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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

2014

OMB No 1545-1150

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-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

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Tax-exempt status (check only one)		G	Accounting (Method. X Cash Accrual Other (specify) ► H Check ►	X if the organ	nization is not
K Form of organization. Corporation X Trust Association Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts, if gross receipts are \$200,000 or more, or if total assets (Part II, column (6) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Solution So		ı	Website: ►			
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (8) below) are \$500,000 or more, fife Form 990 instead of Form 990-E2. Part II. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, girts, grants, and similar amounts received 2 Program service revenue including government fees and contracts. 3 Membership dues and assessments 4 Investment income 5 a Gross amount from sale of assets other than inventory 5 b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory 5 b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory 5 b Less: cost or other basis and sales expenses a Gross income from gaming (attach Schedule G if greater than \$15,000) 6 Gaming and fundraising events. 6 Gaming and fundraising events (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6 b Gross income from fundraising events (not including \$600) 7 a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 10 Grants and similar amounts paments in dependent contractors 10 Grants and similar amounts paments in dependent contractors 11 Grants and similar amounts paments in dependent contractors 12 Salaries, other compensation, and employee benefits 13 Hock professional fees and other payments to independent contractors 11 Grants and similar amounts payments to independent contractors 12 Salaries, other compensation, and employee benefits 13 Gross profit or (loss) from sales of inventory (Subtract line 7b from line 9) 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Sc		J	Tax-exempt stat	us (check only one) — \boxed{X} 501(c)(3) $\boxed{}$ 501(c) () \blacktriangleleft (insert no.) $\boxed{}$ 4947(a)(1) or $\boxed{}$ 527 (Form 99)	90, 990-EZ, or 9	90-PF)
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Forn	990-EZ (2014) LOCAL 202 SCHOL	ARSHIP FUND		13	3 <u>-35</u> 8	35154 Page 2
Pai	Balance Sheets (see the inst Check if the organization used Sche	tructions for Part II)	lestion in this Part II			П
	Check if the organization used Sche	edule O to respond to any qu	lestion in this rait is	(A) Beginning of ye	ar	(B) End of year
22	Cash, savings, and investments .		,	22,538		55,899.
23	Land and buildings	1			23	
24	Other assets (describe in Schedule O). Total assets	•	-	00 50	24	55.000
25 26	Total liabilities (describe in Schedule O	1	ŀ	22,538		55,899. 0.
27	Net assets or fund balances (line 27 of	•	line 21)	22,538		55,899.
Par	Statement of Program Service Ad	complishments (see the inst	tructions for Part III)			Expenses
What	Check if the organization used Sc	hedule O to respond to any	question in this Part	III X		uired for section 501
Desc	is the organization's primary exempt purpose? See	e Schedule O	its three largest prog	ram services as) and 501(c)(4) nizations; optional
meas	ribe the organization's program service a sured by expenses. In a clear and concise fited, and other relevant information for e	e manner, describe the servi	ces provided, the nui	nber of persons	for o	thers)
28	TO AWARD SCHOLARSHIPS TO				 	
	DEPENDENTS OF LOCAL 202 I				1	
]	
	(Grants \$ 15,000.) If th	is amount includes foreign g	rants, check here		28 a	17,340.
29			-		1	
					-	
	(Grants \$) If th	is amount includes foreign g	rants check here		29 a	
30	(Citario V	is amount molades for orgin g	tarito, errock mora	<u> </u>		
	<u> </u>	is amount includes foreign g	rants, check here		30 a	
31	Other program services (describe in Sch	•	rants shook hara	· · · · ·	21.0	
32	(Grants \$) If th Total program service expenses (add lir	is amount includes foreign g	rants, check here .		31 a	17,340.
	tive List of Officers, Directors,		lovees (list each one e	ven if not compensated —		
BEGI	Check if the organization used Sci				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(a) Name and title	(b) Average hours per week devoted to	(c) Reportable compensati (Forms W-2/1099-MISC)	Continuations to empi	s, loyee	(e) Estimated amount of
		position	`(If not paid, enter -0-)	benefit plans, and de compensation	errea	other compensation
	KANE JR					
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BAA			5/28/14			Form 990-F7 (2014)

Page 3

the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			X
33 Did the organization engage in any significant activity not previously reported to the IRS?		Yes	No
If 'Yes,' provide a detailed description of each activity in Schedule O	33		X
Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect	34		v
a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions). 35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities.	34		<u>X</u>
(such as those reported on lines 2, 6a, and 7a, among others)?	35 a	- 1	Х
b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		Х
36 Did the organization undergo a liquidation, dissolution, termination, or significant			
disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 0.	1 3		أننب
 b Did the organization file Form 1120-POL for this year? 38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were 	37 b	Della I	<u>X</u>
any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	1773	1	
amount involved 38 b N/A 39 Section 501(c)(7) organizations. Enter	* 3	117	75
a Initiation fees and capital contributions included on line 9	3.1	n'	74
b Gross receipts, included on line 9, for public use of club facilities . 39b N/A	\$3		
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
section 4911 ► 0.; section 4912 ► 0.; section 4955 ► 0.		4	
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been		- 30-3	
reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part L	40 b		X
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . ▶ 0.			
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed			
by the organization 0.	, A.		1
- All agreementance At any time distance the tay year was the organization a party to a prohibited tay		ž	
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes' complete Form 8886-T	40 e	- [Х
shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed None	40 e		X
shelter transaction? If 'Yes,' complete Form 8886-T	40 e		<u>X</u>
shelter transaction? If 'Yes,' complete Form 8886-T	40 e		X
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See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) c At any time during the calendar year, did the organization maintain an office outside the U.S ? If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) c At any time during the calendar year, did the organization maintain an office outside the U.S ? If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) c At any time during the calendar year, did the organization maintain an office outside the U.S ? If 'Yes,' enter the name of the foreign country: 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'Yes to line 44c, has the organization filed a Form 720 to report these payments? If 'Yes to line 44c, has the organization filed a Form 720 to report these payments? If 'Yes to line 44c, has the organization filed a Form 720 to report these payments?	328- 42b 42c 44a 44b 44c 44d 45a	Yes	No X X X X X X X X
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Form **990-EZ** (2014)

Type or print name and title Print/Type preparer's name MICHAEL STECKLER MICHAEL STECKLER Firm's name STEINBERG STECKLER & PICCIURRO Firm's address 462 7TH AVE 16TH FL NEW YORK, NY 10018-7606 Phone no (212) 695-1300		old the organization engage, directly or indire andidates for public office? If 'Yes,' complete		ign activities on behalf o	of or in opposition to	46	103	X
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If Yes, to complete Schedule C, Part II X 48 Is the organization activities of the part of	Part	All section 501(c)(3) organization	s only ons must answer q	uestions 47-49b an	d 52, and complete	the table	:S	
47 Old the organization engage in lobbying activities or have a section 30(ft) exciton in effect during the tax year? H Yes; complete Schedule C, Part I X X 48 is the organization as school as described in section 170(b)(1)(A)(0)? If Yes; complete Schedule E 48 is the organization as school as described in section 527 organization? 50 Complete this lable for the organization as eaction 527 organization? 50 Complete this lable for the organization as eaction 527 organization? (a) Name and title of each employee and over \$100,000 of compensated employees (other than officers, directors, trustees and key employees) who each reserved more than \$100,000 of compensation from the organization is five highest compensation. (b) Average tours are many the school of the compensation of the properties of the compensation of the compensation. (c) Name and title of each employees paid over \$100,000 17 Total number of other employees paid over \$100,000 18 Total number of other employees paid over \$100,000 19 Total number of other employees paid over \$100,000 10 Complete this table for the organizations like highest compensation of compensation from the organization if there is none, enter Warre (b) Type of service (c) Dompensation (d) Name and business address of each independent contractors who each received more than \$100,000 of compensation from the organization if there is none, enter Warre (d) Name and business address of each independent contractors each receiving over \$100,000 10 Total number of other independent contractors each receiving over \$100,000 11 Total number of other independent contractors each receiving over \$100,000 12 Old the organization complete Schedule A? Note. All sections \$100,000 13 Total number of other independent contractors each receiving over \$100,000 14 Total number of other independent contractors each receiving over \$100,000 15 Total number of other independent contractors each receiving over \$100,000 16 Total number of other independent contractors each receiving over		Check if the organization used Schedu	le O to respond to any	question in this Part VI				
## 48 is the organization a school as described in section 170(b)(1)(A)(v)(V) if Yes; complete Schedule E ## 49 a Did the organization make any transfers to an exempt non-charitable related organization? ## 50 Complete this table for the organizations five highest compensated employees (other than officers, directors, flustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter None ## 60 Amrea move several compensation from the organization from the org	47 D	old the organization engage in lobbying activities omplete Schedule C. Part II	or have a section 501(h)	election in effect during	the tax year? If 'Yes,'	47	Yes	
(a) Name and tritle of each employee (b) Average hours powers denoted to position (c) Recordable compensation of Prome W-2/1099-MISC) (d) Recordable compensation of Prome W-2/1099-MISC) (e) Estimated amount of other complexes to compensation of Prome W-2/1099-MISC) (e) Estimated amount of other complexes to compensation of Prome W-2/1099-MISC) (f) Total number of other employees paid over \$100,000 (g) Name and business address of each independent contractors who each received more than \$100,000 of compensation from the organization of there is none, enter 'None' (g) Name and business address of each independent contractor (g) Type of service (g) Type of service (g) Type of service (g) Compensation (g) Compensation (g) Type of service (g) Type of ser	49 a D b lt 50 C	old the organization make any transfers to an f 'Yes,' was the related organization a section complete this table for the organization's five high	exempt non-charitable n 527 organization? hest compensated emplo	e related organization?	directors, trustees and k	49 a 49 b		X
f Total number of other employees paid over \$100,000 151 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization if there is none, enter 'None' (a) Name and business address of each independent contractor (b) Type of service (c) Compensation None d Total number of other independent contractors each receiving over \$100,000 52 Did the organization complete Schedule A? Note. All section 501 (c)(3) organizations must attach a complete Schedule of persper (ble than officer) is based on all information of persper (ble than officer) is based on all information of which proparer has not be best of my knowledge and belief, it is nucle, correct, and complete Declaration of persper (ble than officer) is based on all information of which proparer has not been best of my knowledge and belief, it is nucle, correct, and complete Declaration of persper (ble than officer) is based on all information of which proparer has not been best of my knowledge and belief, it is nucle, correct, and complete Declaration of persper (ble than officer) is based on the best of my knowledge and belief, it is nucle, correct, and complete Declaration of persper (ble than officer) is based on the best of my knowledge and belief, it is nucle, correct, and complete Declaration of persper (ble than officer) is based on the best of my knowledge and belief, it is nucle, correct, and complete Declaration of persper (ble than officer) is based on the best of my knowledge and belief, it is nucle, correct, and complete Declaration of persper (ble than officer) is based on the best of my knowledge and belief, it is nucle, correct, and on the best of my knowledge and belief, it is nucle, correct, and on the perspect of the			(b) Average hours per week devoted	1	(d) Health benefits, contributions to employee benefit plans, and deferred			
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Trustee Primur per perparer's name None Sign Aure and business address are Firm's name ➤ STEINBERG STECKLER Firm's name → STEINBERG STEC								
(c) Compensation None d Total number of other independent contractors each receiving over \$100,000 52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A? Note. All section 501(c)(3) organizations must attach a completed Declaration of prepare (other than officer) is based on all information of which preparer has any knowledge and belief, it is Sign Print/Type preparer's name Preparer Trustee Print/Type preparer's name STEINBERG STECKLER D/26/15 Date Date	51 C	omplete this table for the organization's five high	nest compensated indepe	endent contractors who ea	ich received more than \$	100,000 of		
d Total number of other independent contractors each receiving over \$100,000 52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A Index penalties of perjuy, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is rule, correct, and complete Declaration of preparer (other than on all information of which preparer has any knowledge and belief, it is rule, correct, and complete Declaration of preparer (other than on all information of which preparer has any knowledge and belief, it is rule, correct, and complete Declaration of preparer (other than on all information of which preparer has any knowledge and belief, it is rule, correct, and complete Declaration of preparer (other than on all information of which preparer has any knowledge and belief, it is rule, correct, and complete Declaration of preparer (other than on all information of which preparer has any knowledge and belief, it is rule, correct, and complete Declaration of preparer (other than on all information of which preparer has any knowledge and belief, it is rule, correct, and complete Declaration of preparer (other than on all information of which preparer has any knowledge and belief, it is rule, correct, and complete Declaration of preparer (other than one limit of the preparer has any knowledge and belief, it is rule, and the preparer has any knowledge and belief, it is rule, and the preparer has any knowledge and belief, it is rule, and the preparer has any knowledge and belief, it is rule, and the preparer has any knowledge and belief, it is rule, and the preparer has any knowledge and belief, it is rule, and the preparer has any knowledge and belief, it is rule, and the preparer has any knowledge and belief, it is rule, and the preparer has any knowledge and the preparer has any knowle		_ <u></u>		(b) Type (of service	(c) Comp	ensation	1
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a Ves No	None							
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a Ves No								
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a Ves No								
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a Ves No								
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a Ves No						· · · · · · · · · · · · · · · · · · ·		
Sign Here Signature of officer Date	52 D	id the organization complete Schedule A? No	-		tach a	► X Yes]	 No
Print/Type preparer's name MICHAEL STECKLER Prim's name STEINBERG STECKLER & PICCIURRO Firm's address 462 7TH AVE 16TH FL NEW YORK, NY 10018-7606 Trustee Trustee Check of Print Print Stein P	Under per true, corre	nalties of perjury, I declare that I have examined this return, ect, and complete Declaration of preparer (other than officer	including accompanying sched) is based on all information of	ules and statements, and to the f which preparer has any knowle	best of my knowledge and beliedge	ef, it is		
Paid Preparer Use Only MICHAEL STECKLER ICHAEL STECKLER 10/26/15 Check Self-employed self-employed P00777647 Firm's name ► STEINBERG STECKLER & PICCIURRO Firm's address ► 462 7TH AVE 16TH FL Firm's EIN 13-2665700 NEW YORK, NY 10018-7606 Phone no (212) 695-1300	Sign Here		HANE, JR	11-2-15				
Use Only Firm's address ► 462 7TH AVE 16TH FL Firm's EIN ► 13-2665700 NEW YORK, NY 10018-7606 Phone no (212) 695-1300	Paid	Print/Type preparer's name MICHAEL STECKLER	///	ER 10/26/1	Check L If		1	
		· · · · · · · · · · · · · · · · · · ·			Firm's EIN			
	May 45 -			ctions	Phone no (212	2) 695-1 ► X Yes		

SCHEDULE A (Form 990 or 990-EZ)

Total

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ ► Information about Schedule A (Form 990 or 990-EZ) and its instructions is

at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

OMB No 1545-0047

Open to Public

Schedule A (Form 990 or 990-EZ) 2014

Employer identification number LOCAL 202 SCHOLARSHIP FUND 13-3585154 **Part I.** | Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 7 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An organization that normally receives. (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts 9 from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one 11 or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. C Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations g Provide the following information about the supported organization(s). (1) Name of supported (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (v) Amount of monetary (iv) Is the organization listed (II) EIN (vi) Amount of other support (see instructions) organization support (see instructions) your governing document? Yes (A) (B) (C) (D) (E)

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III I f the organization fails to qualify under the tests listed below, please complete Part III)

Sec	ction A. Public Support			·			
Cale beg	endar year (or fiscal year inning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge.						
4	Total. Add lines 1 through 3.						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)					The second secon	
6	Public support. Subtract line 5 from line 4	The same states		The second second	S. VIEW CO.		
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10	18 9 19 18 19 19 19 19 19 19 19 19 19 19 19 19 19		A STATE OF THE STA		A A Lily of Son	
12	Gross receipts from related activ	ities, etc (see ins	tructions)			12	
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, th	rd, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	▶ []
	tion C. Computation of Pul						
	Public support percentage for 20	•	•	e 11, column (f))	•	14	<u>%</u>
	Public support percentage from 2		·			15	<u> %</u> _
16 a	a 33-1/3% support test — 2014. If and stop here. The organization	the organization of qualifies as a pub	did not check the olicly supported or	box on line 13, ar ganization .	id the line 14 is 3	3-1/3% or more, che	eck this box
t	33-1/3% support test — 2013. If t and stop here. The organization				a, and line 15 is 3	33-1/3% or more, ch	eck this box
17 a	10%-facts-and-circumstances te or more, and if the organization in the organization meets the 'facts	meets the 'facts-a	ind-circumstances	s' test, check this l	oox and stop her	e. Explain in Part VI	0% how
b	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a	ind-circumstances	i' test, check this l	oox and stop her	e. Explain in Part VI	5 is 10% how the
18	Private foundation. If the organiz	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check the	s box and see instru	ictions ►
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Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	tion A. Public Support			****	_"-		
Cale	ndar year (or fiscal yr beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions and membership fees						
	received (Do not include	F.C. 700	41 650	27 250	25 205	F0 700	222 105
2	any 'unusual grants ') Gross receipts from admis-	56,700.	41,650.	37,250.	35,885.	50,700.	222,185.
~	sions, merchandise sold or						
	services performed, or facilities furnished in any activity that is						
	related to the organization's						
_	tax-exempt purpose						0.
3	Gross receipts from activities that are not an unrelated trade			j			
	or business under section 513						0.
4	Tax revenues levied for the organization's benefit and						
either paid to or expended on							
_	its behalf The value of services or						0.
Э	facilities furnished by a						
	governmental unit to the organization without charge		1			}	0.
6	Total. Add lines 1 through 5	56,700.	41,650.	37,250.	35,885.	50,700.	222,185.
	Amounts included on lines 1,	30,700.	41,030.	31,230.	33,003.	30,700.	222,100.
	2, and 3 received from			0	_		0
	disqualified persons Amounts included on lines 2	0.	0.	0.	0.	0.	0.
	and 3 received from other than						
	disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13	ĺ	Ĭ				
	for the year .	0.	0.	0.	0.	0.	<u> </u>
C	: Add lines 7a and 7b	0.]	0.	0.	0.	0.	0.
8	Public support (Subtract line 7c from line 6)						222 105
500	tion B. Total Support			AND THE PARTY OF A STATE OF A STA	*****************		222,185.
	dar year (or fiscal yr beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6	56,700.	41,650.	37,250.	35,885.	50,700.	222,185.
	Gross income from interest, dividends.	30,700.	41,030.	31,230.	33,003.	30,700.	222,100.
	payments received on securities loans, rents, royalties and income from						
	similar sources	j		1	2.	1.	3.
b	Unrelated business taxable						
	income (less section 511 taxes) from businesses						
	acquired after June 30, 1975.						0.
	: Add lines 10a and 10b	0.	0.	0.	2.	1.	3.
11	Net income from unrelated business activities not included in line 10b.				İ		
	whether or not the business is						•
12	regularly carried on Other income. Do not include						0.
14	gain or loss from the sale of						
	capital assets (Explain in Part VI)			į			0.
13	Total support. (Add lines 9,						
	10c, 11 and 12.)	56,700.	41,650.	37,250.	35,887.	50,701.	222,188.
14	First five years. If the Form 990 organization, check this box and	is for the organiza stop here	tion's first, second	d, third, fourth, or	fifth tax year as	a section 501(c)(3)	' ▶ □
Sec	tion C. Computation of Pub		ercentage			<u> </u>	
	Public support percentage for 20			e 13, column (f))		15	100.00 %
16	Public support percentage from 2	2013 Schedule A, I	Part III, line 15.			16	100.00 %
Sec	tion D. Computation of Inve	estment Incom	e Percentage				
	Investment income percentage for			by line 13, colun	nn (f))	. 17	0.00 %
18	Investment income percentage fr	om 2013 Schedule	e A, Part III, line 1	17	,	18	0.00 %
	33-1/3% support tests - 2014. If	the organization of	lid not check the l	box on line 14, ar			d line 17
	is not more than 33-1/3%, check	this box and stop	here. The organiz	zation qualifies as	a publicly suppo	rted organization	► <u>X</u>
Ь	33-1/3% support tests — 2013. If line 18 is not more than 33-1/3%						
20	Private foundation. If the organiz		•				▶
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Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3 a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use
- 4 a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control? .
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990)
- 9 a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in **Part VI**
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in **Part VI**
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI
- 10 a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations)? If 'Yes, answer (b) below
 - **b** Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Pa	rt IV Supporting Organizations (continued)		,	
11	Has the arganization accepted a rift or contribution from any of the following payons?	<u> </u>	Yes	No
	Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the	-	4	
	governing body of a supported organization?	11a	ļ	
	b A family member of a person described in (a) above?	11b		
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c	<u> </u>	<u> </u>
Sec	ction B. Type I Supporting Organizations			
	Did the diverters tripted as weathership of one or many available exemplations have the negrot to regularly appoint		Yes	No
'	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in		''	1 11
	Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove	1, 1	- , '	1,4
	directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	ئىنىمىي <i>ە</i>	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s)	·	1 ,60	19 19
	that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such	1. 3	. ~	1 4 4 5
	benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees], <u>û</u>]	1	1.5
	of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			<u></u>
			Yes	No
_		F 12	77.	Y
7	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax	1. (m)	1/2 S.7	
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the	1		الفندا
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			1, , -1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	一点	; ;	4 36 p.
	organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
•		1 70	1.56	: : <u>:</u>
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at	1		
	all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard	3		
Sec	ction E. Type III Functionally-Integrated Supporting Organizations			Ц
	tion L. Type in Functionally-integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
ā	The organization satisfied the Activities Test Complete line 2 below			
t	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
ď	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	ns).		
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the	70	1.71	
	supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was	+ ,	**	1 - 1
	responsive to those supported organizations, and how the organization determined that these activities constituted	2a		لننا
	substantially all of its activities .		,	1
t	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for	1.]	33.
	the organization's position that its supported organization(s) would have engaged in these activities but for the		4:	لنب
	organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.		1.0	1
а	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of	1	<u>, ; ; </u>	أدننة
	each of the supported organizations? Provide details in Part VI	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its		7.5 (4.7)	14. (1.)
	supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		i

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organic	aniz	ations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nother Type III non-functionally integrated supporting organizations must complete	lovem e Sec	ber 20, 1970 See instructio ctions A through E	ons. All
Se	ction A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion .	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6_		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sec	ction B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			1. 1
	Average monthly value of securities	1a		
	Average monthly cash balances .	1b		
	c Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
	e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets.	2		
_3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		·
7	Recoveries of prior-year distributions.	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C - Distributable Amount		Section in	Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A) .	1	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
2	Enter 85% of line 1	2	11 11 11 11 11	·
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5	1	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-inter(see instructions).	grate	d Type III supporting orga	anization
BAA			Schedule A (Form	n 990 or 990-EZ) 2014

Par		addr	orting O	rganiza	tions (continued)		
Sec	tion D — Distributions					Current Year	
1	Amounts paid to supported organizations to accomplish exempt pu	rpos	ses				
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of su	pported org	anızatıons	5,		
3	Administrative expenses paid to accomplish exempt purposes of su						
4	Amounts paid to acquire exempt-use assets				• •		
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI) See instructions						
7	Total annual distributions. Add lines 1 through 6						
8	Distributions to attentive supported organizations to which the organization ${\bf Part\ VI})$ See instructions .	on is	responsive	(provide	details		
9	Distributable amount for 2014 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount .						
Sect	tion E — Distribution Allocations (see instructions)		(i) Exces Distribut		(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014	
1	Distributable amount for 2014 from Section C, line 6		11.74		, ,		
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required — see instructions)					F 2	
3	Excess distributions carryover, if any, to 2014.	15	-	1,15	la a g	State of	
а	· · · · · · · · · · · · · · · · · · ·	Ī	P	~ , †		华福州 新洲撒。	-
b	The state of the s	٠,	الله والله	11.3	1、154、14、14、14、14、14、14、14、14、14、14、14、14、14	自 7数 3级 3数	,
С		is,		1 100	· · · · · · · · · · · · · · · · · · ·	人 義 增出	•
d	The state of the s	1	* (,			\(\frac{1}{2} \) \(\frac{1}{2} \)	
е	From 2013.		1	<u> </u>		12 m	.
f	Total of lines 3a through e.				J 4	1. 3. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
g	Applied to underdistributions of prior years.	٠٠.	٠ , پې	, , Te		12. It _ 15.	,
h	Applied to 2014 distributable amount .			11.	- 1 4		
i	Carryover from 2009 not applied (see instructions)	1, 5	£ 1	*****	· 医内膜的	· 103 (1) (1)	300
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f					金藤 (学)	(
4	Distributions for 2014 from Section D, line 7:		=*		1 c 45 m	Harry Mr.	•
a	Applied to underdistributions of prior years	\vdash	,			, ,	٦
	Applied to 2014 distributable amount	\vdash					
	Remainder Subtract lines 4a and 4b from 4	-					-
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)	,				,	
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)	,	٠,		1		
7	Excess distributions carryover to 2015. Add lines 3j and 4c						į
8	Breakdown of line 7		^				-
а	,		,			f	7
b				^			7
С		5			, ,		7
d	Excess from 2013						
е	Excess from 2014	,					

BAA

Schedule A (Form 990 or 990-EZ) 2014

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Open to Public Inspection

No

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

LOCAL 202 SCHOLARSHIP FUND

Employer identification number 13-3585154

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

indirectly, on a personal benefit contract?

TO AWARD SCHOLARSHIPS TO DESERVING COLLEGE STUDENTS THAT ARE DEPENDENTS OF LOCAL 202 INT'L.BROTHERHOOD OF TEAMSTERS MEMBERS

Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? No Did the organization, during the year, pay premiums, directly or