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Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

<u>A</u>	For the 2	2013 calendar year, or tax year beginning O	CT 1, 2013 and	ending S	EP 30, 2014			
В	Check if applicable	C Name of organization			D Employer identific	ation number		
Г	Address change	LOCAL 1233, ILA, AFL-C	10					
	Name change	Doing Business As			22-1	010700		
E	Initial return Termin- ated	Number and street (or P 0 box if mail is not delight 731 SOUTH 10TH STREET	vered to street address)	Room/surte		324 – 7322		
Ę	Amended return Applica-	City or town, state or province, country, and	ZIP or foreign postal code	•	G Gross receipts \$ 1,563,664.			
L_	tion pending	NEWARK, NJ 07108	EMON CATERY TO		H(a) Is this a group re			
		F Name and address of principal officer:CLI	TTON SMITH, JR	Λ0	for subordinates			
		731 SOUTH 10TH STREET,			H(b) Are all subordinates in			
_			(insert no) 4947(a)(1)	or 527	1	list. (see instructions)		
		: ► N/A rganization X Corporation Trust As:	sociation Other ►	I Vaa-	H(c) Group exemption			
		rganization X Corporation Trust Ass Summary	Suciation Unier P	L Year	or formation 1092 N	State of legal domicile NJ		
	.,	nefly describe the organization's mission or most	elanticant activities: TO P	ROMOTE	THE BEST II	NTERESTS OF		
Activities & Governance	<u>I</u>	TS MEMBERS.						
Ē	2 C	heck this box 🕨 📖 if the organization discor	than 25% of its net as					
Š	3 N	umber of voting members of the governing body	3	12				
ಷ	4 N	umber of independent voting members of the gov	verning body (Part VI, line 1b)		4	12		
ies		otal number of individuals employed in calendar y	ear 2013 (Part V, line 2a)		5	4		
ΞΞ		otal number of volunteers (estimate if necessary)			6	10		
Aci		otal unrelated business revenue from Part VIII, co			7a	0.		
_	b N	et unrelated business taxable income from Form	990-T, line 34		7b	0.		
					Prior Year	Current Year		
E C		ontributions and grants (Part VIII, line 1h)			1 500 963	1 550 005		
Revenue	1	rogram service revenue (Part VIII, line 2g)		1,509,863.	1,550,985.			
æ	1	vestment income (Part VIII, column (A), lines 3, 4,		-	4,861. 21,358.	10,556.		
		ther revenue (Part VIII, column (A), lines 5, 6d, 8c,		1,536,082.	1,563,664.			
	1	otal revenue - add lines 8 through 11 (must equal			20,698.	33,400.		
		rants and similar amounts paid (Part IX, column (20,090.	33,400.		
,	1	enefits paid to or for members (Part IX, column (A alaries, other compensation, employee benefits (F			856,930.	858,042.		
Expenses	180 D	alaries, other compensation, employee benefits (rofessional fundraising fees (Part IX, column (A), ii	• • • • • • • • • • • • • • • • • • • •		0.00,000.	0.00,042.		
peu	h T	otal fundraising expenses (Part IX, column (D), line	•	0.		0.		
Ä	17 0	ther expenses (Part IX, column (A), lines 11a-11d,		<u> </u>	315,230.	335,795.		
	l l	otal expenses. Add lines 13-17 (must equal Part I)			1,192,858.	1,227,237.		
	19 R	evenue less expenses. Subtract line 18 from line			343,224.	336,427.		
Net Assets or Fund Balances	3	, , , , , , , , , , , , , , , , , , ,	· -	Be	ginning of Current Year	End of Year		
Sets	20 T	otal assets (Part X, line 16)		-	2,473,351.	3,002,778.		
ASS	21 To	otal liabilities (Part X, line 26)			1,167,000.	1,360,000.		
E E	22 N	et assets or fund balances. Subtract line 21 from	line 20		1,306,351.	1,642,778.		
	art II	Signature Block						
Unc	gr penaltı	es of perjury, I declare that I have examined this return,	including accompanying schedule	s and statem	ents, and to the best of my	knowledge and belief, it is		
trug	correct,	and complete Peclaration of preparer (other than office	r) is based on all information of w	hich preparer	has any knowledge			
ش.	- 1							
Sig	រិប រុ	Signature profficer			Date	120		
Нē	je		TY-TREASURER		2/25	2015		
		Type or print name and title)	T Drie		
Pal	빞	Print/Type preparer's name	Preparer's signature	I .	Date Check	PTIN		
		AUL SHANE	AKID COMPANY TT		2/19/15 self-employe			
_		Firm's name VICTOR GOLDBLAT		<u> </u>	Firm's EIN ▶	22-2201241		
	Onty F	firm's address 477 CHESTNUT STR UNION, NJ 07083	re 1		Phone no (9	08) 964-5888		
_		6 discuss this return with the preparer shown abo	ve? (see instructions)		Pilione no (3	X Yes No		
						11169 1110		

Form	1990 (2013) LOCAL 1233, ILA, AFL-CIO	22-101	0700	Page 2
Pa	rt III Statement of Program Service Accomplishments			<u> </u>
	Check if Schedule O contains a response or note to any line in this Part III			
1	Briefly describe the organization's mission: LABOR UNION ORGANIZATION TO PROMOTE THE BEST INTERESTS	OF ITS	MEMBE	RS.
			<u> </u>	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.		Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as			
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported.			
4a	(Code) (Expenses \$		<u> </u>	
-	(Code			
				
				
41				
4b	(Code) (Expenses \$) (Reven	ue \$)
			•	
4¢	(Code) (Expenses \$ including grants of \$) (Reven	ue \$)
4d	Other program services (Describe in Schedule O.)			
	(Expenses \$ Including grants of \$) (Revenue \$)	
4e	Total program service expenses			

ì

Form 990 (2013) LOCAL 1233, ILA, AFL-CIO Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		103	-140
	If "Yes," complete Schedule A	1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	-	X
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	<u> </u>		
	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	<u> </u>		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	ļ	Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	······		
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	ĺ	į į	
	Part VI	11a	Х	
ь	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	116		Х
c	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		Х
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		_X
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		X
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		<u>X</u>
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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			_
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
<u>b</u>	if "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<u>2</u> 0b		
		Form	990	(2013)

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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	X	
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		X
ь	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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	İ		
	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 so,			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	İ		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27	ļ	X
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):			

30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation
	contributions? If "Yes," complete Schedule M
31	Did the organization liquidate, terminate, or dissolve and cease operations?
	If "Yes," complete Schedule N, Part I
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete
	Schedule N, Part II
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
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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?

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

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV
 c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M

director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

If "Yes," complete Schedule R, Part V, line 2

Note. All Form 990 filers are required to complete Schedule O

38 X Form **990** (2013)

28a

28b

28c

29

30

31

32

33

34 35a

35b

36

37

X

Х

X

Х

X

Х

X

Form 990 (2013) LOCAL 1233, ILA, AFL-CIO

Part V Statements Regarding Other IRS Filings and Tax Compliance

a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a 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.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		Check if Schedule O contains a response or note to any line in this Part V			_			
b Enter the number of Forms W2G included in line 1a. Enter 0-fi not applicable						Yes	No	
c Dit the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gaminaling) without gaminaling) without paying and the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the pr	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	15				
a Setter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendary year ending with or within the year covered by this return b If at least one is reported on Ine 2a, did the organization file all required feelf employment tax returns? Note: If the sum of lines is and 2 as greater than 250, you may be required to e-file (see instructions) b If 1 Yees, That if filed a Form 990 To fire this year If 1/0, 10 In 160, 20 provide an explanation in Schedule O b If 1 Yees, That if filed a Form 990 To fire this year If 1/0, 10 In 160, 20 provide an explanation in Schedule O b If 1 Yees, That if the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; financial account in a foreign country. Pe 5a was the organization and the foreign country. Pe 5a was the organization and the organization that it was or is a party to a prohibited tax whether transaction? 5b If 1 Yees, and the arms of the foreign country. Pe 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles as charitable contributions? 5c If Yees, I clin is Sar of 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5b If Yees, did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 6c Obot the organization receive deductible contributions under section 170(c). 6c If Yees, I did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 6c Did the organization state may receive deductible contributions under section 170(c). 6d If Yees, Indicate the number of Forms 8822 filed dump the year 6d If Yees, Indicate the number of Forms 8822 filed dump the year 7c If If Yees, Indicate the number of Forms 8822 filed dump the year and the organizat	Ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0				
2a Enter the number of employees reported on Form W/3. Transmittal of Wage and Tax Statements. 2a 4	C	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportal	ole gaming				
he if at least one is reported on line 2a. did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2 as is greater than 250, you may be required to e-file (see instructions) 3a. Did the organization have unrelated busineses gross income of \$1,000 or more during the year? 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; out the 3 a bank account, securities account, or other financial account; of the financial account; which as a bank account, securities account, or other financial account; of the financial account; which as a bank account, securities account, or other financial account; of the financial account; or other authority over, a financial account in a foreign country. ▶ 5b. If Yes, if enter the name of the foreign country. ▶ 5ce instructions for filing requirements for Form 1D F 90·22.1, Report of Foreign Bank and Financial Accounts. 6a. Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c. Was 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 in Form 88867? 6b. Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(c). 6c. If Yes, if did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If Yes, if did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible. 9 If Yes, if did the organization include with every solicitation and parity for goods and services provided to the payor? 7 Organizations and solicitations of t		(gambling) winnings to prize winners?			1c			
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? 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? 3b If Yes, *has it filed a Form 990-T for this year? If *No.** to line 3b, provide an explanation in Schedule 0 3b A 1a sty time during the calendary year, did the organization have an interest in, or a signature or or hore authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5d Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5d Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year. 5d Was the organization and the organization file Form 8886-7? 6d Was the organization related an annual gross recepts that are normally greater than \$100,000, and did the organization solicid any contributions in the did the organization related and the were not tax deductible? 7d Organizations that many receive deductible contributions? 8d Was if Yes, did the organization received aductible contributions under section 170(c). 9d Was if Yes, did the organization received account in the did year of the property of the organization received and contribution of quisition and express statement that such contributions? 7d Wa	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrielated business gross income of \$1,000 or more duming the year? If "Yes," has it filed a Form 990-T for this year? If "No," to line 30, provide an explanation in Schedule O a financial accountly a foreign country. ► If "Yes," has it filed a Form 990-T for this year? If "No," to line 30, provide an explanation in Schedule O a financial accountly a foreign country. ► See instructions for filing requirements for form TD F 90/22.1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time duming the tax year? See instructions for filing requirements for form TD F 90/22.1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time duming the tax year? See instructions for filing requirements for form TD F 90/22.1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction of any time duming the tax year? Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax eductibles? If "Yes," did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible? Organizations that may receive deductible contributions under section 170(c). If "Yes," indicate the number of Forms 8282 filed during the year and the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to tile Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year. Did the organization received a contribution of cars, boats, anjanates, or other verbilders, did the organization file a Form 1098-07 and the organization was a sequence of the value of the organization file a Form 1098-07 and th		filed for the calendar year ending with or within the year covered by this return	2a	4				
3a	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	rns?		2b	Х		
b If "Yes," has it flied a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4 At any time during the calendar year, dot the organization have an interest in, or a signature or other authority over, a financial account in a foreign country; which is a bank account, securities account, or other financial account? 4 B X 5 If "Yes," enter the name of the foreign country: № 5 See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 If "Yes," to line Sa of 5b, of the organization file Form 8886-17? 6 Does the organization a party to a prohibited tax shelter transaction? 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that time not tax deductible as charaftale contributions? 6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charaftale contributions? 6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). 8 If "Yes," did the organization notify the donor of the value of the goods or services provided? 9 Did the organization secreve a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 7 The Did the organization secreve any funds, directly or indirectly, not pay premiums on a personal benefit contract? 9 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 1 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 1 Did the organization make a distribution to a donor, donor advised fund an sintal many of provided fun		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)					
4a At any time during the calendary 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)? b If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 90:22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization required tax sheller transaction of Foreign Bank and Financial Accounts. 5b If "Yes," to line 5a or 5b, did 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 that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," did the organization to include with every solicitation and party for goods and development of tax deductible as charitable contributions? 6c If "Yes," did the organization include with every solicitation and party for goods and services provided to the payor? 7c Organizations that may receive deductible contributions under section 170(c). 8d Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7d If "Yes," did the organization notify the donor of the value of the goods or services provided? 7d Did the organization sell, exchange, or otherwise dispose of targible personal property for which it was required to file Form 8282? 7c X 7d If the organization call the number of Forms 8282 filed during the year 9 Did the organization sell, exchange, or otherwise dispose of targible personal property for which it was required? 1 If the organization received a contribution of qualified intellectual property, did the organizations. Did the supporting organization sell and the sell of the payment of the payment of the payment of the payment of the payment of the paym	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X	
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13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 13a 13b 13b 13c	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a			
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		· · · · · · · · · · · · · · · · · · ·	_13c				1.	
b it Tyes, Thas it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		•					<u> </u>	
	b	IT "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O		14b			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	to line 6a, 6b, or 10b below, describe the circumstances, processes, or charges in schedule c	<i>).</i> 0 00	risaucaoris.						
	Check if Schedule O contains a response or note to any line in this Part Vi				_	X			
Sec	tion A. Governing Body and Management								
		i	1 10		Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12	-					
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O		1.0						
b	Enter the number of voting members included in line 1a, above, who are independent	1b	12	1					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other			17			
	officer, director, trustee, or key employee?			2		X			
3	Did the organization delegate control over management duties customarily performed by or under the	he dire	ct supervision	_					
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form		as filed?	5		X			
5	· · · · · · · · · · · · · · · · · · ·								
6	Did the organization have members or stockholders?			6	Х	-			
/a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoin	one or		Х				
	more members of the governing body?	-41-1-	-1-1	7a					
D	Are any governance decisions of the organization reserved to (or subject to approval by) members,	Stockr	olders, or			Х			
•	persons other than the governing body?		a fallannaa	7b					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year.	ear by t	ie toliowing	0-	Х				
_	The governing body?			8a	X				
ь	Each committee with authority to act on behalf of the governing body?		a4 4b a	8b	Α.				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re organization's mailing address? If "Yes," provide the names and addresses in Schedule O	acned	at the	9		X			
800	tion B. Policies (This Section B requests information about policies not required by the Internal F	201/001	o Codo I	1 5	l	- 21			
Sec	tion B. Folicies (This Section B requests information about policies not required by the internal r	1everiu	e Code.)		Yes	No			
102	Did the organization have local chapters, branches, or affiliates?			10a	163	X			
	If "Yes," did the organization have written policies and procedures governing the activities of such	hante	e affiliates	100					
	and branches to ensure their operations are consistent with the organization's exempt purposes?	mapro	o, armatoo,	10ь					
11a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	-,		11a	X				
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Ì .	Х			
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to co	ıflıcts?	12b					
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "								
	in Schedule O how this was done			12c					
13	Did the organization have a written whistleblower policy?			13		Х			
14	Did the organization have a written document retention and destruction policy?			14		X			
15	Did the process for determining compensation of the following persons include a review and approx	val by ı	ndependent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	_	·						
а	The organization's CEO, Executive Director, or top management official		-	15a	X				
b	Other officers or key employees of the organization			15b	Х				
	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 arrange	ement	with a						
	taxable entity during the year?			16a		X			
b	if "Yes," did the organization follow a written policy or procedure requiring the organization to evalu-	ate its	participation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization	anızatı	on's						
	exempt status with respect to such arrangements?			16b		<u> </u>			
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶NJ								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	-T (Sec	tion 501(c)(3)s only)	avaılat	ole				
	for public inspection. Indicate how you made these available. Check all that apply.								
	Own website Another's website X Upon request Other (explain	in ın Sc	hedule O)						
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or	conflict	of interest policy, ar	id finar	ncial				
	statements available to the public during the tax year.								
20	State the name, physical address, and telephone number of the person who possesses the books	and re	cords of the organiza	ition:					
	ORGANIZATION - 973-824-7322								
	731 SOUTH 10TH STREET, NEWARK, NJ 07108								

	orm 990 ((2013)	LOCAL	1233	, IL
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Part VII 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) 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

(A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustae or director	Institutional frustice	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) WILLIAM DUDLEY	40.00									
PRESIDENT				X				191,183.	127,884.	12,883.
(2) HERBERT HALL	40.00									
BUSINESS AGENT				X				191,183.	77,014.	12,883.
(3) CLIFTON SMITH	40.00							l '		
SECTY TREASURER				X				194,354.	0.	13,088.
(4) LINDA WILKINS	1.00									
EXECUTIVE BOARD/DELEGATE				X			L.	2,500.		0.
(5) DEVIN WELLS	1.00									
EXECUTIVE BOARD/DELEGATE				X	L.			3,268.	0.	0.
(6) DWIGHT SPEIGHT	1.00									
EXECUTIVE BOARD/DELEGATE				X				2,500.	0.	0.
(7) MICHAEL BARNES	1.00						•			
EXECUTIVE BOARD/DELEGATE				X				2,500.	0.	0.
(8) VICTOR THOMAS	1.00		1			!	1	;		
DELEGATE				X		ļ		3,218.	0.	0.
(9) ROBIN SUGGS	1.00									
EXECUTIVE BOARD MEMBER				X		<u> </u>	<u> </u>	3,275.	0.	0.
(10) ANTHONY BROWN	1.00									
EXECUTIVE BOARD MEMBER			L .	X	ļ			2,500.	0.	0.
(11) BETTY HOOKER	1.00					1				
EXECUTIVE BOARD MEMBER				Х				2,500.	0.	0.
(12) JOHN SHARPE	1.00									
EXECUTIVE BOARD MEMBER		L		X				2,500.	0.	0.
(13) SEAN D. JONES	1.00							'		
EXECUTIVE BOARD MEMBER				X			<u> </u>	2,500.	0.	0.
(14) NORMAN JACKSON	1.00									
EXECUTIVE BOARD MEMBER			<u> </u>	Х		ļ	<u> </u>	2,500.	0.	0.
(15) DANNY LYNN	1.00									
EXECUTIVE BOARD MEMBER				X				1,875.	0.	0.
(16) JAMES VINING	1.00									
EXECUTIVE BOARD MEMBER				X		<u> </u>		1,875.	0.	0.
	_		1							
				L	L	<u></u>	<u> </u>			

1 44	* * FF Section A. Officers, Directors, Trus		pioy	rees			igne	St C	ompensated Employe	es (continuea)		_		
	(Å)	(B)		(C)					(D)	(E)				
	Name and title	Average	Position (do not check more than one					one	Reportable	Reportable	,	Es	tımate	ed
		hours per week	box	, unle	ss pe	rson	is bot	h an	compensation	compensation			ount o	of
		(list any	—	1			T	100,	from	from related			other	.
		hours for	direct				-		the organization	organization (W-2/1099-MI		_	pensa om the	
		related	8	8 8			52		(W-2/1099-MISC)	(** 27 1055 1411	50,		anızatı	
		organizations	Individual trustee or director	Institutional trustee		8	a E		(,			_	d relate	
		below	dana	혍	a	Key employee	o Stc	귤				orga	ınızatıd	ons
		line)	ğ	Tage 1	Officer	Še	Highest compensated employee	Former						
				<u> </u>										
						_								
									:					
										- ·				
									,					
				ļ		_	_							
						<u> </u>								
			_	-			-	_						
						1								
				-		_		<u> </u>						
						İ								
					l			<u> </u>	(10 221	204 0				-
	Sub-total								610,231.	204,8		3	8,8	
	Total from continuation sheets to Part VI	I, Section A							610 221	204 0	0.	2	0 01	0.
	Total (add lines 1b and 1c)								610,231.	204,8			8,8	<u> </u>
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bov	e) wh	no re	eceived more than \$100	,000 of reportab	le			2
	compensation from the organization												V	3
٠.	D. 11										ſ		Yes	No
3	Did the organization list any former officer,		ıste	е, ке	y er	npic	yee.	, or	nignest compensated e	mployee on			1	v
	line 1a? If "Yes," complete Schedule J for s											3		X
4	For any individual listed on line 1a, is the su								· · · · · · · · · · · · · · · · · · ·	the organization			v	
_	and related organizations greater than \$15									alorat de		4	X	
5	Did any person listed on line 1a receive or a							elat	ed organization or indivi	dual for services		_	1	v
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	ipiete Scheaul	<u> </u>	or st	ucn	pen	son		 			5		X
1	Complete this table for your five highest co	managet ad in	400	2040	n+ a				hat recovered more than	\$100,000 of		f		
'	the organization. Report compensation for										npens	ation i	rom	
	(A)	ine calendar y	ear	engi	ng v	VILLI	OI W	lum		year.				
(A) (B) Name and business address NONE Description of services									С	O) eacmo	<i>r)</i> nsatior	n		
									<u> </u>					
								- 1						
												_		
				-				1						
								7						
					_	_	_							
								\neg			-			
	,						·							
2	Total number of independent contractors (i	ncluding but n	ot li	mıte	d to	tho	se li	stec	d above) who received m	ore than				
	\$100,000 of compensation from the organi	zation 🕨				(0							

	., .	+44	Check if Schedule O conf	tains a resco	nse or note to an	v line in this P	art VIII			F1
,	**	••••	Greek in Conteasing Control	tailis a respo	inse of flote to al	Total re	4)	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1	а	Federated campaigns	1a						
3ra		b	Membership dues	1b						
Is, (C	Fundraising events	1c	<u></u>					
Contributions, Gifts, Grants and Other Similar Amounts		d	Related organizations	1d						
ns,	İ	е	Government grants (contribut	tions) 1e		_				
er Si		f	All other contributions, gifts, gran	nts, and						
뒃			similar amounts not included abo	ve 1f		_				
ם			Noncash contributions included in lines	s 1a-1f \$		_				
<u>ပ ၈</u>		h	Total. Add lines 1a-1f							
•	_				Business C	ode		1		
Š.	2	_								
Ser		b			_					
EŞ		c d			_					
Program Service Revenue		_			-				····	
Ā		f	All other program service reve	enue	90009	9 1,550	,985.	1,550,985.		
		g	Total. Add lines 2a-2f			1,550	,985.			
	3		Investment income (including	dıvıdends, ır	terest, and		-			
			other similar amounts)			▶ 10	,556.	10,556.		
	4		Income from investment of ta	x-exempt bo	nd proceeds	 				
	5		Royalties			>				
				(i) Real	(ii) Person	al				
	6	а	Gross rents			_				
		b	Less: rental expenses			_				
	ŀ		Rental income or (loss)							
	١_		Net rental income or (loss)			>				
	7	а	Gross amount from sales of	(i) Securiti	es (ii) Other	_				
		_	assets other than inventory			\dashv				
		b	Less: cost or other basis and sales expenses							
		c	Gain or (loss)		-					
			Net gain or (loss)							
•	8		Gross income from fundraisin	a events (no						
Ž			including \$	of						
eve			contributions reported on line	1c). See						
E E			Part IV, line 18		a					
Other Revenu		b	Less: direct expenses		ь					
•		С	Net income or (loss) from fund	draising even	ts	>				
	9	а	Gross income from gaming ad	ctivities. See						
			Part IV, line 19		a	_				
	1	b Less: direct expenses b				_				
			c Net income or (loss) from gaming activities			<u> </u>				
	10	а	Gross sales of inventory, less	returns						
		_	and allowances		a	_				
			Less: cost of goods sold Net income or (loss) from sale	o of invontor	., b					
		<u>. </u>	Miscellaneous Revenu		Business C	odo				
	11	а	REIMBURSED EXPE		90009		,123.	2,123.		
	`	b			_ 			_,		
		C				-				
		d	All other revenue							
		е	Total. Add lines 11a-11d			2	,123.			
	12		Total revenue. See instructions			1,563	.664.	1,563,664.	0.	0.

Form 990 (2013) LOCAL 1233, I.
Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			omplete column (A)	
	Check if Schedule O contains a respon	se or note to any line in to (A)		(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21	24,393.			
2	Grants and other assistance to individuals in	0 007			
	the United States. See Part IV, line 22	9,007.			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				, ,111, 1,1, , , , , , , , , , , , , ,
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	651 160			
	trustees, and key employees	651,160.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	63,130.			
7	Other salaries and wages	03,130.			
8	Pension plan accruals and contributions (include	48,352.			
_	section 401(k) and 403(b) employer contributions)	43,599.			
9	Other employee benefits	51,801.			
10	Payroll taxes	31,001.			
11	Fees for services (non-employees):				
a	Management	11,658.	<u> </u>		
b	Legal	23,500.			<u> </u>
c d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
9	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O)	3,000.			
12	Advertising and promotion	• • • • • • • • • • • • • • • • • • •			
13	Office expenses	40,421.			·
14	Information technology	•			_
15	Royalties				
16	Occupancy	56,081.			- "
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	26,921.			
20	Interest .				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	37,135.			
23	Insurance	23,387.			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	REPAIRS AND MAINTENANCE	29,294.			<u> </u>
b	EQUIPMENT LEASING	27,380.			
c	UTILITIES	20,320.			
d	CHRISTMAS EXPENSE	17,700.	<u></u>		
e	All other expenses	18,998.			
25	Total functional expenses. Add lines 1 through 24e	1,227,237.			
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 hom	l		I	I

Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 1,304,068. 1,741,181. 1 Cash - non-interest-bearing 1 250,445. 251,204. 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 594,135. 701,900. 7 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 10a 620,516. basis. Complete Part VI of Schedule D 312,023. 324,703. 308,493. 10c b Less: accumulated depreciation 10b 11 Investments - publicly traded securities 11 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 2,473,351. 3,002,778. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 1,167,000. 25 1,360,000. Schedule D 1,167,000. 1,360,000. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 27 Unrestricted net assets 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ X and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 1,306,351. 1,306,351. 1,642,778. 32 Retained earnings, endowment, accumulated income, or other funds 32 1,642,778. 33 Total net assets or fund balances 2,473,351. 3,002,778. Total liabilities and net assets/fund balances

· Form	990 (2013) LOCAL 1233, ILA, AFL-CIO	22-101	0700	Pag	ge 12
Pai	t XI Reconciliation of Net Assets			•	
	Check if Schedule O contains a response or note to any line in this Part XI				
1 2 3 4 5	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments	1 2 3 4 5	1,563 1,22 330 1,300	7,2 5,4	37. 27.
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	1,642	2 , 7	<u>78.</u>
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		1		X.
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			Х
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	d a.a. a	2a		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	d on a			
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
_	consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the consolidated basis.	a audt			
G	review, or compilation of its financial statements and selection of an independent accountant?	ie audit,	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	nedule O	20		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S				
-	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ured audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3ь		<u></u>

Form **990** (2013)

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

LOCAL 1233, ILA, AFL-CIO

Employer identification number 22-1010700

Pa	Crganizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fu	unds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be used	d only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose conf	erring
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education) Preservation of an historic	ally 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 quali	fied conservation contribution in the form of a	conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the org-	anization during the tax
	year ▶		· ·
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements	<u> </u>	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements during	the year
7	Amount of expenses incurred in monitoring, inspecting, and	-	
8	Does each conservation easement reported on line 2(d) above	-	
	and section 170(h)(4)(B)(ii)?	, , ,	Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense stat	
	include, if applicable, the text of the footnote to the organiza	-	
	conservation easements.		•
Pa	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Other	r Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (As	SC 958), not to report in its revenue statement	and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherance	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		▶ \$ ▶ \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial gain	n, provide
	the following amounts required to be reported under SFAS 1	•	•
а	Revenues included in Form 990, Part VIII, line 1	· • • • •	▶ \$
b	Assets included in Form 990, Part X		> \$

		233, ILA,					22-10	10700	Page 2
Par	† Ⅲ │ Organizations Maintaining C	Collections of	Art, His	torical T	reasures, or O	ther Sim	nilar Asse	ts (continu	 ed)
3	Using the organization's acquisition, accessi								
	(check all that apply):								
а	Public exhibition		d	Loan or ex	change programs				
b	Scholarly research		е 🗀	Other					
c	Preservation for future generations								
4	Provide a description of the organization's co	ollections and exp	laın how t	hey further	the organization's e	exempt pu	rpose in Par	t XIII.	
5	During the year, did the organization solicit of	r receive donation	s of art, h	nstorical tre	asures, or other sin	ılar assets	•		
	to be sold to raise funds rather than to be m	aintained as part o	of the orga	anization's c	collection?			Yes _	□ No
Par	t 🚺 Escrow and Custodial Arran		plete if th	e organizati	on answered "Yes"	to Form 9	90, Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.		<u>. </u>	<u> </u>				
1a	Is the organization an agent, trustee, custod	ıan or other ınterm	ediary fo	r contributio	ns or other assets i	not include	ed	_	
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the	following	table:					
								Amount	
C	Beginning balance					10	; <u> </u>	_	
d	Additions during the year					10	l		
е	Distributions during the year					1e	<u> </u>		
f	Ending balance					11	<u></u>		
	Did the organization include an amount on F							」 Yes	∐ No
	If "Yes," explain the arrangement in Part XIII.							-	<u> </u>
Par	t V Endowment Funds. Complete					<u> </u>		T	
_		(a) Current year	(b)	Prior year	(c) Two years back	(d) Thre	e years back	(e) Four ye	ears back
18	Beginning of year balance		+		 -	-			
D	Contributions					 			
C	Net investment earnings, gains, and losses		+						
a	Grants or scholarships				-				
е	Other expenditures for facilities								
	and programs	-	 		-				
'	Administrative expenses End of year balance		 						
9 2	•	rent year and bala	noo (lino :	1a column ((a)) hold as:		-		
	Provide the estimated percentage of the cur Board designated or quasi-endowment	rem year end bala	91111) e311 %	rg, column ((a)) neid as:				
ь ь	Permanent endowment		70						
•	Temporarily restricted endowment	% %							
·	The percentages in lines 2a, 2b, and 2c shot		l						
3a	Are there endowment funds not in the posse	="	uzation th	at are held :	and administered fo	or the oran	nization		
-	by.	ssion of the organ	iization ti	at are nera a	and administered it	n tile Olya	inzation	[v	es No
	(i) unrelated organizations							3a(i)	65 140
	(ii) related organizations							3a(ii)	
ь	If "Yes" to 3a(ii), are the related organizations	s listed as required	d on Sche	dule R?				3b	_
4	Describe in Part XIII the intended uses of the	•							
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" to Form 9	90, Part I	V, line 11a. S	See Form 990, Part	X, line 10.			
	Description of property	(a) Cost of				Accumula	ated	(d) Book	/alue
		basis (inve	stment)			depreciatio	- 1	(-,	
1a	Land								
b	Buildings								
C	Leasehold improvements				18,052.	258,	348.	289	,704.
d	Equipment				72,464.	53,	675.	18	,789.
<u> e </u>	Other	_							
Total	. Add lines 1a through 1e. (Column (d) must e	aual Form 990. Pa	art X. colu	mn (B), line	10(c).)			308	<u>,493.</u>

Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value						
Financial derivatives	(5, 555)(14,05	(v) monoco or valuation. Oo	or or or year marker value				
2) Closely-held equity interests							
B) Other							
(A)			·				
(B)							
(C)							
(D)							
(E)	-						
(F)			<u> </u>				
(G)							
(H)							
otal. (Col (b) must equal Form 990, Part X, col (B) line 12)			THE WARMS MANUAL MANAGEMENT				
Part VIII Investments - Program Related.			. , <u> </u>				
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11c. See Form 990. Part X. line 1	3.				
(a) Description of investment	(b) Book value	(c) Method of valuation: Co	st or end-of-year market value				
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Part IX Other Assets. Complete if the organization answered "Yes" (a)	to Form 990, Part IV, line Description	11d. See Form 990, Part X, line 1	5. (b) Book value				
(1)			(b) Book value				
(2)	·						
(3)							
(4)							
(5)	· · · · · · · · · · · · · · · · · · ·						
(6)	· · · · · · · · · · · · · · · · · · ·						
(7)							
(8)							
(9)							
(9)	e 15.)						
(9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		>				
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.		11e or 11f. See Form 990. Part X	▶ line 25.				
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"	to Form 990, Part IV, line	11e or 11f. See Form 990, Part X (b) Book value	line 25.				
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	to Form 990, Part IV, line		line 25.				
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	to Form 990, Part IV, line	(b) Book value	▶ line 25.				
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	to Form 990, Part IV, line		line 25.				
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) DUES PAYABLE	to Form 990, Part IV, line	(b) Book value	line 25.				
(9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" I. (a) Description of liability (1) Federal income taxes (2) DUES PAYABLE (3)	to Form 990, Part IV, line	(b) Book value	line 25.				
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) DUES PAYABLE (3) (4) (5)	to Form 990, Part IV, line	(b) Book value	▶ line 25.				
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" I. (a) Description of liability (1) Federal income taxes (2) DUES PAYABLE (3) (4)	to Form 990, Part IV, line	(b) Book value	▶ line 25.				
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) lime Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) DUES PAYABLE (3) (4) (5) (6) (7)	to Form 990, Part IV, line	(b) Book value	▶ line 25.				
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) DUES PAYABLE (3) (4) (5) (6) (7) (8)	to Form 990, Part IV, line	(b) Book value	▶ line 25.				
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) DUES PAYABLE (3) (4) (5) (6) (7)	to Form 990, Part IV, line	(b) Book value	▶ line 25.				

cne	<u>aule D (</u>	-orm 990) 2013 LOCAL 1233, ILA, AFL-CIO		22-1	LUIU/UU Page 4
Par		Reconciliation of Revenue per Audited Financial Statemer	nts With Revenue per R	eturn	
1		Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Evenue, gains, and other support per audited financial statements		1	1,563,664.
2		ts included on line 1 but not on Form 990, Part VIII, line 12:			1/300/001.
- ıa		ealized gains on investments	2a		
b		d services and use of facilities	2b	1	
		eries of prior year grants	2c	1	
d		Describe in Part XIII.)	2d	1	
		es 2a through 2d		2e	0.
3		es za milougii zu et line 2e from line 1		3	1,563,664.
4		ts included on Form 990, Part VIII, line 12, but not on line 1:		-	1/300/001.
		nent expenses not included on Form 990, Part VIII, line 7b	4a		
a		Describe in Part XIII.)	4b	1	
		es 4a and 4b	40	1 4- 1	0.
		es 4a and 4b evenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		4c 5	1,563,664.
5 Par		Reconciliation of Expenses per Audited Financial Stateme	inte With Evnenses per		
4 44		Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	into With Expenses per	Itetu	111-
1		penses and losses per audited financial statements		1	1,227,237.
2		ts included on line 1 but not on Form 990, Part IX, line 25:			
-		d services and use of facilities	2a		
ь		par adjustments	2b	1	
c	~ ·.	•	2c	1	
d		Describe in Part XIII.)	2d	1 1	
		es 2a through 2d	20	2e	0.
3		ct line 2e from line 1		3	1,227,237.
4		ts included on Form 990, Part IX, line 25, but not on line 1:			1/22//2016
a		nent expenses not included on Form 990, Part VIII, line 7b	4a		
		Describe in Part XIII.)	4b	1	
		es 4a and 4b	40	1	0.
5		kpenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		4c 5	1,227,237.
		Supplemental Information.	, .	1 3	1/22//25/6
		escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	V lines 1h and 2h: Part V line	4. Part	Y line 2: Part YI
		4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit		4, rait /	A, III 6 2, Fait AI,
PAI	RT X	LINE 2:			
ΞXI	LAN	ATION: THE ORGANIZATION HAS ANALYZED T	AX POSITIONS TA	KEN	FOR FILING
					<u>-</u> -
VI.	гн ті	HE INTERNAL REVENUE SERVICE AND ALL STA	TE JURISDICTION	S W	ERE IT
זמר	ניח גל כדי	ES. THE ORGANIZATION BELIEVES THAT INCO	אור האל בדר אור ה	остп	DIONG WITT
JPI	CICALI	5. THE ORGANIZATION BELIEVES THAT INCC	ME IAX FILING P	0511	LIONS WITT
a F	SIIS	TAINED UPON EXAMINATION AND DOES NOT AN	יא אוע איי איינייוער איינייוער איינייוער איינייוער איינייוער אייניי	THE	יאבאיים יים איי
ياد	303.	TAINED OFON EXAMINATION AND DOES NOT AN	TICIPALE ANI AL	000.	IMENIO INAL
JOW	JLD I	RESULT IN A MATERIAL ADVERSE AFFECT ON	THE ORGANIZATIO	N'S	FINANCIAL
ירי	יש דעני	ON, RESULTS OF OPERATIONS OR CASH FLOW	IC ACCODDINCIV	mut	7
201	ADII.	ton, RESULTS OF OPERATIONS OR CASH FLOW	is. ACCORDINGLY,		<u> </u>
ORC	SANI	ZATION HAS NOT RECORDED ANY RESERVES OF	R RELATED ACCRUA	LS I	FOR
IN:	r <u>e</u> res	ST AND PENALTIES FOR UNCERTAIN INCOME T	AX POSITIONS AT	SEI	PT.30,2014.
			-		

Schedule D (Form 990) 2013	LOCAL 1233	, ILA, AFL-CIO	22-1010700 Page 5
Schedule D (Form 990) 2013 Part XIII Supplemental In	formation (continued)		
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% × **Employer identification number** 22-1010700 OMB No 1545-0047 Open to Public Inspection (h) Purpose of grant or assistance Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any DONATION CONATION Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of 5,250 cash grant (c) IRC section if applicable AFL-CIO 501(C)(3) 22-1554540 General Information on Grants and Assistance ILA, (p) EIN criteria used to award the grants or assistance? LOCAL 1233, 1 (a) Name and address of organization URBAN LEAGUE OF ESSEX COUNTY or government Name of the organization 508 CENTRAL AVENUE NEWARK, NJ 07107 Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part # Part

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table Schedule I (Form 990) (2013)

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

22-1010700 (Form 990) (2013) LOCAL 1233, ILA, AFL-CIO

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2013) Part III

Page 2

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance

SCHEDULE J (Form 990)

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► See separate instructions. Attach to Form 990. ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Open to Public

Inspection

OMB No 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury

LOCAL 1233, ILA, AFL-CIO

Employer identification number 22-1010700

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

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Regulations section 53.4958-6(c)?

initial contract exception described in Regulations section 53.4958-4(a)(3)? if "Yes," describe in Part III

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

Schedule J (Form 990) 2013

8

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(Q)-(i)(B)	reported as déferred in prior Form 990
(1) WILLIAM DUDLEY	€	191,183.	0	0	0	12,883.	204,066.	0
	€		0	0	0	0	127,884.	0
(2) HERBERT HALL	€	1	0	0		12,883.	204,066.	0
~	: (77,014.	0	0	0	0	77,014.	0
(3) CLIPTON SMITH	€	1	0	0		13,088.	207,442.	• 0
~	€	0		0.	0	0.	0.	0
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Schedule J (Form 990) 2013

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open To Public inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization LOCAL 1233, ILA, AFL-CIO

Employer identification number 22-1010700

Part I Excess Ben	organization ansv	vered "Yes" on	Form 9	19U. Pa	urt IV. line 25a or 25t), or Form 990-EZ. F	′aπ v. i	ine 40	מו.			
1	(b) F	Relationship bet			ified					(d) (Correc	cted?
(a) Name of disqualified	person	person and o	rganiza	ation	(0	c) Description of trai	nsactio	n		Ye		No
							_					
										_		
											_	
												
		•										
2 Enter the amount of tax	cincurred by the o	roanization man	nagers	or disc	rualified persons du	ring the year under						
section 4958	tiliculted by the o	rganization mai	iageis	oi disc	tualilled persons du	ning the year under		▶ \$				
								. •				
3 Enter the amount of tax	k. if anv. on line 2. a	above, reimburs	sed by	the ord	panization			▶ \$				
3 Enter the amount of tax	k, if any, on line 2, a	above, reimburs	sed by	the org	ganization			▶ \$				
	c, if any, on line 2, and or From Int	·		Ì	ganization			▶ \$				
Part II Loans to an	nd/or From Int	erested Per	sons	•	ganization , Part V, line 38a or l	Form 990, Part IV, lii	ne 26;	► \$ or if th	e orga	anizatio	on .	
Part If Loans to an	nd/or From Int	erested Per	sons	• 990-EZ,		Form 990, Part IV, III	ne 26;				on	
Complete if the reported an am	nd/or From Integration answount on Form 990 (b) Relationship	erested Per vered "Yes" on , Part X, line 5, (c) Purpose	Form 9 6, or 22 (d) Lo	990-EZ, 2. an to or	, Part V, line 38a or i	Form 990, Part IV, III	(g)	In	(h) Ap	proved ard or	(i) W	ritten
Part II Loans to an Complete if the reported an am	nd/or From Int e organization answ nount on Form 990	erested Per vered "Yes" on , Part X, line 5, (Form 9 6, or 22 (d) Lo from organi	990-EZ, 2. an to or n the zation?	, Part V, line 38a or f		(g) defa	In ult?	(h) Ap by bo	proved ard or uttee?	(i) W agree	ment?
Complete if the reported an am	nd/or From Integration answount on Form 990 (b) Relationship	erested Per vered "Yes" on , Part X, line 5, (c) Purpose	Form 9 6, or 22 (d) Lo from organi	990-EZ, 2. an to or	, Part V, line 38a or i		(g)	In	(h) Ap	proved ard or uttee?	(i) W	ment?
Complete if the reported an am	nd/or From Integration answount on Form 990 (b) Relationship	erested Per vered "Yes" on , Part X, line 5, (c) Purpose	Form 9 6, or 22 (d) Lo from organi	990-EZ, 2. an to or n the zation?	, Part V, line 38a or i		(g) defa	In ult?	(h) Ap by bo	proved ard or uttee?	(i) W agree	ment?
Complete if the reported an am	nd/or From Integration answount on Form 990 (b) Relationship	erested Per vered "Yes" on , Part X, line 5, (c) Purpose	Form 9 6, or 22 (d) Lo from organi	990-EZ, 2. an to or n the zation?	, Part V, line 38a or i		(g) defa	In ult?	(h) Ap by bo	proved ard or uttee?	(i) W agree	ment?
Complete if the reported an am	nd/or From Integration answount on Form 990 (b) Relationship	erested Per vered "Yes" on , Part X, line 5, (c) Purpose	Form 9 6, or 22 (d) Lo from organi	990-EZ, 2. an to or n the zation?	, Part V, line 38a or i		(g) defa	In ult?	(h) Ap by bo	proved ard or uttee?	(i) W agree	ment?
Complete if the reported an am	nd/or From Integration answount on Form 990 (b) Relationship	erested Per vered "Yes" on , Part X, line 5, (c) Purpose	Form 9 6, or 22 (d) Lo from organi	990-EZ, 2. an to or n the zation?	, Part V, line 38a or i		(g) defa	In ult?	(h) Ap by bo	proved ard or uttee?	(i) W agree	ment?
Complete if the reported an am	nd/or From Integration answount on Form 990 (b) Relationship	erested Per vered "Yes" on , Part X, line 5, (c) Purpose	Form 9 6, or 22 (d) Lo from organi	990-EZ, 2. an to or n the zation?	, Part V, line 38a or i		(g) defa	In ult?	(h) Ap by bo	proved ard or uttee?	(i) W agree	ment?
Complete if the reported an am	nd/or From Integration answount on Form 990 (b) Relationship	erested Per vered "Yes" on , Part X, line 5, (c) Purpose	Form 9 6, or 22 (d) Lo from organi	990-EZ, 2. an to or n the zation?	, Part V, line 38a or i		(g) defa	In ult?	(h) Ap by bo	proved ard or uttee?	(i) W agree	ment?

Part # Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.										
(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance							
<u> </u>										
	(b) Relationship between interested person and	(b) Relationship between interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person a	(b) Relationship between interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person and interested person a							

▶ \$

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

Schedule L (Form 990 or 990-EZ) 2013

Total

((a) Name o					(b) Rela		between i	nterested	28b, or 28c (c) An trans				scripti nsacti		organiz	Sharing of inization's venues?	
																Yes	No	
LOCAL										446,841.LOAN TO LOC 255,059.LOAN TO LOC				X				
LOCAL	1233	SCHO)LAR	SHIP	FUN	SAME	OWNE	RSHII	P_AND	25	5,0	59.	LOAN	TO	LOC		X	
														·				
-						-												
Charles XV			-11-4	nformation														
Part V						onses to	questions	on Sche	dule L (see	instructioi	ns).							
SCH L	, PAR	r IV	, BU	SINE	SS I	RANS	ACTIO	NS IN	MOTAI	NG IN	TER	EST	ED P	ERS(ons:			
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(B) R	ELATI	JNSH.	IP B	ETWE	EN 1	NTER.	ESTED	PERS	ON AN	ID ORG	ANI	ZAT	TON					
SAME (OWNER	SHIP	AND	OFF	CEF	RS					_							
(C) A	TRUOM	OF :	<u> </u>	SACT	ION	\$ 44	6,841	•										
(D) D	ESCRI:	PTIOI	N OF	TRA	NSAC	TION	: LOA	N TO	LOCAL	1233	BU	ILD	DING CO. INC					
(E) S	HARIN	G OF	ORG	ANIZ	ATIC	N RE	VENUE	s? =	NO									
(A) N	AME O	F PEI	RSON	: LC	CAL	1233	SCHO	LARSI	HIP FU	IND								
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(C) A	MOUNT	OF !	<u> </u>	SACI	ION	\$ 25	5,059						OLARSHIP FUND				_	
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																_		

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No 1545-0047 **Open to Public** inspection

Department of the Treasury Internal Revenue Service Name of the organization

TOCAT. 1233 TT.A AFT.-CTO Employer identification number 22-1010700

100AH 1233, 1HA, APH-CTO 22-1010700
FORM 990, PART VI, SECTION A, LINE 6:
EXPLANATION: THE ORGANIZATION HAS MEMBERS WHO WORK FOR THE PARTICIPATING
EMPLOYERS.
FORM 990, PART VI, SECTION A, LINE 7A:
EXPLANATION: THE ORGANIZATION HAS MEMBERS WHO ELECT THE OFFICERS OF THE
GOVERNING BODY.
FORM 990, PART VI, SECTION B, LINE 11:
EXPLANATION: THE OFFICERS OF THE ORGANIZATION REVIEW THE FORM 990 .
FORM 990, PART VI, SECTION B, LINE 15:
EXPLANATION: THE PROCESS FOR DETERMINING COMPENSATION INVOLVES MEMBERSHIP
APPROVAL.
FORM 990, PART VI, SECTION C, LINE 19:
EXPLANATION: ANY REQUEST FOR INFORMATION FROM THE ORGANIZATION IS EVALUATED
ON AN INDIVIDUAL BASIS.
FORM 990, PART XII, LINE 2C:
EXPLANATION: THERE ARE NO CHANGES FROM LAST YEAR IN THAT THE OFFICERS
OF THE ORGANIZATION HAVE OVERSIGHT OVER THE AUDIT AND THE CHOICE OF THE
INDEPENDENT ACCOUNTANT.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part

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

► Attach to Form 990.

► See separate instructions. Related Organizations and Unrelated Partnerships

► See separate instructions.

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

ILA, AFL-CIO

1233,

LOCAL

Employer identification number 22-1010700

Schedule R (Form 990) 2013 (g) Section 512(b)(13) ŝ controlled entity? Direct controlling Yes Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. $\boldsymbol{\varepsilon}$ Direct controlling entity End-of-year assets 9 status (if section Public charity 501(c)(3)) Total income Exempt Code 9 section Identification of Disregarded Entities Complete If the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or Legal domicile (state or foreign country) foreign country) Primary activity Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity <u>a</u> Part#

Page 2 22-1010700

Schedule R (Form 990) 2013 LOCAL 1233, ILA, AFL-CIO

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	Predomin (related, excluded fre	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets		(h) Disproportionate allocations? Yes No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	General or Percentage managing ownership partner Yes No	* 86 <u>0</u>
												•	
								_					
Part 1V Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	ganizations Taxable a rporation or trust durin	is a Corpoid the tax	oration or Trust Co year.	mplete if th	e organizatior	answered "Y	es* on Form	990, Part	IV, line 34	because it had	d one or m	ore related	I
(a) Name, address, and EiN of related organization	Z _c	Prim	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income		(g) Share of end-of-year assets	(h) Percentage ownership	Section 512(b)(13) controlled entity?	_
						-							1
												_	i
332162 09-12-13										Sched	lule R (Fo	Schedule R (Form 990) 2013	<u>6</u>

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

				3	-	
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	with one or more z	deted organizations listed	n Borte II.IV.	Tes	SS .	_ [
Becapt of (i) Interest (ii) applicites (iii) royalties or (iv) rent from a controlled entity				19	×	1
				9	×	ı
				2	×	ı
				1d X	+	ı
				-	×	ı
e Loans or loan guarantees by related organization(s)				2	4	ı
f Dividends from related organization(s)				.	×	
a Sale of assets to related organization(s)				-	×	ı
				무	×	ı
i Exchange of assets with related organization(s)				i.	×	1
j Lease of facilities, equipment, or other assets to related organization(s)				1,	×	
k Lease of facilities, equipment, or other assets from related organization(s)				+	×	1
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=	×	1
	anization(s)			٤	×	- 1
	tion(s)			<u>ج</u>	××	1
 Sharing of paid employees with related organization(s) 				9	4	ſ
p Reimbursement paid to related organization(s) for expenses		,		유	×	1
q Reimbursement paid by related organization(s) for expenses				1	×	ŧ
			•	+ ;	× >	1
اء.				S	4	ı
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.	who must complete the	nis line, including covered	relationships and transaction thresholds.			1
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	plved		
(1) LOCAL 1233 BUIDING CO. INC	D	446,841.	446,841.FAIR MARKET VALUE			1
(2) LOCAL 1233 SHOLARSHIP FUND	D	255,059.	255,059. FAIR MARKET VALUE			1
(6)						1
(4)						1
(5)						
W. Carlotte and Carlotte and Carlotte and Carlotte and Carlotte and Carlotte and Carlotte and Carlotte and Car				1		I
333163 09-12-13			Schedule R (Form 990) 2013	(Form 99	0) 2013	l m

22-1010700

Page 4 🗶

Schedule R (Form 990) 2013 LOCAL 1233, ILA, AFL-CIO

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.

	(4)	3	3		1	1	9	9	
(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile	Predominant income partners sec	Share of		Dispropor-	Code V-UBI	General or Percent	age
of entity		(state or foreign country)	(related, unrelated, 501(c)(3) excluded from tax under section 512-514) Yes No	total Income	end-of-year assets	allocations?	uorations amount in box 20 managing ownership allocations? of Schedule K-1 perme? (Form 1065) Yes No	managing owners partner?	ᅙ
		•							
								-	
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		•						_	
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Schedule R (Form 990) 2013

FURNITURE 8	EQUIPMENT	22102	5546	0.100.100.1	2010			0.00.004.4
ACQUIRED C		PRIOR ACCUM	DEPR	9/30/2012 ACCUM		9/30/2013 ACCUM		9/30/2014 ACCUM
10/1/2006	25449 M 5	23983						25449
	1720 M 5	1621						1720
5/7/2009	2450 M 5	1610						
11/10/2009	1030 M 5	349			163			
9/1/2007	9400 M 5	8859						9400
6/17/2008	5234 M 5	4330						5234
8/1/2007	3580 M 7	2781						3580
10/1/2011	2676 M 5	0						
10/1/2013	20926 M 7	0	0					2989
	5153972	43533	3839	47372	2469	49841	3834	53676
BLDG IMPVTS					2012	0/20/2013	A 1001001A	0/20/2014
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10/15/2006	23640 M 15	15 Yr HY 8692	216	8908		ACCUM 10381		ACCUM
6/15/2007	46800 M 15	17207			-			11776 23311
7/15/2007	40450 M 15	14872		15242	-	20550 17762		
8/15/2007 8/15/2007					-			
9/1/2007	49900 M 15 28400 M 15	18347 10442		18802 10701		21911 12470		24855 14146
9/30/2007	28400 M 15 5500 M 15	2022		2072	343	2415		2739
3/31/2008	36875 M 15	10770		13895		16192		2739 18368
	7100 M 15	2611		2675	442	3117		3536
2/1/2007	5581 M 15	2052		2103	348	2451	329	2780
3/1/2007	5000 M 15	1838		1884	312	2196		2491
4/1/2007	10600 M 15	3897		3994	660	4654		5280
4/15/2007	37100 M 15	13641	338	13979	2,311	16290		18479
5/1/2007	10000 M 15	3677		3768	623	4391	590	4981
5/15/2007	37400 M 15	13751	341	14092	2,330	16422		18629
10/31/2007	50000 M 15	14603	772	15375	3,465	18840	3115	21955
11/30/2007	7800 M 15	2278	121	2399	541	2940	486	3425
12/31/2007	5550 M 15	1621	86	1707	385	2092	346	2437
1/31/2008	12300 M 15	3592		3782	852	4634	766	5401
2/29/2008	14400 M 15	4206		4428	998	5426	897	6323
12/15/2006	12084 M 15	4443	-729	3714	837	4551	753	5304
4/30/2008	17770 M 15	5190	274	5464	1,231	6695	1107	7803
5/31/2008	16544 M 15	4832	255	5087	1,146	6233	1031	7264
6/30/2008	33548 M 15	9798	518	10316	2,325	12641	2090	14731
8/31/2008	5500 M 15	1606		1691	381	2072	343	2415
9/30/2008	1200 M 15	351	18	369	83	452	75	527
10/1/2008	4000 M 15	833	89	922	308	1230	277	1507
10/3/2008	2000 M 15	417	44	461	154	615	139	754
10/20/2008	450 M 15	94	10	104	35	139	31	170
3/1/2009	2200 M 15	458	49	507	169	676	152	829
3/5/2009	760 M 15	158	17	175	59	234	53	286
3/5/2009	1600 M 15	333	36	369	123	492	111	603
3/20/2009	1000 M 15	208	23	231	77	308	69	377
9/16/2009	1000 M 15	208	23	231	77	308	69	377
9/21/2009	300 M 15	63	6	69	23	92	21	113
9/28/2009	200 M 15	42	4	46	15	61	14	75
1/7/2010	2500 M 15	289	74	363	214	577	193	769
3/5/2010	7500 M 15	866	222	1088	641	1729		2307
8/31/2010	3500 M 15	404	104	508	299	807	270	1077
	548052	180712	8443	189155	35,892	225,047	33,300	258,348
	Masil				38,361	274,889	37,135	312,023
G	120517			44 (50,501	214,009	57,135	312,023

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International Longshoremen's Association, AFL-CIO Local 1233

SEPTEMBER 30, 2014

INTERNATIONAL LONGSHOREMEN'S ASSOCIATION, AFL-CIO LOCAL 1233 SEPTEMBER 30, 2014

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Independent Auditors' Report	1-2
Statement of Financial Position	3
Statement of Activities	4
Statement of Cash Flows	5
Notes to Financial Statements	6-8
Schedule of Office and Administrative Expenses	9

* * * *



INDEPENDENT AUDITORS' REPORT

To the Board of Directors International Longshoremen's Association, AFL-CIO Local 1233

We have audited the accompanying financial statements of the International Longshoremen's Association, AFL-CIO Local 1233, which comprise the statement of financial position as of September 30, 2014 and the related statements of activities and cash flows for the year then ended, and the related notes to the financial statements

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified accrual basis of accounting described in Note 2, this includes determining that the modified accrual basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

To the Board of Directors International Longshoremen's Association, AFL-CIO Local 1233

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of International Longshoremen's Association, AFL-CIO Local 1233 as of September 30, 2014, and its activities and cash flows for the year then ended in accordance with the basis of accounting as described in Note 2

Basis of Accounting

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified accrual basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to that matter

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole The Schedule of Office and Administrative Expenses on Page 9 is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

VICTOR GOLDBLAT AND COMPANY, LLC

int Commatoucc

January 14, 2015

STATEMENT OF FINANCIAL POSITION

SEPTEMBER 30, 2014

ASSETS

CURRENT ASSETS Cash and Cash Equivalents \$ 1,992,38 Due from Related Companies 505,08	
Total Current Assets	\$ 2,497,444
PROPERTY AND EQUIPMENT, LESS ACCUMULATED DEPRECIATION OF \$312,023	308,494
OTHER ASSETS Due from Related Companies	196,841
TOTAL ASSETS	\$ 3,002,779
LIABILITIES AND NET ASSETS	
CURRENT LIABILITIES Dues Payable	1,360,000
NET ASSETS - UNRESTRICTED	1,642,779
TOTAL LIABILITIES AND NET ASSETS	\$ 3,002,779

STATEMENT OF ACTIVITIES

FOR THE YEAR ENDED SEPTEMBER 30, 2014

REVENUE			
Check-Off Dues	\$ 1,325,377		
Check-Off Vacation and Holiday	190,748		
Initiation Fees and Dues	34,859		
Other Revenue	2,125		
Interest Income	10,555		
Total Revenue		\$	1,563,664
EXPENSES			
Salaries and Wages	639,850		
Payroll Taxes and Employee Benefits	143,752		
Office and Administrative	344,342		
Professional Fees	38,158		
Rent	24,000		
Depreciation	<u>37,135</u>		
Total Expenses			1,227,237
CHANGES IN NET ASSETS			336,427
NET ASSETS - BEGINNING OF YEAR			1,306,352
NET ASSETS - END OF YEAR		<u>\$</u>	1,642,779

STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED SEPTEMBER 30, 2014

CASH FLOWS FROM OPERATING ACTIVITIES Change in Net Assets Adjustments to Reconcile Change in Net Assets to Net Cash Provided by Operating Activities	\$ 336,427	
Depreciation (Increase) in Due from Related Companies Increase in Dues Payable	 37,135 (107,765) 193,000	
Net Cash Provided by Operating Activities		\$ 458,797
CASH FLOWS FROM INVESTING ACTIVITIES Purchase of Fixed Assets		 (20,926)
NET INCREASE IN CASH		437,871
CASH AT BEGINNING OF YEAR		 1,554,514
CASH AT END OF YEAR		\$ 1,992,385

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2014

NOTE 1 – NATURE OF OPERATIONS

Nature of the Organization

International Longshoremen's Association, AFL-CIO Local 1233 (the Organization) is an unincorporated association organized under the laws of the State of New Jersey as a not-for-profit organization to promote the best interests of its members and their families, to organize the unorganized workers and to unite within the ILA all workers within its jurisdiction

The Executive Board of Local 1233 manages all funds held by the Organization in accordance with its Constitution

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES

The Organization is a tax-exempt organization and is not subject to federal and state income taxes in accordance with Section 501(c)(5) of the Internal Revenue Code

The financial statements of the Organization have been prepared on a modified accrual basis. The significant accounting policies followed are described below

Basis of Accounting

The financial statements are presented on a modified accrual basis of accounting which is a comprehensive basis of accounting other than generally accepted accounting principles

The Organization's major source of revenue comes from check-off dues. These dues are received from the membership based on amounts determined by status and years of service. If a member overpays his or her dues, they are entitled to a refund from the Union for the overpaid amount. This refund shall be paid no later than the 15th day of the third month following the year end.

Revenues are recognized in the fiscal year in which they are earned, except for check-off dues (members' dues), which are recorded when received

Expenditures are recorded when paid, except for membership refundable dues, which are recorded as a liability if owed within the fiscal year.

Concentration of Credit Risk

The Organization maintains cash balances in banks which are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000. The Organization's insured cash amount is \$1,458,161 as of September 30, 2014. The Organization's uninsured cash balances totaled \$534,224 as of September 30, 2014.

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES (Continued)

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts of assets and liabilities and disclosures of contingent liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Accordingly, actual results could differ from those estimates.

Subsequent Events

The Organization evaluates events occurring after the date of the financial statements to consider whether or not the impact of such events needs to be reflected or disclosed in the financial statements. Such evaluation is performed through the date the financial statements are issued, which was January 14, 2015 for these financial statements. The Organization is not aware of any subsequent events that would require recognition or disclosure in the financial statements.

Accounting for Income Taxes

In June 2006, the Financial Accounting Standards Board (the "FASB") issued FASB Interpretation No. 48 ("FIN 48"), Accounting for Uncertainty in Income Taxes – an Interpretation of FASB Statement No. 109. FIN 48 clarifies the accounting for uncertainty in income taxes recognized in an enterprise's financial statements with FASB Statement No. 109, Accounting for Income Taxes. FIN 48 prescribes a comprehensive model for recognizing, measuring, presenting and disclosing in the financial statements tax positions taken or expected to be taken on a tax return, including positions that the Organization is exempt for income taxes or not subject to income taxes on unrelated business income. If there are changes in net assets as a result of application of FIN 48, these will be accounted for as an adjustment to the opening balance of net assets. Additional disclosures about the amounts of such liabilities are required also. The Organization presently discloses or recognizes income tax positions based on management's estimate of whether it is reasonably possible or probable, respectively, that a liability has been incurred for unrecognized income tax benefits by applying FASB Statement No. 5, Accounting for Contingencies

The Organization has been classified as an other-than-private foundation and is tax exempt under Section 501(c)(5) of the Internal Revenue Code. The Organization is subject to a tax on income from any unrelated business

On October 1, 2010, the Organization adopted the recognition requirements for uncertain income tax positions as required by generally accepted accounting principles, with no cumulative effect adjustment required. Income tax benefits are recognized for income tax positions taken in a tax return, only when it is determined that the income tax position will more-likely-than-not be sustained upon examination by taxing authorities.

The Organization has analyzed tax positions taken for filing with the Internal Revenue Service and all state jurisdictions where it operates. The Organization believes that income tax filing positions will be sustained upon examination and does not anticipate any adjustments that would result in a material adverse affect on the Organization's financial condition, results of operations or cash flows. Accordingly, the Organization has not recorded any reserves or related accruals for interest and penalties for uncertain income tax positions at September 30, 2014.

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES (Continued)

Accounting for Income Taxes (Continued)

The Organization is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Organization believes it is no longer subject to income tax examinations for years prior to 2010.

The Organization's policy is to classify income tax related interest and penalties in Interest Expense and Other Expenses, respectively.

NOTE 3 - LOCAL 1233 BUILDING CO., INC. (RELATED PARTY)

The Organization leases its building from Local 1233 Building Co., Inc., an organization with common management and Board of Directors on a month-to-month basis. The principle purpose of this entity is to own the building which is used by the Organization primarily for its offices and union membership meetings.

NOTE 4 - LOCAL 1233 SCHOLARSHIP FUND (RELATED PARTY)

The Organization operates a scholarship fund that has the same management and Board of Directors as the Organization The only purpose of the scholarship fund is to financially assist any Organization member's children enrolled in college

NOTE 5 – PROPERTY AND EQUIPMENT

The major classes of property and equipment, recorded at cost, are as follows

	Estimated <u>Useful Life</u>
Building and Improvements	7 Years
	September 30, 2014
Buildings and Improvements	\$548,052
Computers and Equipment	<u>72,465</u>
Less Accumulated Depreciation and Amortization	(_312,023)
	<u>\$308,494</u>

SCHEDULE OF OFFICE AND ADMINISTRATIVE EXPENSES

FOR THE YEAR ENDED SEPTEMBER 30, 2014

Supplies	\$ 32,813
Telephone	5,394
Postage and Shipping	2,500
Equipment Rental and Maintenance	27,380
Printing and Publications	1,337
Travel	21,021
Conferences and Meetings	26,521
Christmas Party and Picnic	30,224
Janitorial	6,976
Convention	16,472
Property Taxes	32,081
Convention Delegate Salary	1,536
Trustee Fees	34,184
Contributions and Gifts	33,400
Utilities	20,320
Repairs and Maintenance	22,319
Payroll Fees	2,633
Bank Charges	1,876
Dues and Subscriptions	1,968
Insurance	 23,387

\$ 344,342

Form **8868** (Rev. January 2014)

(Hev. ballbaly 2014

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868

OMB No. 1545-1709

If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			X
If you	are filing for an Additional (Not Automatic) 3-Month Ex	ctension,	complete only Part II (on page 2 of	this form)		
Do not d	complete Part II unless you have already been granted	an automa	atic 3-month extension on a previous	ly filed Fo	orm 8868.	
Electron	ic filing (e-file) You can electronically file Form 8868 if	you need	a 3-month automatic extension of tin	ne to file (6 months for a cor	poration
required	to file Form 990-T), or an additional (not automatic) 3-mo	onth exten	sion of time. You can electronically fi	le Form 8	868 to request an	extension
	file any of the forms listed in Part I or Part II with the ex					
	Benefit Contracts, which must be sent to the IRS in page	•				
	virs.gov/efile and click on e-file for Chanties & Nonprofits		,			
Part I			submit original (no copies nee	eded).		
	ation required to file Form 990-T and requesting an autor					
Part I onl	•				i	▶ □
	, corporations (including 1120-C filers), partnerships, REM	fics and t	rusts must use Form 7004 to reques	t an exter	sion of time	
	ome tax returns	1100, and t	rusts must use i omi room to reques		er's identifying nu	ımher
Type or	Name of exempt organization or other filer, see instru	ictions			r identification nur	
print	Traine of exempt organization of other tier, see instru	Ctions.		Linbioye	i identification not	ibei (Elia) ei
pitit	LOCAL 1233, ILA, AFL-CIO				22-10107	0.0
File by the	Number, street, and room or suite no. If a P.O. box, s	oo instruo	tions	Social se	curity number (SS	
due date for filing your	731 SOUTH 10TH STREET	ee manuc	dons.	Journal Se	curry number (55	(N)
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instructions	City, town or post office, state, and ZIP code. For a follower NEWARK, NJ 07108	oreign add	ress, see instructions.			
	NEWARK, NO 07100					
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Enter the	Return code for the return that this application is for (file	a separa	te application for each return)	-		[0]1
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Applicati -	on	Return	Application			Return
ls For		Code	Is For			Code
	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990		02	Form 1041-A			08
	(Individual)	03	Form 4720 (other than individual)			09
Form 990		04	Form 5227			10
	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	-T (trust other than above) ORGANIZATION	06	Form 8870			12
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	poks are in the care of \triangleright 731 SOUTH 10TH	SIKE		100		
•	none No. ► 973-824-7322		Fax No. ▶			_
	organization does not have an office or place of business					-
	is for a Group Return, enter the organization's four digit	•				
box 🕨	. If it is for part of the group, check this box				ers the extension	is for.
1 re	quest an automatic 3-month (6 months for a corporation					
		t organiza	tion return for the organization name	d above.	The extension	
is f	or the organization's return for:					
	calendar year or		GED 30 3014			
▶ 1	X tax year beginning OCT 1, 2013	, an	d ending <u>SEP 30, 2014</u>		- ·	
2 If th	ne tax year entered in line 1 is for less than 12 months, c	heck reas	on: L Initial return L F	inal retur	'n	
	Change in accounting period					
3a if ti	nis application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less any			_
nor	refundable credits. See instructions.			3a	\$	<u> </u>
	nis application is for Forms 990-PF, 990-T, 4720, or 6069					=
est	mated tax payments made. Include any prior year overp	ayment a	llowed as a credit.	3b_	\$	0.
	ance due. Subtract line 3b from line 3a. Include your pa					
by	using EFTPS (Electronic Federal Tax Payment System).	See instru	ctions.	3c	\$	0.
	If you are going to make an electronic funds withdrawal			453-EO ai	nd Form 8879-EO	for payment
instructio			CMPDI			
LHA F	or Privacy Act and Paperwork Reduction Act Notice,	see instr	uctions. UNITAT	ר	Form 8868 (Rev. 1-2014)
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