Part IV, line	e 11			13	
14	Intangible assets		🗀		14	
15	Other assets See Part IV, line 11		[15	
16	Total assets.Add lines 1 through 15 (must equ	ual line 34) .		3,604,912	16	3,705,435
17	Accounts payable and accrued expenses			3,733	17	3,473
18	Grants payable		18			
19	Deferred revenue		1,000	19	1,000	
20	Tax-exempt bond liabilities				20	
_√ 21	Escrow or custodial account liability Complete I	Part IV of Sched	lule D		21	
. <u>9</u> 22	Loans and other payables to current and former	r officers, direct	ors, trustees,			

12	! Investments—other securities See Part IV, line 11		12	
13	Investments—program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11		15	
16	Total assets.Add lines 1 through 15 (must equal line 34)	3,604,912	16	3,705,435
17	Accounts payable and accrued expenses	3,733	17	3,473
18	Grants payable		18	
19	Deferred revenue	1,000	19	1,000

	18 Grants payable			18	
	19	Deferred revenue	1,000	19	1,000
	20	Tax-exempt bond liabilities		20	
Š	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
iabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
<u>e</u>		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties,		25	

iabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
iat		persons Complete Part II of Schedule L		22	
7	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	4,733	26	4,473

_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D		25	
	26	Total liabilities.Add lines 17 through 25	4,733	26	4,47
Balances	27	Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	3,600,179	27	3,700,96
ale	28	Temporarily restricted net assets	· · ·	28	<u> </u>
	1	Permanently restricted net assets		29	
Fund		Organizations that do not follow SFAS 117 (ASC 958),			
ō	30	check here ▶ ☐ and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
sets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Ass	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	3,600,179	33	3,700,96
Z	24	Total liabilities and net assets/fund balances	3 604 912	2/1	3 705 43

3,604,912

34

3,700,962

3,700,962

3,705,435 Form **990** (2018)

Form	990 (2018)				Page 12
Pai	Reconcilliation of Net Assets				
	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			,485,631
2	Total expenses (must equal Part IX, column (A), line 25)	2		1	,384,848
3	Revenue less expenses Subtract line 2 from line 1	3			100,783
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3	,600,179
5	Net unrealized gains (losses) on investments	5			
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 in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		3	,700,962
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				✓
				Yes	No
1	MODIFIED				
	Accounting method used to prepare the Form 990				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	☐ Separate basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dula C		162	
	If the organization changed either its oversight process of selection process during the tax year, explain in Sche	aule C			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil Audit Act and OMB Circular A-133?	ngle	3a		No

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 in Schedule O and describe any steps taken to undergo such audits

3b

Form **990** (2018)

Additional Data

Software ID: Software Version:

EIN: 42-0668751

ELEVATES THE MORAL, INTELLECTUAL, AND SOCIAL CONDITIONS OF ITS MEMBERS, AND THEIR FAMILIES AND DEPENDENTS. IN THE INTEREST OF A HIGHER STANDARD

Name: INTERNATIONAL BROTHERHOOD OF ELECTRICAL

WORKERS LOCAL 405

Form 990 (2018)

OF CITIZENSHIP

Form 990, Part III, Line 4a:

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2018

OMB No 1545-0047

DLN: 93493087001229

Open to Public Inspection

Department of the Treasury Internal Revenue Service

EZ)

SCHEDULE C (Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to <u>www.irs.gov/Form990</u> 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

• :		nplete Parts I-A and B Do not complete 01(c)(3)) organizations Complete Parts e Part I-A only		Do not complete Part	I-B	•	
If the	e organization answered "Yes" or Section 501(c)(3) organizations that	n Form 990, Part IV, Line 4, or Form 99 have filed Form 5768 (election under se have NOT filed Form 5768 (election un	ection 501(h)) Coi	mpletè Part II-A Do n	ot con	nplete Part II-	
If the	e organization answered "Yes" or	n Form 990, Part IV, Line 5 (Proxy Tax) (see separate ir	structions) or Form	990-E	Z, Part V, lin	ne 35c
	xy Tax) (see separate instruction:						
	Section 501(c)(4), (5), or (6) organiz	rations Complete Part III		T			
INT	ne of the organization ERNATIONAL BROTHERHOOD OF ELECTR RKERS LOCAL 405	ICAL				ification nur	nber
			- 504(-):-	42-066875			
761	-	nization is exempt under section		_			
1	Provide a description of the organ "political campaign activities")	ization's direct and indirect political cam	ipaign activities in	Part IV (see instructi	ons fo	r definition of	
2	Political campaign activity expend	itures (see instructions)		•	\$		0
3	Volunteer hours for political camp	aign activities (see instructions)					185
Par	t I-B Complete if the organ	nization is exempt under section	n 501(c)(3).				
1	Enter the amount of any excise ta	ıx ıncurred by the organization under se	ction 4955	>	\$		
2	Enter the amount of any excise ta	ix incurred by organization managers ur	ider section 4955	•	\$		
3	If the organization incurred a sect	ion 4955 tax, did it file Form 4720 for tl	nis year?			☐ Yes	□ No
4a	Was a correction made?					☐ Yes	□ No
Ь	If "Yes," describe in Part IV						
Par	t I-C Complete if the organ	nization is exempt under section	n 501(c), exce	pt section 501(c)(3).		
1	Enter the amount directly expend	ed by the filing organization for section	527 exempt functi	on activities	\$		0
2	Enter the amount of the filing org	anization's funds contributed to other or	ganizations for se	ction 527 exempt			
	function activities			•	\$		0
3	Total exempt function expenditure	es Add lines 1 and 2 Enter here and on	Form 1120-POL,	line 17b ►	\$		
4	Did the filing organization file For	m 1120-POL for this year?				☐ Yes	□ No
5	organization made payments For of political contributions received	employer identification number (EIN) of each organization listed, enter the amo that were promptly and directly delivere se (PAC) If additional space is needed, p	unt paid from the d to a separate po	filing organization's fi blitical organization, s	unds ,	Also enter the	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fr		(e) Amount	

(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) IBEW PAC EDUCATION FUND	900 7TH ST NW WASHINGTON, DC 20001	53-0088380	68,000	
2				_
3				
4				
5				
6				
For Paperwork Reduction Act Notice, see	the instructions for Form 990 or 990-EZ.	Cat	No 50084S Schedule C (I	Form 990 or 990-EZ) 2018

Grassroots ceiling amount

Form 5768 (election under section 501(h)).

(a) (b) For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity Yes No Amount During the year, did the filing organization attempt to influence foreign, national, state or local legislation, 1 including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? d Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? g Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 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 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No 1 Were substantially all (90% or more) dues received nondeductible by members? 1 Yes 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Yes 3 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? No Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." 1 Dues, assessments and similar amounts from members 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b b Carryover from last year c Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information Return Reference Explanation

THE ORGANIZATION PAYS INTO THE IBEW PAC EDUCATION FUND (FUND), A SEPARATE ENTITY $\,$ THE PART I-A, LINE 1 ORGANIZATION DOES NOT PAY THEM TO PERFORM ANY SPECIFIC SERVICES THE FUND USES THE MONEY FOR NON-PARTISAN ACTIVITIES SUCH AS VOTER REGISTRATION, EDUCATION, AND OTHER GRASSROOT PROGRAMS DESIGNED TO COMMUNICATE WITH THE ORGANIZATION'S MEMBERS IT ALSO COULD USE

MONEY TO CONTRIBUTE DIRECTLY TO STATE AND LOCAL POLITICAL CANDIDATES ONCE THE

ORGANIZATION CONTRIBUTES TO THE FUND, THE ORGANIZATION CAN MAKE SUGGESTIONS AS TO THE

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

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.

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

OMB No 1545-0047

DLN: 93493087001229

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

Name of the organization **Employer identification number** INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL 405 42-0668751 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) 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 held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Cat No 52283D Schedule D (Form 990) 2018

Par	t III	Organizations Ma	intaining Col	lections of Art,	Histor	ical T	reası	ures, or	Other	Similar A	ssets (continued _.)
3		the organization's acqui (check all that apply)	isition, accession	n, and other record	ls, check	any of	the fo	ollowing t	hat are a	significant	use of it	s collectioi	ו
а		Public exhibition			d		Loan	or excha	inge prog	ırams			
b		Scholarly research			е		Othe	er					
c		Preservation for future	generations										
4	Provi Part	de a description of the or	rganızatıon's coll	lections and explai	n how th	ey furtl	ner th	e organız	ation's ex	kempt purpo	ose in		
5	Durin	ig the year, did the organ is to be sold to raise fund								ular	□ Y	es 🗆	No
Pa	rt IV	Escrow and Custo Complete if the orga X, line 21.			orm 990), Part	IV, l	ine 9, or	reporte	ed an amo), Part
1a		e organization an agent, ded on Form 990, Part X		an or other interme	ediary foi	r contri	bution	ns or othe	r assets	not	□ Y	es 🗆	No
b	If "Ye	es," explain the arrangen	nent in Part XIII	and complete the	following	; table		ſ		-	Amount		
С	Begır	nning balance						[1c				_
d	Addıt	ions during the year							1d				
е	Dıstrı	butions during the year						Į	1e				
f	Endır	ng balance						L	1f				
2a	Did tl	he organization include a	n amount on Fo	rm 990, Part X, lın	e 21, for	escrow	or cu	ustodial a	ccount lia	ability?	. D Y	es 🗌	No
b	If "Y∈	es," explain the arrangem	nent in Part XIII	Check here if the	explanat	ion has	been	provided	l in Part)	ΧΙΙΙ	. 🗆		
Pa	rt V	Endowment Fund	s. Complete ıf	the organization	answe	red "Y	es" o	n Form 9	990, Par	t IV, line :	10.		
				(a)Current year	(b)F	Prior yea	r	(c)Two ye	ears back	(d)Three ye	ars back	(e)Four ye	ears back
	-	ing of year balance .											
		outions					_						
		estment earnings, gains					\rightarrow						
		or scholarships					_						
е		expenditures for facilities ograms	5										
f	Admın	strative expenses											
g	End of	year balance											
2	Provi	de the estimated percent	tage of the curre	ent year end baland	ce (line 1	g, colu	mn (a)) held as	5				
а	Board	d designated or quasi-en	dowment 🟲										
b	Perm	anent endowment 🟲											
C		orarily restricted endowi											
_		percentages on lines 2a,	•	•									
За	orgar	here endowment funds n nization by	·	sion of the organiz	ation tha	it are n	eid an	nd admini	stered fo	r the	<u> </u>	Yes	No
	` '	nrelated organizations . elated organizations .										a(i) a(ii)	
Ь	• •	es" on 3a(II), are the rela		s listed as required	d on Sche	• . edule R	, .	• •			<u> </u>	3b	
4	Desci	ribe in Part XIII the inten	nded uses of the	organization's end	lowment	funds						<u> </u>	
Pa	rt VI	Land, Buildings, a											
	D	Complete if the orga	anization answ (a) Cost or oth		orm 990 st or other	•				rm 990, Pa depreciation	 	ne 10. (d) Book va	·luo
	Descri	ption of property	(a) Cost or oth (investme		st or other	r Dasis (other)	(C) Acci	umulated c	iepreciation		(d) BOOK VA	iliue
1a	Land												
b	Buildin	gs											
c	Leaseh	old improvements				- 3	39,666			36,301			3,365
d	Equipn	nent				1:	11,099			101,389			9,710
е	Other					10)4,494			80,779			23,715
Tota	ıl. Add	lines 1a through 1e <i>(Col</i>	umn (d) must ed	qual Form 990, Par	t X, colu	mn (B)	, line	10(c)).		*			36,790

Part VII	Investments—Other Securities. Complete if the org	anızat	tion ansv	vered "Yes" or	Form 990, Pa	rt IV, line 11b.
	See Form 990, Part X, line 12. (a) Description of security or category (including name of security)		(b) Book value	Cos	(c) Method of votors or end-of-year	
(1) Financia (2) Closely- (3)Other	held equity interests	:				
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 12)	•				
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 9	90. P	art IV. lı	ne 11c. See Fo	orm 990. Part :	K. line 13.
			ook value		(c) Method of v	aluation
(1)				Cos	t or end-of-year	market value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 13)					
Part IX	Other Assets. Complete if the organization answered 'Yes' (a) Description	on For	m 990, Pa	art IV, line 11d	See Form 990, Pa	art X, line 15 (b) Book value
(1)						,
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	mn (b) must equal Form 990, Part X, col (B) line 15)				•	115
Part X	Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.	rea 'Y			IV, line 11e or	11f.
(1) Federal :	(a) Description of liability ncome taxes		(b) B	ook value		
<u>· · · · · · · · · · · · · · · · · · · </u>						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)		+				
(9)						
	n (b) must equal Form 990, Part X, col (B) line 25)	<u> </u>				
2. Liability fo	or uncertain tax positions In Part XIII, provide the text of the fo	otnote				_
organization	's liability for uncertain tax positions under FIN 48 (ASC 740) C	heck h	nere If the	text of the foot	note has been pro	ovided in Part XIII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b . . .

Supplemental Information

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Page 4

134,184

99,142

1.384.848

Schedule D (Form 990) 2018

1,285,706

Schedule D (Form 990) 2018

Part XI

d

3

b

5

Part XIII

See Additional Data Table

Return Reference

	, , ,									
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a								
b	Other (Describe in Part XIII)	4b	Τ							
С	Add lines 4a and 4b	•						4c		0
5	Total revenue $$ Add lines ${\bf 3}$ and ${\bf 4c.}$ (This must equal Form 990, Part I, line 12)							5		1,485,631
Par	XII Reconciliation of Expenses per Audited Financial Statem	ents	V	Vit	h Ex	кре	nses per	Retur	'n.	
	Complete if the arganization answered 'Ves' on Form 000 Part	- T\/ I	l.n	A 1	22					

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

2c 2d

4a

4b

Explanation

134,184

99.142

2e

3

4c

5

Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	nation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software Version: EIN: 42-0668751

Name: INTERNATIONAL BROTHERHOOD OF ELECTRICAL

WORKERS LOCAL 405

Evalanduan

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL 405 IS EXEMPT FROM INCOME TAXES UNDE R SECTION 501(C)(5) OF THE INTERNAL REVENUE CODE AND SIMILAR SECTIONS OF IOWA INCOME TAX L AW THE INTERNAL REVENUE SERVICE HAS NOT DETERMINED THAT THE LOCAL IS A PRIVATE FOUNDATION THE LOCAL FILES INFORMATION RETURNS IN THE U S FEDERAL JURISDICTION THE LOCAL FOLLOWS THE ACCOUNTING STANDARD TO EVALUATE UNCERTAIN INCOME TAX POSITIONS AND HAS DETERMINED THAT IT WAS NOT REQUIRED TO RECORD A LIABILITY RELATED TO UNCERTAIN TAX POSITIONS AT DECEMBER 31, 2018

Software ID:

Supplemental Information									
Return Reference	Explanation								
PART XI, LINE 2D - OTHER ADJUSTMENTS	RENT INCOME REPORTED SEPARATELY BY ELECTRICAL WORKERS BUILDING CO 23-7046838 33,373 MERCH ANDISE PURCHASED NETTED AGAINST REVENUE FOR PRESENTATION ON FORM 990 15,205								

Supplemental Information	_
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES REPORTED BY ELECTRICAL WORKERS BUILDING CO 23-7046838 118,979 MERCHANDISE PURCHASED NETTED AGAINST REVENUE FOR PRESENTATION ON FORM 990 15,205

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	RENT AND REIMBURSEMENTS PAID TO ELECTRICAL WORKERS BUILDING CO 99,142

DLN: 93493087001229 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number INTERNATIONAL BROTHERHOOD OF ELECTRICAL 42-0668751 WORKERS LOCAL 405 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization cash (book, FMV, appraisal, noncash assistance or assistance grant or government assistance other) (1) See Additional Data (2) (5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 2 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

PART I, LINE 2

THE ORGANIZATION DOES NOT HAVE FORMAL GRANT WRITING PROGRAM, OCCASIONALLY THE ORGANIZATION WILL PAY OUT GENERAL CONTRIBUTIONS OR ASSISTANCE PAYMENTS. THE BOARD AND MANAGEMENT DECIDE WHEN AND TO WHOM THESE PAYMENTS SHOULD BE DIRECTED EACH YEAR. WHEN APPROPRIATE THE ORGANIZATION MAINTAINS CONTACT WITH RECIPIENTS TO ENSURE FUNDS ARE BEING USED FOR THEIR INTENDED PURPOSE AT THE GENERAL MEETING, THE

USED FOR PURPOSES THAT THE IBEW 405 ENDORSES

HAS NO CONTROL OVER HOW OR WHERE THE FUNDS CONTRIBUTED TO THE POLITICAL EDUCATION FUND ARE SPENT, ONLY THE ABILITY TO REQUEST THAT THEY BE

Schedule I (Form 990) 2018

Additional Data

WASHINGTON, DC 20001

CEDAR RAPIDS, IA 52404

ELECTRICAL WORKERS

BUILDING CO 1211 WILEY BLVD SW

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

23-7046838

Software ID: Software Version: **EIN:** 42-0668751

Name: INTERNATIONAL BROTHERHOOD OF ELECTRICAL

WORKERS LOCAL 405

79,941

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation
organization		if applicable	grant	cash	(book, FMV, appraisal,

organization	ıf applıcable	grant	cash	(book, FMV, appraisal,	
or government			assistance	other)	

IBEW PAC EDUCATION FUND 900 7TH ST NW	53-0088380	501(C)(3)	68,000		

TREW DAG EDUICATION FUND	F3 0000300	E04(6)(2)	60.000		
					L
-				· '	

501(C)(2)

(g) Description of (h) Purpose of grant non-cash assistance or assistance

TO SUPPORT

MEMBERS

PROGRAMS USED TO COMMUNICATE WITH **HVAC UPGRADE &** PROPERTY TAXES FOR

1211 WILEY BLVD

BUILDING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (b) EIN (c) IRC section organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 501(C)(3) 5.000 23-7260197 NATURE NOEL SPONSORSHIP

INDIAN CREEK NATURE CENTER 5300 OTIS ROAD SE

CEDAR RAPIDS, IA 52403

efile GRAPH	IC print - DO NOT PROCESS	As Filed Data -		DLN:	93493087001229
CCHEDIII	F.O		. =	~~ ==	OMB No 1545-0047
(Form 990 or 990- EZ) Complete to provide info Form 990 or 990-EZ		ovide information fo or 990-EZ or to prov	on to Form 990 or 9 r responses to specific questi ide any additional informatio n 990 or 990-EZ.	ons on	2018
Department of the T		Open to Public Inspection			
WORKERS LOCAL 4	ROTHERHOOD OF ELECTRICAL	on		Employer identi 42-0668751	fication number
Return Reference			Explanation		
FORM 990, PART VI, SECTION A, LINE 6	LOCAL 405 HAS 692 RANK AND	FILE MEMBERS			

Return Explanation
Reference

FORM 990,	MEMBERS HAVE THE RIGHT TO ELECT THE MEMBERS OF THE GOVERNING BODY ELECTIONS TAKE PLACE EV
PART VI,	ERY THREE YEARS AND ARE REQUIRED BY IBEW LOCAL 405 CONSTITUTION
SECTION A,	
LINE 7A	

Return Explanation
Reference

FORM 990, ALL DECISIONS REQUIRE APPROVAL ACCORDING TO IBEW LOCAL 405 CONSTITUTION
PART VI,
SECTION A.

990 Schedule O, Supplemental Information

LINE 7B

Return Explanation
Reference

LINE 8B

FORM 990, THE ORGANIZATION DOES NOT HAVE ANY COMMITTEES
PART VI,
SECTION A.

Return Explanation
Reference

FORM 990,
PART VI,
SECTION B,
LINE 11B

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE EXECUTIVE BOARD CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEM ENT THE EXECUTIVE BOARD MAKES THE DETERMINATION AS TO WHETHER A CONFLICT OF INTEREST EXIS TS TRANSACTIONS WITH CONFLICTS CAN ONLY BE UNDERTAKEN IF ALL OF THE FOLLOWING ARE OBSERVE D 1 CONFLICT IS FULLY DISCLOSED 2 CONFLICTED INDIVIDUAL IS EXCLUDED FROM DISCUSSION AND APPROVAL OF THE TRANSACTION 3 COMPETITIVE BID OF COMPARABLE VALUATION EXISTS AND 4 THE EXECUTIVE BOARD HAS DETERMINED THAT THE TRANSACTION IS IN THE BEST INTEREST OF THE ORGANIZ ATION EACH OFFICER AND MANAGEMENT EMPLOYEE WITH DELEGATED POWERS WHO CAN INFLUENCE THE AC TIONS OF THE ORGANIZATION ANNUALLY SIGNS A STATEMENT WHICH AFFIRMS THEIR RECEIPT, UNDERSTA NDING OF AND AGREED COMPLIANCE TO THE CONFLICT OF INTEREST POLICY

Return Explanation
Reference

FORM 990, FORM 990, PART VI, SECTION B, LINE 15A COMPENSATION OF THE TOP MANAGEMENT OFFICIAL IS DET PART VI, ERMINED BY THE LOCAL UNION BY-LAWS FORM 990, PART VI, SECTION B, LINE 15B COMPENSATION OF SECTION B, FORM 990, PART VI, SECTION B, LINE 15B COMPENSATION OF THE FINANCIAL SECRET ARY OFFICER PAY IS DETERMINED BY THE LOCAL UNION BY-LAWS

Return Explanation
Reference

FORM 990, IBEW LOCAL 405'S FINANCIAL STATEMENTS ARE OPEN TO ALL MEMBERS OF IBEW LOCAL 405 THE GOVER PART VI, NING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT MADE AVAILABLE TO THE PUBLIC SECTION C, LINE 19

Return Reference	Explanation
FORM 990, PART XII, LINE 1	THE LOCAL'S POLICY IS TO PREPARE ITS FINANCIAL STATEMENTS AND TAX RETURN ON THE MODIFIED C ASH BASIS OF ACCOUNTING, CONSEQUENTLY, CERTAIN REVENUES ARE RECOGNIZED WHEN RECEIVED RATHE R THAN WHEN EARNED, AND CERTAIN EXPENSES AND PURCHASES OF ASSETS ARE RECOGNIZED WHEN CASH IS DISBURSED RATHER THAN WHEN THE OBLIGATION IS INCURRED THIS METHOD DIFFERS FROM ACCOUNT ING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA PRIMARILY DUE TO THE EFF ECTS OF PREPAID EXPENSES AND LIABILITIES FOR ACCOUNTS PAYABLE AND ACCRUED EXPENSES, AND THE EIR RELATED EFFECTS ON EARNINGS MODIFICATIONS TO THE CASH BASIS OF ACCOUNTING INCLUDE CAP ITALIZING AND DEPRECIATING ASSETS, RECORDING A LIABILITY FOR PAYROLL TAXES WITHHELD AND FOR DEFERRED REVENUE RESTRICTED

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. NO CHANGES FROM PRIOR YEAR

PART XII, LINE 2C

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE R** (Form 990)

Name of the organization INTERNATIONAL BROTHERHOOD OF ELECTRICAL

Department of the Treasury

Internal Revenue Service

WORKERS LOCAL 405

As Filed Data -

Related Organizations and Unrelated Partnerships

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

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

OMB No 1545-0047

DLN: 93493087001229

Open to Public Inspection

Employer identification number

NORKERS LOCAL 405							42-0	668751				
Part I Identification of Disregarded Entities Complete	ıf the organ	ızatıon answe	ered "Yes"	on Form	990, Part	IV, lıne	33.					
(a) Name, address, and EIN (ıf applıcable) of dısregarded entity				(c) Legal domicile (state or foreign country)		(c Total II	(d) (e otal income End-of-yea) ar assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year						orm 990			because			
(a) Name, address, and EIN of related organization		b) y activity	Legal domi or foreign	cile (state	(d) Exempt Code	section	Public cha	e) rity status 501(c)(3))	Dir	(f) ect controlling entity	Sectio (b)(contr enti	n 512 (13)
(1)LOCAL #405 HEALTH AND WELFARE FUND 225 2ND ST SE	TO USE CONTR PROVIDE HEAL WELFARE BENE	TH AND	I,	1	501(C)(9)				N/A		Yes	No No
CEDAR RAPIDS, IA 52401 23-7031120	WELFARE BEING	EFILS							IN/A			
(2)IBEW LOCAL 405 DEFERRED SAVINGS PLAN 225 2ND ST SE CEDAR RAPIDS, IA 52401	TO USE CONTRIBUTIONS TO PROVIDE RETIREMENT BENEFITS		I/	A 501(C)(9)				N/A				No
42-1494475 (3) CEDAR RAPIDS ELECTRICAL APPRENTICESHIP TRAINING AND EDUCATIONAL TRUST 2300 JOHNSON AVE NW CEDAR RAPIDS, IA 52405	TO PROVIDE TO EDUCATION FOR IOWA APPRENTIOURNEYME	OR EASTERN	1,	7	501(C)(3)		LINE 2		N/A			No
42-6603775 (4)ELECTRICAL WORKERS BUILDING CO 1211 WILEY BLVD SW	MAINTAIN BUI HALL) FOR MEI	LDING (UNION MBERSHIP	1/	7	501(C)(2)				INTERNAT BROTHER	HOOD OF	Yes	
CEDAR RAPIDS, IA 52404 23-7046838									ELECTRIC 405	AL WORKERS LOCAL		
For Paperwork Reduction Act Notice, see the Instructions for Forn	l 1 990.		l Cat	No 5013	<u>I</u> 35Y				Sch	edule R (Form 9	90) 20	18

		(state or foreign country)	controlling entity	income(relat unrelated excluded fro tax under sections 51 514)	om	e end-of-year assets	(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partr	ner?	Percent owners
							Yes	No		Yes	No	
										\square		
										H		
										H		
ations Taxable as a C rganizations treated as	 Corporation a corporation	or Trus	t Complete st during th	 If the orga ne tax year	l Inization ans	 	on Fo	 orm 9!	90, Part IV,	line	34	
(b) Primary activity	(c) Legal domicile (state or foreign country)				(e) Type of entity C corp, S corp, or trust)	(f) Share of total income		year	of- Percei	ntage	(13	(ı) ction 5 3) con entit 'es
											_	\downarrow
											\perp	
											+	
	rganizations treated as	(b) Primary activity L do (state	(b) (c) Primary activity Legal domicile (state or foreign	(b) Primary activity (c) Legal domicile (state or foreign	(b) Primary activity (c) Legal domicile (state or foreign (d) Direct controlling entity	(b) Primary activity (c) Legal domicile (state or foreign (d) Direct controlling entity (C corp, S corp, or trust)	(b) (c) (d) (e) (f) Share of total domicile (state or foreign	rganizations treated as a corporation or trust during the tax year. (b) Primary activity Legal domicile (state or foreign (d) Direct controlling entity (C corp, S corp, or trust) (C corp, S corp, or trust)	(b) Primary activity (c) Legal domicile (state or foreign (d) Direct controlling entity (C corp, S corp, or trust) (e) Type of entity (C corp, S corp, or trust) (g) Share of total income year assets	(b) (c) (d) Type of entity Coperation or trust during the tax year. (b) (c) Legal Direct controlling Type of entity Corp., Scorp., or trust) Corp., Scorp., or	(b) (c) (d) (d) (e) (f) (g) (h) Primary activity (state or foreign (state or foreign)) (c) (d) (d) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	(b) (c) (d) (e) (f) (g) (h) Primary activity Legal domicile entity (C corp, S corp, or trust) (C corp, S corp, or trust) (13

(1)ELECTRICAL WORKERS BUILDING CO

(2)ELECTRICAL WORKERS BUILDING CO

(3)ELECTRICAL WORKERS BUILDING CO

Schedule K (LOHII 990) 2010		Pē	ige 3								
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.											
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No								
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?											
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No								
b Gift, grant, or capital contribution to related organization(s)	1 b	Yes									
c Gift, grant, or capital contribution from related organization(s)	1c		No								
d Loans or loan guarantees to or for related organization(s)	1d		No								
e Loans or loan guarantees by related organization(s)	1e		No								
f Dividends from related organization(s)	1f		No								
g Sale of assets to related organization(s)	1 g		No								
h Purchase of assets from related organization(s)	1h		No								
i Exchange of assets with related organization(s)	1 i		No								
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No								
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	\vdash								
l Performance of services or membership or fundraising solicitations for related organization(s)	11		No								
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No								
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No								
o Sharing of paid employees with related organization(s)	10		No								
p Reimbursement paid to related organization(s) for expenses	1 p		No								
q Reimbursement paid by related organization(s) for expenses	1 q		No								

,	3.									
		Ш								
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes							
1	Performance of services or membership or fundraising solicitations for related organization(s)	11		No						
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No						
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No						
О	Sharing of paid employees with related organization(s)	10		No						
р	Reimbursement paid to related organization(s) for expenses	1 p		No						
q	Reimbursement paid by related organization(s) for expenses	1 q		No						
	Other transfer of cash or property to related organization(s)	1r	Yes							
		H	163							
s	Other transfer of cash or property from related organization(s)	1s		No						
2	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds									
	(a) (b) (c) (d) Name of related organization Transaction type (a-s)	nount involved								

Schedule R (Form 990) 2018

52,125

19,200

27,816

CASH PAID

CASH PAID

CASH PAID

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

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

													
(a) Name, address, and EIN of entity	(b) Primary activity		(d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514)			(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
İ			514)	Yes	No	ļ ,		Yes	No		Yes	No	
									_	Schedul	e R (Form	1 990)) 2018

