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Form **990-PF** Department of the Treasury Internal Revenue Service

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation

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

Information about Form 990-PF and its separate instructions is at www.lrs.gov/form990pf.

OMB No 1545-0052

Table Local 1 OF NYC SCHOLARSHIP FUND	For	calen	dar year 2014 or tax year beginning		, and ending			
The control of service of C Does necessary and a new decreases to street addressed Table 7-70.04	Nar	ne of	foundation			Employer identification number		
47-24 27TH STREET Copy of town, state or province, country, and 2/P or foreign postal code LONG ISLAND CITY, NY 11101 G Cinet all that apply:	_	_						
Copy of turn, state or province, country, and ZP or ferrigin postal code LONG ISLAND CITY, NY 11101 G Check all that apply:			•	address)	Room/suite		0.4	
LONG ISLAND CITY, NY 11101 6 Check all that apply: Indicat letur Address change Indicat letur Indicat let						·		
6 Check all that apply: Initial return Annexed return of a former public charnly Renal return Annexed Return Andrews Change Renal return Annexed Return Andrews Change Renal return Annexed Return Andrews Change Return Cha						C if exemption application is pe	anding check here	
Final return Address change Addres						0.4.5	skeeds been	
Check type of organization: Address change Name change 2 - Freego annualization Check type of organization: XI Section 501(c)(3) semining invals foundation Section 4947(a)(1) nonecempt (charable trust Other taxable private foundation First market value of all assets at end of year According method: Cash XI Accrual First market value of all assets at end of year According method: Cash XI Accrual First market value of all assets at end of year According method: Cash XI Accrual First market value of all assets at end of year According method: Cash XI Accrual First market value of all assets at end of year According method: Cash XI Accrual First market value of all assets at end of year According method: Cash XI Accrual First market value of all assets at end of year According method: Cash XI Accrual First market value of all assets and expenses Cash value Accrual First market value of all assets and expenses Cash value Cash XI Accrual First market value of all assets and expenses Cash value Cash XI Accrual First market value of all assets Cash value Cash XI Accrual First market value of all assets Cash value Cash valu	G (песк	——————————————————————————————————————		ormer public charity	i D. Foreign organizations	, check here	
H. Check type of organization: I. X. Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charactele trust Other taxable private foundation Fart marker value of all assets at end of year Accounting method: Cooking (b) must be on cash basis Fart II has lysts of Reveraue and Expenses Accounting method: Cooking (b) must be on cash basis Fart II has lysts of Reveraue and Expenses Accounting method: Cooking (b) must be on cash basis Contributions, grifts, grants, etc., received 2 Coxes It the foundation so to require to state Sin 8 Contributions, grifts, grants, etc., received 2 Coxes It the foundation so is required to state Sin 8 Contributions, grifts, grants, etc., received 2 Coxes It the foundation of the second so is required to state Sin 8 Contributions, grifts, grants, etc., received 2 Coxes It the foundation of the second so is required to state Sin 8 Contributions, grifts, grants, etc., received 2 Coxes It the foundation of the second so is required to state Sin 8 Contributions, grifts, grants, etc., received 2 Coxes It the foundation of the second so is required to state Sin 8 Contributions, grifts, grants, etc., received 2 Coxes It the foundation of the second so is required to state Sin 8			= ' ' '	=		2. Foreign organizations med	eting the 85% test	
Section 4947(a)(1) nonexempt charable must □ their braxble private foundation far market value of all assets at end of year J. Accounting method: Cash		hook				1		
Fart market value of all assets at end of year J. Accounting method: Cash X. Accrual F if the foundation is in a 60-month termination (from Part II, col. (c), line 18) J. Accounting method: Cash X. Accrual F if the foundation is in a 60-month termination under section 507(b)(19(6), check here X. Accrual F if the foundation is in a 60-month termination under section 507(b)(19(6), check here X. Accrual F if the foundation is in a 60-month termination under section 507(b)(19(6), check here X. Accrual F if the foundation is in a 60-month termination under section 507(b)(19(6), check here X. Accrual F if the foundation is in a 60-month termination under section 507(b)(19(6), check here X. Accrual F if the foundation is in a 60-month termination under section 507(b)(19(6), check here X. Accrual F if the foundation is in a 60-month termination under section 507(b)(19(6), check here X. Accrual F if the foundation is in a 60-month termination under section 507(b)(19(6), check here X. Accrual F if the foundation is in a 60-month termination under section 507(b)(19(6), check here X. Accrual F if the foundation is in a 60-month termination under section 507(b)(19(6), check here X. Accrual F if the foundation is in a 60-month termination under section 507(b)(19(6), check here X. Accrual F if the foundation is in a 60-month termination under section 507(b)(19(6), check here X. Accrual F if the foundation is in a 60-month termination under section 507(b)(19(6), check here X. Accrual F if the foundation is in a 60-month termination under section 507(b)(19(6), check here X. Accrual F if the foundation is in a 60-month termination under section 507(b)(19(6), check here X. Accrual F if the foundation is in a 60-month termination under section 507(b)(19(6), check here X. Accrual F if the foundation is in a 60-month termination under section 507(b)(19(6), check here X. Accrual F if the foundation is in a 60-month termination under section 507(b)(1		_			ation			
Contributions, grits, grants, etc., received 20,735.	<u> </u>					1	• •	
Sample Part Analysis of Revenue and Expenses (a) Revenue and expenses (b) Revenue and expenses (b) Revenue and expenses (c) Revenue and expe			· I — .	.,				
Part II Analysis of Revenue and Expenses (a) Revenue and expenses per books (a) Revenue and expenses per books (c) Adjusted net income (c) Adjusted netine (c) Adjusted net income (c) Adjusted netine (c) Adjuste					basis)	5.100. 0000011 00. (5)(1)	(5), 6115611 11615	
The total or amonates in counter to the contents to the conten	_		Analysis of Revenue and Expenses			(c) Adjusted net		
2 Check			 (The total of amounts in columns (b) (c), and (d) may not 					
2 Chock b de Internation and required to stack Sch 8 3 Interest on accurging and delimproxy 9 4 4 . 44 . 44 . 44 . 5TATEMENT 1 4 Dividends and interest from securities 5a Gross rents 5 Cross rents 6 A text again or (loss) from sale of assets not on line 10 6 Exect acides price for sall accurate the sale of sale state through 1		1	Contributions, gifts, grants, etc., received	20,735.				
1		2	Check I if the foundation is not required to attach Sch. B					
Sa Gross rents Description		3	Interest on savings and temporary cash investments	44.	44.	44.	STATEMENT 1	
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68 Met quir or floss) from sale of assets not on line 10		5a	Gross rents					
Day		b	Net rental income or (loss)				·	
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27 Subtract line 26 from line 12: 0 a Example of revenue Over contents and a spursements -247. Net investment income (if negative, enter -0-) c Adjusted-net-income (if negative, enter -0-) 44.	ſ		LONGIDUROUS GIRS GRANTS PAIG	21,000.		† -	21,000.	
27 Subtract line 26 from line 12: 0 a Example of revenue Over contents and a spursements -247. Net investment income (if negative, enter -0-) c Adjusted-net-income (if negative, enter -0-) 44.	ļ	26	And mass 24 and 25	21 026	0	l n	21.000.	
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D Net investment income (if negative, enter -0-) C Adjusted-net-income (if negative, enter -0-) 44.	ļ	ŔĹ	MAY 1 9 2015 9	-247.				
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423301 11-24-14 Form 990-PF (2014	ļ							
	4235 11-2	01 4-14	DA Reperwork Reduction Act Notice, see	instructions.			Form 990-PF (2014	

П	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End (of year
Р	aπ	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
_	1	Cash - non-interest-bearing		-	
		Savings and temporary cash investments	31,735.	31,488.	31,488.
		Accounts receivable			1 32,1553
	ľ		+	• -	
	1.	Less: allowance for doubtful accounts			,
	4	Pledges receivable >			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			ļ
	7	Other notes and loans receivable			
	l ′				
	۱.	Less: allowance for doubtful accounts			
əts		Inventories for sale or use			<u></u>
Assets	9	Prepaid expenses and deferred charges			
⋖	10a	Investments - U.S. and state government obligations			
	Ь	Investments - corporate stock			
	lc	Investments - corporate bonds			
		Investments - land, buildings, and equipment basis			1
	١				
	۱	Less accumulated depreciation			—
	1	Investments - mortgage loans			
	13	Investments - other			<u> </u>
	14	Land, buildings, and equipment basis 🛌			
		Less accumulated depreciation			
	15	Other assets (describe >			
		Total assets (to be completed by all filers - see the			<u> </u>
	''	instructions. Also, see page 1, item I)	31,735.	31,488	31,488.
	47		J + , , , , , , , , , , ,	JI, 400 A	31,400.
		Accounts payable and accrued expenses			
	18	Grants payable			
S	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ġ	21	Mortgages and other notes payable			1
Ë	l	Other liabilities (describe STATEMENT 4)	32,952.	32,426	
	1		0_,00_0	<u> </u>	1
	١.,	Tatal liabilities (add imag 17 through 20)	32,952.	32,426	1
	23	Total liabilities (add lines 17 through 22)	32,332.	32,420	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
ĕ	24	Unrestricted	-1,217.	-938	
Balances	25	Temporarily restricted			
Bal		Permanently restricted			
] _	Foundations that do not follow SFAS 117, check here			┫ ~' : ,
Ē		-			
Net Assets or Fund		and complete lines 27 through 31.			1 1.41
ţ		Capital stock, trust principal, or current funds			<u> </u>
98		Paid-in or capital surplus, or land, bldg., and equipment fund		·-·	
ĕ	29	Retained earnings, accumulated income, endowment, or other funds			5
É	30	Total net assets or fund balances	-1,217.	-938	.
_					3
	31	Total liabilities and net assets/fund balances	31,735.	31,488	
_				32,723	<u> </u>
P	art	III Analysis of Changes in Net Assets or Fund B	alances		
_	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30		T
			30		1 217
		at agree with end-of-year figure reported on prior year's return)		<u> </u>	+
		amount from Part I, line 27a			
3	Othe	r increases not included in line 2 (itemize)	SEE ST	ATEMENT 3 3	
4	Add	lines 1, 2, and 3		4	-938.
5	Decr	eases not included in line 2 (itemize)		5	0.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	<u> </u>	
Ť		Turing of turing of			Form 990-PF (2014)

	ribe the kind(s) of property sold (irehouse; or common stock, 200	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)		
18				5 55.112.15.1		
b NO	NE			<u> </u>		
C						
d						
e						
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale		(h) Gain or (lo (e) plus (f) mint	
a						,
b						
C						
d			•			
е						
Complete only for assets showing	ig gain in column (h) and owned t	by the foundation	оп 12/31/69		(I) Gains (Col. (h) ga	
(i) F.M V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (i) col. (j), if any	C	ol. (k), but not less t Losses (from co	
a						
b						
С						
d						
е						
2 Capital gain net income or (net ca		nter in Part I, line -0- in Part I, line		} 2		
3 Net short-term capital gain or (los if gain, also enter in Part I, line 8,	, , ,	and (6):		}		
If (loss), enter -0- in Part I, line 8 Part V Qualification U	···			J 3		
(For optional use by domestic private if section 4940(d)(2) applies, leave the Was the foundation liable for the sect if "Yes," the foundation does not qual	nis part blank. tion 4942 tax on the distributable ify under section 4940(e). Do not	amount of any ye	ear in the base per	iod?		Yes X No
1 Enter the appropriate amount in a		e instructions de	fore making any ei			(d)
Base periód years Calendar year (or tax year beginnir	ng in) Adjusted qualifying o		Net value of no	ncharitable-use asset	s (col (b)	ribútión ratio divided by col. (c))
2013		15,000.		26,88		.557890
2012		8,500.		24,85		.341956
2011		16,000.		23,00		.695652
2010		19,999.		19,73 16,85	7 •	1.013583
2009	<u> </u>	9,000.	<u> </u>	10,65	U •	.534125
2 Total of line 1, column (d)					2	3.143206
3 Average distribution ratio for the 5		al on line 2 by 5,	or by the number	of years		
the foundation has been in exister	nce if less than 5 years				3	.628641
4 Enter the net value of noncharitab	le-use assets for 2014 from Part	X, line 5			4	27,501.
5 Multiply line 4 by line 3					5	17,288.
6 Enter 1% of net investment incom	ie (1% of Part I, line 27b)				6	0.
7 Add lines 5 and 6					7	17,288.
8 Enter qualifying distributions from	Part XII, line 4				8	21,000.
If line 8 is equal to or greater than See the Part VI instructions.	line 7, check the box in Part VI, li	ne 1b, and comp	lete that part using	g a 1% tax rate.		

Page 3

Form 990-PF (2014) IUEC LOCAL 1 OF NYC SCHOLARSH		13-325			age 4
Part VI Excise Tax Based on Investment Income (Section 494		4948 - se	instru :	ctior	ıs)
1a Exempt operating foundations described in section 4940(d)(2), check here and	enter "N/A" on line 1.				
The state of the s	ecessary-see instructions)				_
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here	▶ ∟ and enter 1%	1			<u> 1.</u>
of Part I, line 27b					
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4]			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only.	Others enter -0-)	2			0.
3 Add lines 1 and 2		3			1.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only.	Others enter -0-)	4			0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5			1.
6 Credits/Payments:	ا م ا				
a 2014 estimated tax payments and 2013 overpayment credited to 2014	6a	-			
b Exempt foreign organizations - tax withheld at source	6b	-			
c Tax paid with application for extension of time to file (Form 8868)	6c 6d	-}			
d Backup withholding erroneously withheld	60	۱, ۱			~ O •
 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is att 	tached	8			
 8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is att 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 	Lacrico .	9			1.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10			
11 Enter the amount of line 10 to be; Credited to 2015 estimated tax	Refunded	11			
Part VII-A Statements Regarding Activities	1101111000	11			
1a During the tax year, did the foundation attempt to influence any national, state, or local leg	uslation or did it participate or interver	ne in	_ [Yes	No
any political campaign?	·		1a		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purp	oses (see instructions for the definite	n)?	1b		Х
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities a	and copies of any materials publis	hed or			
distributed by the foundation in connection with the activities					
c Did the foundation file Form 1120-POL for this year?			10		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the					
(1) On the foundation. ► \$ 0 . (2) On foundation manage		•	1 1		ĺ
e Enter the reimbursement (if any) paid by the foundation during the year for political expen	diture tax imposed on foundation				l
managers. ► \$0 .					
2 Has the foundation engaged in any activities that have not previously been reported to the	IRS?		2		Х
If "Yes," attach a detailed description of the activities				ľ	ĺ
3 Has the foundation made any changes, not previously reported to the IRS, in its governing		, or			
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the chan			3		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year	ear?	NT / 3	4a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b		L
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year	IT?		5	.	X
If "Yes," attach the statement required by General Instruction T	a dia ana				
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied	eitner:				
By language in the governing instrument, or	and directions that conflict with the et	de lour			
By state legislation that effectively amends the governing instrument so that no mandate the programment and the programment of the programme	ory directions that connect with the sa	ate law		χ̈̃	
remain in the governing instrument?	ampleta Port II and (a) and Port	~ /	7	X	├—
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," co	omplete Part II, coi (c), and Part i	(V	<u> </u>	A	├─
8a Enter the states to which the foundation reports or with which it is registered (see instruct	tions)				
NY	lions)		~		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the	Attorney General (or designate)		-	1	1
of each state as required by General Instruction G? If "No," attach explanation	rationally delicial (of designate)		8b	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of s	section 4942(i)(3) or 4942(i)(5) for o	alendar	100	 	\vdash
year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes,"		a.v.iiuui	9	x	
10. Dud any persons become substantial contributors during the tay year?		STMT 5	10	X	t-

	990-PF (2014) IUEC LOCAL 1 OF NYC SCHOLARSHIP FUND 13-325	1442	F	Page 5
Pa	art VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		Χ_
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?		I	
	If "Yes," attach statement (see instructions)	12		<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ► LOCAL 1 SCHOLARSHIP FUND Telephone no. ► (718)		700	4
	Located at ► 47-24 27TH STREET, LONG ISLAND CITY, NY ZIP+4 ►1	1101		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		>	
	and enter the amount of tax-exempt interest received or accrued during the year	N.	/A	
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank,	. ľ	Yes	No
	securities, or other financial account in a foreign country?	16		<u>X</u>
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name of the	ı		
	foreign country >	╽		
Pá	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
18	a During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1 1		
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			١
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	If the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			:
t	o If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		<u> </u>
	Organizations relying on a current notice regarding disaster assistance check here			l .
•	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			X
_	before the first day of the tax year beginning in 2014?	10		 ^ -
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			ļ '
	defined in section 4942(j)(3) or 4942(j)(5)):			•
•	a At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014?	1		i
	· · · · · · · · · · · · · · · · · · ·			
	If "Yes," list the years,,,,,,			
1	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			,
	statement - see instructions.) N/A	2b		
	to if the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	-		\vdash
•	the provisions of Section 4342(a)(2) are being applied to any of the years fisted in 2a, list the years field.	- 1	1	
٠.	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
36	during the year?			'
	b if "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after			Ι ΄
,	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,		١ ،	
	Form 4720, to determine if the foundation had excess business holdings in 2014) N/A	3b		
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	·	<u> </u>	<u> </u>
	bed not been removed from separately before the first day of the tay was beginning in 20142	46		Y '

Part VII-B Statements Regarding Activities for Which	rorm 4/20 May Be F	requirea (continu	ied)			
5a During the year did the foundation pay or incur any amount to:	- 4045/-\\0	Г.	s X No			
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			S LA NO			
(2) Influence the outcome of any specific public election (see section 4955);	or to carry on, directly or indire		. (V),,			
any voter registration drive?		=	s X No			
(3) Provide a grant to an individual for travel, study, or other similar purposet		Ye	s LXL No		1	
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in section		(V)			
4945(d)(4)(A)? (see instructions)		• —	s X No			
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or t	or	[[]			
the prevention of cruelty to children or animals?		•	s X No			
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un		n Regulations	37/3			
section 53.4945 or in a current notice regarding disaster assistance (see instr			N/A	5b		
Organizations relying on a current notice regarding disaster assistance check			┍╙┤			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption			l			
expenditure responsibility for the grant?		[/A	s 🔛 No			
If "Yes," attach the statement required by Regulations section 53 494						
Sa Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		I		'	
a personal benefit contract?		Ye	s X No	_		۔ ا
\boldsymbol{b} Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?			6b		X
If "Yes" to 6b, file Form 8870						
7a At any time during the tax year, was the foundation a party to a prohibited tax		Ye	s X No			L
b If "Yes," did the foundation receive any proceeds or have any net income attrib		-	N/A	7b		
Part VIII Information About Officers, Directors, Trus Paid Employees, and Contractors		inagers, Highly	<u>′ </u>	_		
List all officers, directors, trustees, foundation managers and their		(c) Compensation	(d) Contributions to	т	/-1 Evn	once
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	s a	(e) Exp ccount,	, oth
(2)	to position	enter -0-)	compensation	_	allowa	nces
	_					
COLUMN C	4	_	0	Į.		^
EE STATEMENT 6		0.	0	-		0
	4	i				
	4			1		
				_		
				-		
	<u> </u>					
Compensation of five highest-paid employees (other than those in		enter "NONE."	[6] Control			
· · · · · · · · · · · · · · · · · · ·	(b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plan	os a	(e) Exp	, oth
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average		(d) Contributions to employee benefit plan and delerred compensation	s a	(e) Ext	, oti
· · · · · · · · · · · · · · · · · · ·	(b) Title, and average hours per week		employee benefit plan and deferred	s a	ıccount	, oth
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		employee benefit plan and deferred	s a	ıccount	, oti
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		employee benefit plan and deferred	s a	ıccount	, oti
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		employee benefit plan and deferred	is a	ıccount	, oti
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		employee benefit plan and deferred) s a	ıccount	, oti
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		employee benefit plan and deferred	is a	ıccount	, oti
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		employee benefit plan and deferred	s a	ıccount	, oth
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		employee benefit plan and deferred	s a	ıccount	, oth
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		employee benefit plan and deferred	is a	ıccount	, oth
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		employee benefit plan and deferred	is a	ıccount	, oth

Form 990-PF (2014) TUEC LOCAL T OF NYC SCHOLARSHIP FUN		3251442 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "NO	NE."	-
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(2) // / / / / / / / / / / / / / / / / /	
NONE		
		
	•	
Total number of others receiving over \$50,000 for professional services	·	▶ 0
Part IX-A Summary of Direct Charitable Activities		•
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical in	formation such as the	
number of organizations and other beneficiaries served, conferences convened, research papers produced,	etc	Expenses
1 N/A		
2		
		
<u></u>		
3		
4		
Part IX-B Summary of Program-Related Investments	-····	
Describe the two largest program-related investments made by the foundation during the tax year on lines	1 and 2.	Amount
1 N/A		
		l
2		
		İ
All other program-related investments. See instructions.		
3		
	· 	
Total Addition of Absorbing	—	0.
Total. Add lines 1 through 3		0.

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IUEC LOCAL 1 OF NYC SCHOLARSHIP FUND

ئے	Minimum Investment Return (All domestic foundations must co	omplete this part. Foreign four	ndations, see	instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	purposes:		
а	Average monthly fair market value of securities	'	1a	0.
b	Average of monthly cash balances		1b	27,920.
C	Fair market value of all other assets		1c	
đ	Total (add lines 1a, b, and c)		1d	27,920.
е	Reduction claimed for blockage or other factors reported on lines 1a and			
	1c (attach detailed explanation)	0.		
2	Acquisition indebtedness applicable to line 1 assets		2	0.
3	Subtract line 2 from line 1d		3	27,920.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see in	structions)	4	419.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part \	/, line 4	5	27,501.
6	Minimum investment return. Enter 5% of line 5		6	1,375.
P	art XI Distributable Amount (see instructions) (Section 4942(i)(3) and (i)(5) foreign organizations check here X and do not complete this part.)	i) private operating foundations an	d certain	
1	Minimum investment return from Part X, line 6		1	
2a	Tax on investment income for 2014 from Part VI, line 5			
b	Income tax for 2014. (This does not include the tax from Part VI.)			
C	Add lines 2a and 2b		2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1		3	
4	Recoveries of amounts treated as qualifying distributions		4	
5	Add lines 3 and 4		5	
6	Deduction from distributable amount (see instructions)		6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, li	ne 1	7	
P	Qualifying Distributions (see instructions)			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26		1a	21,000.
b	Program-related investments - total from Part IX-B		1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.	., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		, , ,	
а	Surtability test (prior IRS approval required)		3a	
b	Cash distribution test (attach the required schedule)		3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part	t XIII, line 4	4	21,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investmen	t		
	income. Enter 1% of Part I, line 27b		5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		6	21,000.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when ca	alculating whether the foundation	qualifies for th	e section

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4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see	e instructions)	N/A		
	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2013	2013	2014
Distributable amount for 2014 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only				
b Total for prior years:				
,,				
3 Excess distributions carryover, if any, to 2014:				
a From 2009				ı
b From 2010]		
c From 2011				
dFrom 2012				
e From 2013	-			
f Total of lines 3a through e	<u>. </u>			
4 Qualifying distributions for 2014 from				
Part XII, line 4: >\$				
a Applied to 2013, but not more than line 2a				
b Applied to undistributed income of prior				
years (Election required - see instructions)	····			
c Treated as distributions out of corpus				
(Election required - see instructions)				
d Applied to 2014 distributable amount				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5				·
b Prior years' undistributed income. Subtract				
line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable				
amount - see instructions				
e Undistributed income for 2013. Subtract line				
4a from line 2a. Taxable amount - see instr.				
f Undistributed income for 2014. Subtract	-			
lines 4d and 5 from line 1. This amount must				
be distributed in 2015				
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)				
8 Excess distributions carryover from 2009				
not applied on line 5 or line 7				
9 Excess distributions carryover to 2015.				
Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2010				
b Excess from 2011				
c Excess from 2012			[
d Excess from 2013				
e Excess from 2014	_		<u> </u>	

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

c Any submission deadlines:

Part XV | Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation status of recipient Purpose of grant or contribution show any relationship to Amount any foundation manager Name and address (home or business) or substantial contributor a Paid during the year EDUCATION DANIEL A. COMPITIELLO, JR. (PAID TO ACTIVE EASTERN NAZARENE COLLEGE) 23 EAST ELM AVENUE QUINCY, MA 02170 3,000. ACTIVE EDUCATION DENNIS HSU (PAID TO SUNY OSWEGO) 408 CULKIN HALL 2,000. OSWEGO, NY 13126 ACTIVE EDUCATION JACLYN O'LEARY (PAID TO BROOKDALE COMMUNITY COLLEGE) 765 NEWMAN SPRINGS ROAD LINCROFT, NJ 07738 1,000. KATHRYN R. GITTO (PAID TO EAST ACTIVE EDUCATION STROUDSBURG UNIVERSITY) 200 PROSPECT STREET EAST STROUDSBURG, PA 18301 3,000. LINDSEY M. SOPKO (PAID TO GEORGIAN ACTIVE EDUCATION COURT UNIVERSITY) 900 LAKEWOOD AVENUE 2,000. LAKEWOOD, NJ 08701 SEE CONTINUATION SHEET(S) 21,000. Total ▶ 3a b Approved for future payment NONE 0. Total **▶** 3b

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Part XVI-A Analysis of Income-Producing Activities

inter gross amounts unless otherwise indicated.	Unrelate	ed business income		ded by section 512 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
-	Coue	 .	-		
a	-		 		
b	-		ļ		
C	_		<u> </u>		
d					
e	_				
f					
g Fees and contracts from government agencies			1		
2 Membership dues and assessments					
3 Interest on savings and temporary cash		-	1		
Investments	1		14	44.	
	<u> </u>	<u> </u>	+		
4 Dividends and interest from securities			 		
5 Net rental income or (loss) from real estate:			 		
a Debt-financed property			_		
b Not debt-financed property				L	
6 Net rental income or (loss) from personal			1		
property	l]	\perp	L	
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory	i		1		1
9 Net income or (loss) from special events			 		
10 Gross profit or (loss) from sales of inventory			 		
			╁		
11 Other revenue:					
<u> </u>	-		├ -		
b	-		-	ļ	
C	-		 	ļ	
d	_		-		
e	_		ļ		
2 Subtotal. Add columns (b), (d), and (e)	<u> </u>	0.	<u></u>	44.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13_	44.
See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Acc	omplishment of E	xemr	t Purposes	
Line No. Explain below how each activity for which in			A contri	buted importantly to the acco	mplishment of
▼ the foundation's exempt purposes (other tha	in by providing to	ands for such purposes).		<u> </u>	<u>.</u>
_					
		·	-		
					· · · · · · · · · · · · · · · · · · ·
			_		
			-		

Part XVII	Information Regarding	Transfers To and	Transactions and	Relationships \	With Noncharitable
	Exempt Organizations				

		organization directly or indi			-		•		n 50 I(C) of	- 1	162	NO
	the Code	e (other than section 501(c))(3) organiz	ations) or in	section 527	, relating to pol	itical organiz	zations?			1	
а	Transfer	s from the reporting found:	ation to a n	oncharitable	exempt orga	nization of:						
	(1) Cas	h								1a(1)	- 1	Х
	(2) Oth	er assets								1a(2)		X
h		ansactions;	•						•			
٠		es of assets to a noncharita	hla avamnt	organization						16(1)		Х
	• •			_		•• •				_ _ ` `		X
	• •	chases of assets from a no		. •	IIIIZAUUII	•				1b(2)	_	
		ital of facilities, equipment,		sets		••••				1b(3)		X
	(4) Reir	mbursement arrangements						**		1b(4)		Х
	(5) Loa	ns or loan guarantees								1b(5)		X
	(6) Perf	formance of services or me	mbership o	r fundraising	solicitation:	5				1b(6)		X_
C	Sharing	of facilities, equipment, ma	ılıng lısts, o	ther assets,	or paid empl	oyees				10	X	
đ	If the ans	swer to any of the above is	"Yes," comp	plete the follo	owing schedi	ule. Column (b) should alw	ays show the fair m	arket value of the good	ds, other ass	ets,	
	or servic	es given by the reporting fo	oundation. I	f the founda	tion received	less than fair	market value	e in any transaction i	or sharing arrangemer	nt, show in		
	column	(d) the value of the goods,	other assets	s, or services	received			•				
	ne no	(b) Amount involved				xempt organiz	ation	(d) Description	of transfers, transactions,	and shanno an	angeme	ents
C	+	· ·		LOCAL					TEMENT 8			
			HOEC	посип	ONTON	10. 1		SEE SIR	IEMENI O			
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		-				·						
2a	Is the for	undation directly or indirect	tly affiliated	with, or relat	ted to, one o	r more tax-exe	mot organiz	ations described				
		n 501(c) of the Code (other					- F 3			X Yes		No
		complete the following sch		» (°)(°)	, 01 111 000110	02.				١٠٠٠ رييي		
	11 165, 1	(a) Name of org				(b) Type of or	anization I		c) Description of relati	nnehin		
							Janization 1			unsinp		
LUI	SC TO	OCAL 1				01(C)5		SEE STAT	EMENT 9			
			_									
	_											
						-				_	_	
		er penalties of perjury, I declare t								O V Granting all Disease		
Sig	ın and t	belief, it is true, correct, and con	nplete Declar	ation of prepar	er (other than t	axpayer) is base	d on all informa	ation of which preparer	has any knowledge	May the IRS return with th	e prepar	rer
He		////p/.a	MI no	م ارداء	02	ال ا ـ	24/15	Seculor	y - Treasurer	shown below		7 I
		anature of officer or trustee		chacl G	· Kicago	Data	<u> </u>	Title	TIOGSVIET	LX Yes		J No
				I n.	rondro-'a a	Date	/ 		Chack 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TIM		
		Print/Type preparer's na			reparer's sig	nature	/		Check if P1	114		
		DANIEL A.	WINTE	RS, $ / $	16. 6	///////.	for 1	4/11/1	self- employed			
Pai		CPA		X 4	unul	UUM4		1/1/15		<u> 200175</u>		
Pr∈	parer	Firm's name ► DAN	IEL A	. WIN	rers &	COMPA	NY, C	PAS /	Firm's EIN ▶ 23	-25867	36	
Us	e Only	<i>/</i>										
	•	Firm's address ▶ 6	DICKI	NSON I	OR STE	205						
				FORD,					Phone no. 610-	-358-2	000	l
				_ 0.00 /					Li Hone no. O TO	Form 004		

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

Name of the organization

Employer identification number

I	UEC LOCAL 1 OF NYC SCHOLARSHIP FUND	13-3251442					
Organization type (check	one):						
Filers of:	Section:						
Form 990 or 990-EZ	501(c)() (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	X 501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt chantable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
	is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special	I Rule See instructions					
General Rule							
•	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totally one contributor. Complete Parts I and II. See instructions for determining a contribu	• • •					
Special Rules							
sections 509(a)(1 any one contribu	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% supply and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 1 tor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the an Z, line 1. Complete Parts I and II	16a, or 16b, and that received from					
year, total contrib	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, chantable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III.						
year, contributior is checked, enter purpose. Do not	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
but it must answer "No" o	that is not covered by the General Rule and/or the Special Rules does not file Schedion Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on ret the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	•					

Name of organization

Employer identification number

IUEC LOCAL 1 OF NYC SCHOLARSHIP FUND

13-3251442

Part I	Contributors (see instructions) Use duplicate copies of Part I if add	Irtional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LOCAL NO. 1 ELEVATOR CONSTRUCTORS UNION OF NEW YORK AND VICINITY 47-24 27TH STREET LONG ISLAND CITY, NY 11101	s9,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	5-14	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Employer identification number

IUEC LOCAL 1 OF NYC SCHOLARSHIP FUND

13-3251442

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			

Employer identification number

UEC L	OCAL 1 OF NYC SCHOLARS	SHIP FUND		13-3251442			
Part III	Exclusively religious, charitable, etc., cor the year from any one contributor. Complete completing Part III, enter the total of exclusively religion	us, charitable etc contributions of \$1,000 or	in section 501(c)(7), (8), or wing line entry. For organization less for the year (Enter this info onc	(10) that total more than \$1,000 for \$\begin{align*} \blue \\$ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\			
	Use duplicate copies of Part III if addition	nal space is needed					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held			
	Toursday of a name and days of	(e) Transfer of gif					
	Transferee's name, address, a	and ZIP + 4	netationship of tra	Insferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held			
		(e) Transfer of git	<u> </u>				
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
-	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4		Relationship of tra	ansferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
-	(e) Transfer of gift						
-	Transferee's name, address,	and ZIP + 4	Relationship of tr	ansferor to transferee			

FORM 990-PF INTEREST ON SAVIN	GS AND TEM	PORARY	CASH I	NVESTMENTS	STATEMENT	1
SOURCE	REVE	(A) REVENUE N PER BOOKS			(C) ADJUSTED NET INCOME	
AMALAGAMATED BANK		44.		44.	44.	
TOTAL TO PART I, LINE 3		44.	44.		44.	
FORM 990-PF	TAX	ES			STATEMENT	2
DESCRIPTION	(A) EXPENSES PER BOOKS	NET II MENT I	B) NVEST- INCOME	(C) ADJUSTEI NET INCOM	(D) CHARITABLE ME PURPOSES	
NEW YORK STATE DEPARTMENT OF LAW UNITED STATES TREASURY	25. 1.		0.		0. 0.	0.
TO FORM 990-PF, PG 1, LN 18	26.		0.		0.	0.
FORM 990-PF OTHER INCREASES	IN NET ASS	ETS OR	FUND B	ALANCES	STATEMENT	3
DESCRIPTION					AMOUNT	
ADJUSTMENT FOR SCHOLARSHIPS PR	REVIOUSLY D	ISBURS	ED			526.
TOTAL TO FORM 990-PF, PART III	, LINE 3					526.
FORM 990-PF	OTHER LIA	BILITI	ES		STATEMENT	4
DESCRIPTION			во	Y AMOUNT	EOY AMOUN	r
SCHOLARSHIPS PAYABLE				32,952.	32,	126.
TOTAL TO FORM 990-PF, PART II, LINE 22				32,952.		126.

Part XV Supplementary Information 3 Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, Purpose of grant or contribution Foundation show any relationship to Amount status of any foundation manager or substantial contributor Name and address (home or business) recipient NICOLAS STIMPFEL (PAID TO D'YOUVILLE ACTIVE BDUCATION COLLEGE) 320 PORTER AVENUE 1,000. BUFFALO, NY 14201-1084 ACTIVE EDUCATION NICOLE CUCE (PAID TO COLLEGE OF STATEN ISLAND) 2800 VICTORY BLVD. 2,500. STATEN ISLAND, NY 10314 ACTIVE EDUCATION STEPHANIE B. BUSCH (PAID TO UNIVERSITY OF ROCHESTER) WALLIS HALL PO BOX 270261 2,000. ROCHESTER, NY 14627 ACTIVE EDUCATION STEVEN PAMBIANCHI (PAID TO UNIVERSITY OF ALBANY) 1400 WASHINGTON AVENUE ALBANY, NY 12206 2,500. ACTIVE EDUCATION WILLIAM J. RUBEL (PAID TO STONY BROOK UNIVERSITY) PO BOX 619 2,000. STONY BROOK, NY 11790-0619 10,000. Total from continuation sheets

FORM 990-PF LIST OF SUBSTANTIAL CONTRIBUTORS STATEMENT 5
PART VII-A, LINE 10

NAME OF CONTRIBUTOR

ADDRESS

LOCAL NO. 1 ELEVATOR CONSTRUCTORS
UNION OF NEW YORK AND VICINITY

47-24 27TH STREET

LONG ISLAND CITY, NY 11101

FORM 990-PF		LIST OF OFFICERS, D AND FOUNDATION MANA		STATI	EMENT 6
NAME AND ADDRESS		TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
MICHAEL RIEGGER 47-24 27TH STREET LONG ISLAND CITY,		TRUSTEE 1.00	0.	0.	0.
WILLIAM BULGER 47-24 27TH STREET LONG ISLAND CITY,		TRUSTEE 1.00	0.	0.	0.
JOSEPH HOULAHAN 47-24 27TH STREET LONG ISLAND CITY,		TRUSTEE 1.00	0.	0.	0.
PHIL DUCATELLI 47-24 27TH STREET LONG ISLAND CITY,		TRUSTEE 1.00	0.	0.	0.
JOHN HOOK 47-24 27TH STREET LONG ISLAND CITY,		TRUSTEE 1.00	0.	0.	0.
TOTALS INCLUDED O	N 990-PF, PA	GE 6, PART VIII	0.	0.	0.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

7

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

MICHAEL RIEGGER 47-24 27TH STREET LONG ISLAND CITY, NY 11101

TELEPHONE NUMBER

718-767-7004

FORM AND CONTENT OF APPLICATIONS

WRITTEN FORM, INCLUDE COPY OF LETTER OF ACCEPTANCE FROM THE COLLEGE THE INDIVIDUAL PLANS TO ATTEND

ANY SUBMISSION DEADLINES

DECEMBER 31, 2014

RESTRICTIONS AND LIMITATIONS ON AWARDS

COLLEGE MUST BE ACCREDITED AND GRANT AN ASSOCIATE'S OR BACHELOR'S DEGREE

STATEMENT 8 990-PF INVOLVEMENT WITH NONCHARITABLE ORGANIZATIONS PART XVII, LINE 1, COLUMN (D)

NAME OF NONCHARITABLE EXEMPT ORGANIZATION

IUEC LOCAL UNION NO. 1

DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS

IUEC LOCAL UNION NO. 1 SHARED OFFICE SPACE WITH THE LOCAL NO. 1 SCHOLARSHIP FUND

990-PF AFFILIATION WITH TAX-EXEMPT ORGANIZATIONS PART XVII, LINE 2, COLUMN (C)

STATEMENT

9

NAME OF AFFILIATED OR RELATED ORGANIZATION

IUEC LOCAL 1

DESCRIPTION OF RELATIONSHIP WITH AFFILIATED OR RELATED ORGANIZATION

ALL OF THIS FUND'S TRUSTEES ARE OFFICERS OF LOCAL 1