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Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

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

Open to Public

Information about Form 990 and its instructions is at www.lrs.gov/form990. Inspection A For the 2014 calendar year, or tax year beginning OCT 1, 2014 and ending SEP 30. 2015 Check if C Name of organization D Employer identification number Address change LOCAL 1233 SCHOLARSHIP FUND 91-1872930 Doing business as Initial Number and street (or P 0, box if mail is not delivered to street address) Room/suite E Telephone number Final 731 SOUTH 10TH STREET 973-824-7323 termin-ated City or town, state or province, country, and ZiP or foreign postal code G Gross receipts \$ Amended return NEWARK, NJ 07108 H(a) Is this a group return Applica-F Name and address of principal officer CLIFTON SMITH Yes X No for subordinates? 731 SOUTH 10TH STREET, NEWARK, NJ H(b) Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or If "No," attach a list (see instructions) J Website: ► N/A H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 1984 M State of legal domicile: NJ Part I Summary Briefly describe the organization's mission or most significant activities. TO PROVIDE SCHOLARSHIPS FOR 2016 & Governance CHILDREN OF MEMBERS OF LOCAL 1233. Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 13 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 0 6 0 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, 12e 34 **Prior Year Current Year** RS-OSC 30,882. 37.472. Contributions and grants (Part VIII, line 1h) 9 FEB 17 2016 0. Program service revenue (Part VIII, line 2g) 0. 27 12. 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, floc, and flight 30,909 37,484. Total revenue - add lines 8 through 11 (must equal Part Vill, column (A) 15,300 12,200. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Ο. 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 13,769. 20,335. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <u>32,5</u>35. 29,069. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 1,840. 4,949. Revenue less expenses Subtract line 18 from line 12 **Beginning of Current Year End of Year** 275,581. 283,722. 20 Total assets (Part X, line 16) 255,059 258*.*251 21 Total liabilities (Part X, line 26) 20,522. Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (6ther than officer) is based on all information of which preparer has any knowledge. Sign CLIFTON SMITH SECRETARY-TREASURER Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer 01/29/16 sett-employed P00069357 Paid PAUL F. SHANE Firm's name VICTOR GOLDBLAT AND Preparer Firm's EIN 22-2201241 Firm's address 477 CHESTNUT STREET Use Only UNION, NJ 07083 Phone no. (908) 964-5888

May the IRS discuss this return with the preparer shown above? (see instructions)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

X Yes No

Form 990 (2014)

Form 990 (2014)

Form 990 (2014) LOCAL 1233 SCHOLARSHIP FUND
Part IV Checklist of Required Schedules

			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	i
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			-
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11 <u>e</u>	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			1
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	44.		v
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45		v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15_		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	46		X
4~	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	<u>16</u>		Λ.
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		х
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I			
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18		X
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		<u>A</u>
19	complete Schedule G, Part III	19		X
20-	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		A _
0	ii 165 to line 204, did the organization attach a copy or its aborted infancial statements to this feturit	200		

Form 990 (2014) LOCAL 1233 SCHOLARSHIP FUND
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	1		
	domestic government on Part iX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		'	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	_ X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	 -
24a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	0.4		v
	Schedule K If "No", go to line 25a	24a		_X_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	_	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	-	X
р	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	056		X
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
		26		X
97	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions)]		
_	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
С	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
30	contributions? If "Yes," complete Schedule M	30	ļ	Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	-		
٠.	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	i	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			_
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990 (2014)

LOCAL 1233 SCHOLARSHIP FUND Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V

					,
4.	Enter the number reported in Day 2 of Form 1006. Feter 0 of not employed	ه ا ه		Yes	No
_	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1a 0 1b 0	1	1	
b	Did the organization comply with backup withholding rules for reportable payments to vendors and rep		1	1	
С	(qambling) winnings to prize winners?	ortable garring	10		
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1	1c		
20	-	2a 0			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	J.	20	 	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule C)	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other at				
	financial account in a foreign country (such as a bank account, securities account, or other financial ac	•	4a		х
b	If "Yes," enter the name of the foreign country. ▶	,			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acc	counts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	, ,	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactions.	ion?	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	organization solicit			
	any contributions that were not tax deductible as charitable contributions?		_6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	ces provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	_	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	required			
	to file Form 8282?	1	7c_		X
d	100,	7d	1		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		_7e	_	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		_7f	<u> </u>	X
9	If the organization received a contribution of qualified intellectual property, did the organization file For		7 <u>g</u>		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		<u>7h</u>		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by	by the		1	
_	sponsoring organization have excess business holdings at any time during the year?		8_		
9	Sponsoring organizations maintaining donor advised funds.			ļ '	
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a 9b	 -	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		90		
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12	10a	ļ	'	
a b		10b	1		
11	Section 501(c)(12) organizations. Enter		1		
··	() (11a	1] ,	
-	Gross income from other sources (Do not net amounts due or paid to other sources against		1		
-	,	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1	041?	12a	1	
		12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		L		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the]		
	organization is licensed to issue qualified health plans	13b]		
С	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a	<u> </u>	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0	14b	<u></u>	
			-	- 000	10044

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			,
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 13	<u> </u>		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 13	3	l	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3	ļ	Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_	<u> </u>	
, a	more members of the governing body?	7a	ł	х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	/ 0	 	
b		7b		x
_	persons other than the governing body?	10		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		ļ	v
a	The governing body?	8a		X
	Each committee with authority to act on behalf of the governing body?	8b	-	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			.,
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		Γ.	ı- -
			Yes	
	Did the organization have local chapters, branches, or affiliates?	10a	-	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
12a	· · · · · · · · · · · · · · · · · · ·	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<u> </u>	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent		İ	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	- 1 050 F 1 1 D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	15a		X
	Other officers or key employees of the organization	15b		Х
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			<u> </u>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a	ļ	х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	155		
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		1	
	exempt status with respect to such arrangements?	16b	1	
Sec	exempt status with respect to such an angements?	100		1
17	List the states with which a copy of this Form 990 is required to be filed NU	ا ماره ا م		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avallal	Л С	
	for public inspection. Indicate how you made these available Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)		_	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	icial	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	ORGANIZATION - 973-824-7323			
	731 SOUTH 10TH STREET, NEWARK, NJ 07108			

Earm	200	(2014)	

LOCAL 1233 SCHOLARSHIP FUND

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

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	Don't on						(D)	(E)	(F)
Name and Title	Average		do not check i ox, unless per			than		Reportable compensation	Reportable	Estimated amount of
	hours per week					or/trus		from	compensation from related	other
	(list any	į						the	organizations	compensation
	hours for	를	ļ			脲	l	organization	(W-2/1099-MISC)	from the
	related	te o	l ste			el Szl	ĺ	(W-2/1099-MISC)		organization
	organizations	E E	曹	ļ	loyee	Ē.				and related
	below	Individual trustee or director	Institutional trustee	 <u>15</u>	e e	Highest compensated employee	Former			organizations
	line)	呈	ts t	Officer	Ke	₹5	호			
(1) WILLIAM DUDLEY	1.00		}		ļ]	}]		_
PRESIDENT	40.00	X		X		<u> </u>		0.	209,828.	0.
(2) CLIFTON SMITH	1.00									
TREASURER	40.00	X	L.	X		L	<u> </u>	0.	209,828.	0.
(3) HERBERT HALL	1.00									
BUSINESS AGENT	40.00	X						0.	213,521.	0.
				1						
		L.	<u> </u>		L	<u> </u>				
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Part VII Section A. Officers,			loyee			ghe	st C			Т		
(A) Name and title	(E	•			(C) sitior	1		(D) Reportable	(E) Reportable		(F	
Name and title	hours		(do no					compensation	compensation		Estim amou	-
	we	~``	officer	and a	directo	or/trus	tee)	from	from related	- 1	oth	
	(list	any s for	irecto]	L		the	organization		comper	
	rela	ted	se or d	1		nsated		organization (W-2/1099-MISC)	(W-2/1099-MIS	SC)	from organiz	
	organiz	ations	Itrust		oyee	еше	}	,		j	and re	
	bel	ow i. e)	Individual trustee or director	Officer	Key employee	Highest compensated employee	Former				organız	ations
			= =		<u> </u>] <u>∓</u> 5	<u> </u>					
				╂-	+	├	_					
					_							
				+-		_						
				+-	-	<u> </u>	L					
· · · · · · · · · · · · · · · · · · ·			_	1								
			+-	+	+							
		+	_	-	-	<u> </u>			<u> </u>			
1b Sub-total								0.	633,1			0.
c Total from continuation s	•	on A						0.	633,1	0.		0.
d Total (add lines 1b and 1c 2 Total number of individuals		ed to tho	se lis	ted	abov	 e) wt	no re					
compensation from the or												0
3 Did the organization list an	v former officer, directo	r. or trus	stee. I	kev é	emplo	ovee.	orl	nighest compensated ei	mplovee on	۲	Ye	s No
line 1a? If "Yes," complete			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, .		,,		gpp.			3	X
4 For any individual listed or									the organization			
and related organizations	-								dual for convece	-	4 X	+
5 Did any person listed on lii rendered to the organization							eiali	ed organization of indivi		_	5_	х
Section B. Independent Contr	actors											
Complete this table for you the organization Report or										npensat	tion from	
the organization Report Co	(A)	nuar ye	<u>ai 6111</u>	unig	VVICII	01 44		(B)	your.		(C)	
Nar	me and business addres	s	NON	<u>IE</u>			\dashv	Description of s	ervices	Co	mpensa	tion
												_
			_	-			-					
			_				-					
2 Total number of independe	ent contractors (naturalis	a but no	t limi	tod +	o the	- I	tod	above) who recound ~	ore than			
2 Total number of independ \$100,000 of compensation	·	_			J 1110	0			ore triall			

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and 37,472 similar amounts not included above g Noncash contributions included in lines 1a-1f \$_ 37,472 h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 12. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (II) Personal 6 a Gross rents **b** Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ __ contributions reported on line 1c) See Part IV, line 18 b Less, direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b d All other revenue e Total. Add lines 11a-11d 37,484 12. Total revenue See instructions.

Form 990 (2014) LOCAL 1233 SCHOLARSHIP FUND Part IX Statement of Functional Expenses

	Check if Schedule O contains a respon-			101	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			j	
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	12,200.	12,200.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				·
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	}			
_	· · · · · · · · · · · · · · · · · · ·				
9	Other employee benefits Payroll taxes				
10	Fees for services (non-employees).				
11	Management				
a b	Legal				
C	Accounting				
	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	*			
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses		ļ		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	14,941.	14,941.		
20	interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PRINTING	5,364.	5,364.		
b	NJ FILING FEES	30.	30.		
c					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	32,535.	32,535.	0.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined	İ		}	
	educational campaign and fundraising solicitation.				
	Check here I If following SOP 98-2 (ASC 958-720)	1			

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 20,446 24,883. Cash - non-interest-bearing 1 255,135. Savings and temporary cash investments 258,839. 2 2 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 Assets Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b b Less accumulated depreciation 10c Investments - publicly traded securities 11 11 12 12 Investments - other securities See Part IV, line 11 Investments - program-related See Part IV, line 11 13 13 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 275,581 283,722. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, 22 Liabilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of 255,059. <u>258,251.</u> 25 Schedule D 255,059. 258,251. 26 26 Total liabilities, Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here

X

and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 20,522. <u>25,471.</u> 27 Unrestricted net assets 27 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 32 20,522. 33 <u>25,471.</u> Total net assets or fund balances 33 283,722.

Form 990 (2014)

275,581

34

Total liabilities and net assets/fund balances

orm	1990 (2014) LOCAL 1233 SCHOLARSHIP FUND	<u>91-187</u>	2930	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
]		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	37	484.
2	Total expenses (must equal Part IX, column (A), line 25)	2	32	,535.
3	Revenue less expenses Subtract line 2 from line 1	3	4	1,949.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	20	,522.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	25	<u>,471.</u>
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII		 _	
				Yes No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	: O.	1 1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a	1 1	
	separate basis, consolidated basis, or both		1 1	
	Separate basis Consolidated basis Both consolidated and separate basis		1 1	
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	if "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,	1 1	İ
	consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis		1 1	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Audit		,,
	Act and OMB Circular A-133?		_ 3a	<u>X</u> _
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ııred audıt		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	200 (22)
			Form \$	990 (2014)

SCHEDULE A

Department of the Treasury

internal Revenue Service

(Form 990 or 990-EZ)

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.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization **Employer identification number** 1233 SCHOLARSHIP FUND 91-1872930 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) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts 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) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one 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. 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 it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (IV) is the organization (vi) Amount of (I) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (described on lines 1-9 listed in your other support (see organization support (see governing document? above or IRC section Instructions) Instructions) Yes (see instructions))

Schedule'A (Form 990 or 990-EZ) 2014 LOCAL 1233 SCHOLARSHIP FUND 91-1872930 Page 2

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 If the organization fails to qualify under the tests listed below, please complete Part III)

<u>Se</u>	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
1	Gifts, grants, contributions, and				-			
	membership fees received (Do not			ļ		ı		
	include any "unusual grants ")	27,025.	26,593.	25,510.	30,882.	37,472.	147,482.	
2	Tax revenues levied for the organ-	j		J				
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities			1				
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	27,025.	26,593.	25,510.	30,882.	37,472.	147,482.	
5	The portion of total contributions							
	by each person (other than a			ļ				
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the			J	ļ			
	amount shown on line 11,			1				
	column (f)		-,					
	Public support. Subtract line 5 from line 4						147,482.	
<u>Se</u>	ction B. Total Support	· · · · · · ·	- -		 -			
Cale	ndar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
7	Amounts from line 4	27,025.	26,593.	25,510.	30,882.	37,472.	147,482.	
8	Gross income from interest,		ł	}	ľ			
	dividends, payments received on							
	securities loans, rents, royalties	}						
	and income from similar sources			9.	27.	12.	48.	
9	Net income from unrelated business							
	activities, whether or not the				1			
	business is regularly carried on	<u> </u>						
10	Other income. Do not include gain			[
	or loss from the sale of capital	į					:	
	assets (Explain in Part VI)	<u> </u>						
11	Total support. Add lines 7 through 10		l				147,530.	
12	•				,	12		
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth tax	x year as a section	n 501(c)(3)		
Se	organization, check this box and stop ction C. Computation of Publ		centage				<u> </u>	
	Public support percentage for 2014 (I			olumn (f))		14	99.97 %	
15	Public support percentage from 2013	Schedule A, Part I	I, line 14			15	99.97 %	
	33 1/3% support test - 2014. If the c			line 13, and line 1	4 is 33 1/3% or m	nore, check this bo	ox and	
	stop here. The organization qualifies						$\triangleright X$	
ŀ	33 1/3% support test - 2013. If the c				line 15 is 33 1/3%	or more, check th	nis box	
	and stop here. The organization quali						ightharpoons	
178	10% -facts-and-circumstances tes	t - 2014. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,	
	and if the organization meets the "fac							
	meets the "facts-and-circumstances"						ightharpoons	
ı	10% -facts-and-circumstances tes	•	•		•	7a, and line 15 is	10% or	
		-						
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
_18	Private foundation. If the organization		=				s	
						dule A (Form 990		

Part III | 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.)

Section A. Public Support						
Calendar year (or fiscal year 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 any "unusual grants ")						
2 Gross receipts from admissions,			<u> </u>			
merchandise sold or services per-			1			
formed, or facilities furnished in			}			
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-				1	 -	
ization's benefit and either paid to	ļ					
or expended on its behalf						
·					 	
5 The value of services or facilities furnished by a governmental unit to						
the organization without charge						
ĭ F			 	 		
6 Total. Add lines 1 through 5			-			
7a Amounts included on lines 1, 2, and				1		1
3 received from disqualified persons					 	
b Amounts included on lines 2 and 3 received from other than disqualified persons that			i			
exceed the greater of \$5,000 or 1% of the	1				1	1
amount on line 13 for the year				· · · · · · · · · · · · · · · · · · ·	 	
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)		<u> </u>		l	<u> </u>	L
Section B. Total Support						
Calendar year (or fiscal year beginning in) ► 📙	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6					 	
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties			1			
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975	_		<u> </u>		<u> </u>	
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b,]			}
whether or not the business is regularly carried on						1
12 Other income Do not include gain						
or loss from the sale of capital	j	1	}	1		
assets (Explain in Part VI) 13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for	the organization's	s first second the	rd, fourth, or fifth t	ax vear as a secti	on 501(c)(3) organia	zation.
check this box and stop here	organization	01, 0000110, 11111	_,, or mar t	, 20 2 2001	(-/(-/ -/ -/ gaina	▶
Section C. Computation of Publi	c Support Pe	rcentage				
15 Public support percentage for 2014 (li			column (fl)		15	%
,, , ,		-	zolami (i))		16	9
16 Public support percentage from 2013 Section D. Computation of Inves					1 191	
					17	
17 Investment income percentage for 20	•	-	ne io, column (r))		17	
18 Investment income percentage from 2			on line 4.4	. 1E io 41- :	18 23 1/20/ and kee	9
19a 33 1/3% support tests - 2014. If the						17 IS NOT
more than 33 1/3%, check this box ar						. ▶∟
b 33 1/3% support tests - 2013. If the						
line 18 is not more than 33 1/3%, che		-				▶ <u></u>
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check ti	his box and see in	estructions	▶ 1

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)
- 3a 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.
- 4a 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?
- 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).
- B 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).
- 9a 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.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated 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.)

		Yes	No
	1		
	_		
	2		
	_3a		
	3b	!	
	3c		
	4a		
	4b		
	4c		
	5a_		
	5b		
	5c_		
	6		
	7		
	8		<u> </u>
	9a		
	9b		
	9c		
	10a		
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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 governing body of a supported organization? A family member of a person described in (a) above? b A family member of a person described in (a) above? c A 39% controlled entity of a person described in (a) or (b) above? if "Yes" to a, b, or c, provide detail in Pert Vi. Section B. Type I Supporting Organizations 1 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 is directors or trustees at all times during the tax year? If "No," describe in Pert 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 directors or trustees were allocated among the supported organization of the trust has supported organization of the trust has supported organization of the trust has supported organization of the trust has supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization of the organization of any supported organization of the trust has supported organizations and what conditions or restrictions, if any, applied the supported organization(s) that operated, supervised, or controlled the supporting organizations. 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organizations. 1 Were a majority of the organization's supported organizations and any organization's supported organization's supported organization's supported organization's supported organization's supported organization's powering organization's supported organization's r			<u>1-187293</u>	0 Pa	age 5
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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 the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement 3 Parent of Supported Organizations Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		how the organization was responsive to those supported organizations, and how the organization determined	1		
of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement 2b 3 Parent of Supported Organizations Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		that these activities constituted substantially all of its activities	2a		
reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement 2b 3 Parent of Supported Organizations Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 3 Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
activities but for the organization's involvement 3 Parent of Supported Organizations Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
Parent of Supported Organizations Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		reasons for the organization's position that its supported organization(s) would have engaged in these	1		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <i>Part VI</i> . b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		activities but for the organization's involvement	_2b		
trustees of each of the supported organizations? Provide details in <i>Part VI</i> . b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3	Parent of Supported Organizations Answer (a) and (b) below.			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	1		}
		trustees of each of the supported organizations? Provide details in Part VI.	3a	<u> </u>	
of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard 3b	b		ĺ		
		of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	نـــــــا	L

	dule A (Form 990 or 990 EZ) 2014 LOCAL 1233 SCHOLARSHIP			91-18/2930 Page <u>6</u>
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ig Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970. See instr	uctions. All
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ctions A through E.	
Sect	ion 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		
Sect	ion 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).			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	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		<u> </u>
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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
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		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		<u> </u>
7	Check here if the current year is the organization's first as a non-functional	lly-integrate	ed Type III supporting org	anization (see

instructions)

•	•			
	dule A (Form 990 or 990 EZ) 2014 LOCAL 1233 SC	CHOLARSHIP FUND	<u>) </u>	1-1872930 Page 7
Pai	t V Type III Non-Functionally Integrated 50	9(a)(3) Supporting Org	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	npt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpor	ses of supported organization	ns	
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.		<u></u>	
7_	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which	the organization is responsive	9	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2014 from Section C, line 6	<u> </u>		
10	Line 8 amount divided by Line 9 amount		,	
		(ı) Excess Distributions	(ii) Underdistributions	(iii) Distributable
Sect	ion E - Distribution Allocations (see instructions)	<u></u>	Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014.	<u></u>		
а		<u> </u>		
b				
С				
d		<u> </u>		
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount	<u> </u>		
i_	Carryover from 2009 not applied (see instructions)			
i_	Remainder Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			:
	line 7 \$	<u></u>		
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	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	1		
	instructions)			
7	Excess distributions carryover to 2015. Add lines 3			
	and 4c			
8	Breakdown of line 7			

Schedule A (Form 990 or 990-EZ) 2014

С

d Excess from 2013
e Excess from 2014

Schedule A	(Form 990 or 99	90-EZ) 2014	LOCAL	<u>1233 S</u>	<u>CHOLARS</u>	HIP F	UND			<u> 91-18</u>	<u>72930</u>	Page 8
Part VI	Form 990 or 99 Supplemer	ntal Inform	ation. Pro	vide the exp	lanations regi	ured by Pa	art II. line 10). Part II. lir	ne 17a or	17b: and F	art III line	12
	Also complete				•	•	,	.,,			a	-
	Also complete	triis part for	any addition	ai iniormatio	n. (See instruc	ctions).						
												
		_									· · · · · · · ·	
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SCHEDULĖ D

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

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

Inspection

Name of the organization

Employer identification number

	LOCAL 1233 SCHOLARSHIP FUND	91-1872930
Pai		Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ful	nds
	are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	only
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	•
	impermissible private benefit?	Yes No
Pai		
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
•	Preservation of land for public use (e.g., recreation or education) Preservation of a historical	v important land area
	Protection of natural habitat Preservation of a certified h	
		natoric atructure
_	Preservation of open space	anagration against on the last
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a c	onservation easement on the last
	day of the tax year	Uald at the Fad of the Tay Year
		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
C	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the orga	inization during the tax
	year -	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	—
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the y	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(
	and section 170(h)(4)(B)(ii)?	└─ Yes └─ No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	
	include, if applicable, the text of the footnote to the organization's financial statements that describes the or	rganization's accounting for
	conservation easements	Cimilar Assats
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a	
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance o	f public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these items.	
þ	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and	
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se	ervice, provide the following amounts
	relating to these items.	
	(i) Revenue included in Form 990, Part VIII, line 1	► \$ ► \$
	(ii) Assets included in Form 990, Part X	> \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain	
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items.	
а	Revenue included in Form 990, Part VIII, line 1	> \$
b	Assets included in Form 990, Part X	▶ \$

		233 SCHOLA				041		<u> </u>			<u>ge 2</u>	
3	Using the organization's acquisition, accessi	ion, and other record	ds, check	any of the	following that ai	e a sign	ificant	use of its	collection	ı items	;	
	(check all that apply)											
а	Public exhibition	c			hange programs	3						
b	Scholarly research	e	, []	Other								
С	Preservation for future generations											
4	Provide a description of the organization's co							ose in Par	t XIII			
5	During the year, did the organization solicit of					ımılar a	ssets		7			
	to be sold to raise funds rather than to be m.								Yes		No	
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	organizatio	on answered "Ye	s" to Fo	rm 990), Part IV, I	ine 9, or			
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other asset	s not inc	cluded					
	on Form 990, Part X?								Yes		No	
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing t	able [.]								
	•								Amount			
С	Beginning balance						1c			_		
d	Additions during the year						1d					
е	Distributions during the year						1e					
f	Ending balance						1f					
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	scrow or co	ustodial account	liability	?		Yes		No	
	If "Yes," explain the arrangement in Part XIII											
Par	t V Endowment Funds. Complete	if the organization ar	nswered	"Yes" to Fo	rm 990, Part IV,	line 10						
		(a) Current year	(b) P	rior year	(c) Two years b	ack (d)	Three	ears back	(e) Four	years t	ack	
1a	Beginning of year balance											
b	Contributions											
С	Net workward company and leave											
d												
е												
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as							
а	Board designated or quasi-endowment	•	%									
ь	Permanent endowment	%	_									
С	Temporarily restricted endowment ▶											
	The percentages in lines 2a, 2b, and 2c show	uld equal 100%										
За	Are there endowment funds not in the posse		ation tha	it are held a	and administered	for the	organi	zation				
	by.	_								Yes	No	
	(i) unrelated organizations								3a(i)			
	(ii) related organizations								3a(ii)			
b	If "Yes" to 3a(ii), are the related organization.	s listed as required o	on Sched	dule R?					3b			
4	Describe in Part XIII the intended uses of the	e organization's ende	owment 1	funds								
Pai	t VI Land, Buildings, and Equipn											
·	Complete if the organization answere	ed "Yes" to Form 990), Part IV	, line 11a. S	See Form 990, Pa	art X, line	e 10.					
	Description of property	(a) Cost or o				(c) Accı		ed	(d) Book	value		
		basis (investi		basis	(other)	depre	ciation					
1a	Land											
b	Buildings											
	Leasehold improvements											
	Equipment											
	Other											
= -	Add lines to through to (Column (d) must o		· V aalus	nn (D) /mn :	1001							

Schedule D (Form 990) 2014

Complete if the organization answered "Yes" to (a) Description of security or category (including name of security)	(b) Book value		aluation Cost or end	of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests	-	· · · · · · · · · · · · · · · · · · ·		
(3) Other				
(A)				·
(B)				
(C)	·· ···			
(D)				
(E)		- 		
(F)				
(G)				
(H)				-
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	 -			
Part VIII Investments - Program Related.				
	Form CCC Flort IV	line 11e Coe Form 000 I	Bort V line 12	
Complete if the organization answered "Yes" to (a) Description of investment	(b) Book value		aluation. Cost or end	of year market value
	(b) Book value	(c) Wethod of V	aldation. Cost of end	Oryear market value
(1)				
(2)			-	
(3)				
(4)				
(5)				
(6)				
	 			
(8)				
(9)				 _
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes" to		line 11d. See Form 990, I	Part X, line 15	# N D 1 1
(a) D	escription			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)	<u> </u>			
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line	15)			
Part X Other Liabilities.				
Complete if the organization answered "Yes" to	o Form 990, Part IV,	line 11e or 11f See Form	990, Part X, line 25	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes	-		İ	
(2) DUE TO LOCAL 1233	-	258,251.	1	
(3)			1	
(4)				
(5)			j	
(6)			1	
(7)			1	
			1	
(8)	——— —		1	
(9) Total (Column (b) must equal Form 990, Part V, eq. (P) Inc.	25.)	250 251	1	
Total. (Column (b) must equal Form 990, Part X, col (B) line		258,251.	inanajal statusas at a	hat range at a
 Liability for uncertain tax positions. In Part XIII, provide a organization's liability for uncertain tax positions under I 				
organization s hability for uncertain tax positions under i	FIIN 40 (MOU / 40) U	HECK HEIE II WIE WEXE OF W	e loothore has been	DIOVIGEG III Part XIII (

	D (Form 990) 2014 LOCAL 1233 SCHOLAR		91-1872930 Page 4
Part XI	Reconciliation of Revenue per Audited Finan	cial Statements With Revenue	per Return.
	Complete if the organization answered "Yes" to Form 990,	Part IV, line 12a	
1 Tota	l revenue, gains, and other support per audited financial state	ments	1
2 Amo	ounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	
a Net	unrealized gains (losses) on investments	2a	
b Don	ated services and use of facilities	2b	
c Rec	overies of prior year grants	2c	
d Othe	er (Describe in Part XIII)	2d	
e Add	lines 2a through 2d		2e
3 Sub	tract line 2e from line 1		3
4 Amo	ounts included on Form 990, Part VIII, line 12, but not on line 1	1 1	
a Inve	stment expenses not included on Form 990, Part VIII, line 7b	4a	
b Othe	er (Describe in Part XIII.)	4b	
c Add	lines 4a and 4b		4c
5 Tota	I revenue Add lines 3 and 4c. (This must equal Form 990, Part	1, line 12)	
Part XI	Reconciliation of Expenses per Audited Fina		s per Return.
	Complete if the organization answered "Yes" to Form 990,	Part IV, line 12a	
	l expenses and losses per audited financial statements		1
	ounts included on line 1 but not on Form 990, Part IX, line 25	1 1	
-	ated services and use of facilities	2a	
b Prior	r year adjustments	<u>2b</u>	
c Othe	er losses	2c	
d Othe	er (Describe in Part XIII)	2d	
e Add	lines 2a through 2d		2e
	tract line 2e from line 1		3
	ounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
	stment expenses not included on Form 990, Part VIII, line 7b	4a	
	er (Describe in Part XIII)	4b	
-	lines 4a and 4b		4c
	al expenses Add lines 3 and 4c. (This must equal Form 990, Pa	art I, line 18)	5
	II Supplemental Information.	. 4 4 Down W. Inner 4 b and Ob. Down	V Inc. 4 Bod V Inc. 0 Bod VI
	e descriptions required for Part II, lines 3, 5, and 9, Part III, line and 4b, and Part XII, lines 2d and 4b. Also complete this part to		v, line 4, Part A, line 2, Part Al,
nes zo ar	nd 40, and Part XII, lines 2d and 40 Also complete this part to	provide arry additional information	
·			
			
			
			
		- 	

Schedule D (Form 990) 2014

432054 10-01-14

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

2014
Open to Public Inspection

► Attach to Form 990.

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

LOCAL 1233 SCHOLARSHIP FUND

Name of the organization

Department of the Treasury Internal Revenue Service

Employer identification number 91-1872930

Part I General Information on Grants and Assistance	d Assistance						
1 Does the organization maintain records to substantiate the amount of	substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
criteria used to award the grants or assistance?	ance?						X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	edures for monit	oring the use of grant	funds in the United	d States			
ΙĦΙ	omestic Organiz	ations and Domestic	Governments. C	omplete if the orga	ınızatıon answered "Y	es" to Form 990, Part I	V, line 21, for any
recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	,000 Part II can	be duplicated if additive	onal space is need	led	10 Machael at		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	•		_				
 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table 	d government org	ganizations listed in the table	ie line 1 table				A A

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

Schedule I (Form 990) (2014)

Page 2 (f) Description of non-cash assistance 91-1872930 (e) Method of valuation (book, FMV, appraisal, other) THE ORGANIZATION GIVES CHILDREN OF IT'S MEMBERS GRANTS TO OFFSET THE COST Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed FMV (d) Amount of non-cash assistance 12,200 (c) Amount of cash grant LOCAL 1233 SCHOLARSHIP FUND (b) Number of recipients 7 (a) Type of grant or assistance OF A COLLEGE EDUCATION. LINE 2: Schedule I (Form 990) (2014) SCHOLARSHIP PART I,

Schedule I (Form 990) (2014)

432102 10-15-14

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

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

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

LOCAL 1233 SCHOLARSHIP FUND

Employer identification number 91-1872930

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		}	
	First-class or charter travel	ĺ		ĺ
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	}		
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			:
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
-	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
_	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
	addition, and officering the officering the officering the feet of the officering			
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
•	CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee	Ì		
	Point 990 of other organizations			
	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
4	organization or a related organization			
_	D. Leavisian and C. Control of Co	4a		x
a	The state of the s	4b		X
b	D. J. C. C. C. C. C. C. C. C. C. C. C. C. C.	4c		X
С	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	1		
	if Yes to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Fart III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	l		1
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
3	contingent on the revenues of			
_	The organization?	5a		х
	Any related organization?	5b		X
b	If "Yes" to line 5a or 5b, describe in Part III	00		
_	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
6		}		}
_	contingent on the net earnings of.	6a		х
	The organization?			X
D	Any related organization?	6b		
_	If "Yes" to line 6a or 6b, describe in Part III	ł		
1	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	-		Х
_	not described in lines 5 and 6? If "Yes," describe in Part III	7	_	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
_	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	1 54		

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

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

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

		(B) Breakdown of	(R) Breakdown of W.2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(E) Compensation
		(a) Dicamacanii Oi	2000 1000 1100		other deferred		(E) (D) (D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive	(iii) Other reportable	compensation			reported as deferred in prior Form 990
(1) WILLIAM DUDLEY	Ξ	0	0	0	0	0	0	0.
PRESIDENT	Ξ	209,	0	0.	0	0	209,828.	0
(2) CLIFTON SMITH	8		0	0.	0	0.	0	0
TREASURER	Ξ	209,828.	0	0.	0	0	209,828.	0
(3) HERBERT HALL	Ξ		0	0	0	0.		0
BUSINESS AGENT	(E)	213,52	0.	0.	0	0	213,521.	0
	(i)							
	ε							
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Schedule J (Form 990) 2014

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2014

Open To Public Inspection

Name of th	e organization								1		rident		on nu	mber
B	<u>I</u>	OCAL 123	3 SCHOLA	<u>IRSI</u>	HIP	FUND					729	<u>30</u>		
Part I	Excess Bene	etit Transacti	ONS (section 5	01(c)(3	3), sect	on 501(c)(4), and 50	11(c)(29) organiz	zations	s only	/)				
	Complete if the o	organization ansv	vered "Yes" on	Form	990, Pa	art IV, line 25a or 25t	o, or Form <u>990-</u> I	ΞZ, Pa	ırt V,	line 40)b		_	
1 (2) Na	ne of disqualified p	(b) F	elationship bet			ified) Description o	f tranc	actio	'n		(d)	Corre	cted?
		Derson	person and o	rganız	ation		Description o	i trans		/I I		Y	es	No
					-									
		incurred by the o	rganization mar	nagers	or disc	qualified persons du	ring the year un	der				<u> </u>		
	n 4958									> \$				
3 Enter	the amount of tax,	if any, on line 2,	above, reimburs	sed by	the or	ganization				▶ \$				
<u> </u>														
Part II	Loans to and	d/or From Int	erestea Per	sons	5.									
	Complete if the o	organization ansv	vered "Yes" on	Form	990-EZ	, Part V, line 38a or F	Form 990, Part	IV, lıne	26;	or if th	ie orga	ınızatı	on	
	reported an amo	ount on Form 990	, Part X, line 5, (T					_		TO > A -			
) Name of	(b) Relationship	(c) Purpose		oan to or m the	(e) Original	(f) Balance d	ue		ln .	(h) App	proveo ard or	(i) W	ritten
inter	ested person	with organization	of loan		ization?	principal amount		L	deta	ult?	comm	ittee?	agree	ment?
_				То	From				Yes	No	Yes	No	Yes	No
_						<u> </u>								
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<u>T</u> otal						▶ \$					\vdash			<u>'</u>
Part III	Grants or As	ssistance Ber	efiting Inte	reste	ed Pe				_				L	
	J	organization ansv	_											
(a) N	ame of interested					(c) Amount of	(d)	Туре		$\neg \top$) Purp	088.0	f
(a) N	ame or interested	person	(b) Relationship interested per the organiz	son ar		assistance	, ,	istanc				assista		•
														
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2014

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's rues?
				Yes	No
LOCAL 1233	COMMON OWNERSHIP BE	3,192.	LOAN FROM L	<u>, </u>	X
					_
		-			
			<u> </u>		
			<u> </u>	<u></u>	
Part V Supplemental Information					,
Provide additional information for resp	onses to questions on Schedule L (see i	nstructions)			
SCH L, PART IV, BUSINESS	TRANSACTIONS INVOLVI	NG INTEREST	ED PERSONS:		
(A) NAME OF DEDCOM. LOCAL	1222				
(A) NAME OF PERSON: LOCAL	1233	-			
(B) RELATIONSHIP BETWEEN	INTERESTED PERSON ANI	ORGANIZAT	ION:		-
COMMON OWNERSHIP BETWEEN	ORGANIZATION AND LOCA	AL 1233			
(C) AMOUNT OF TRANSACTION	\$ 3,192.	 			
(D) DESCRIPTION OF TRANSAG	CTION: LOAN FROM LOCA	AL 1233 TO	THE		
ORGANIZATION.					
LOAN FROM LOCAL 1233 TO THE	HE ORGANIZATION.				
LOAN FROM LOCAL 1233 TO THE	HE ORGANIZATION.		····		
(E) SHARING OF ORGANIZATION	ON REVENUES? = NO				
					
		-			
					
		-	· - <u></u>		

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

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization LOCAL 1233 SCHOLARSHIP FUND	Employer identification number 91-1872930
FORM 990, PART VI, SECTION A, LINE 8A:	
THE ORGANIZATION DOES NOT CONTEMPORANEOSLY DOCUMENT THE M	EETINGS HELD OR
WRITTEN ACTIONS UNDERTAKEN DURING THE YEAR.	
FORM 990, PART VI, SECTION A, LINE 8B:	
THE ORGANIZATION DOES NOT CONTEMPORANEOUSLY DOCUMENT THE	MEETINGS HELD OR
WRITTEN ACTIONS UNDERTAKEN DURING THE YEAR.	
FORM 990, PART VI, SECTION B, LINE 11:	
THE ORGANIZATION'S OFFICERS REVIEW THE TAX RETURN PRIOR T	O FILING.
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT C	F INTEREST POLICY
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON SE	ECIFIC REQUEST.
	~
	-

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Part

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Attach to Form 990.

Open to Public Inspection 2014

OMB No 1545-0047

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

Employer identification number 91-1872930

> Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 LOCAL 1233 SCHOLARSHIP FUND Name of the organization

Direct controlling entity End-of-year assets **e** Total income ত্ত Legal domicile (state or foreign country) છ Primary activity Name, address, and EIN (if applicable) of disregarded entity

Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year Part II

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	2(b)(13) Iled <i>y?</i>
				501(c)(3))		Yes	S ₂
LOCAL 1233 ILA - 22-1010700							
731 SOUTH 10TH STREET	1						;
NEWARK NJ 07108	LABOR UNION	NEW JERSEY	501(C)(5)				×
		-					
	T						

Schedule R (Form 990) 2014

Page 2 91-1872930

Schedule R (Form 990) 2014 LOCAL 1233 SCHOLARSHIP FUND

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

organizations trough as a partition										
(a)	(Q)	(0)	(D)	(e)	(£)	(6)	£	()	9	(¥)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated,	Share of total income	Share of end-of-year	Disproportionate allocations?	Code V-UBI amount in box	General or managing partner?	General or Percentage . managing ownership
		foreign country)		sections 512-514)		doselo	Yes No	K-1 (Form 1065)	Yes No	
							-		_	
	T					_				
	1			_						
				-						
Part IV Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year.	rganizations Taxable orporation or trust duri	as a Corp ng the tax	oration or Trust Co	on or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related	tion answered "Yes	s" on Form 990, P	art IV, line 34	because it had o	ne or mo	e related
				7	_	_	_	(2)	3	•

organizations treated as a corporation of trust dufing the tax year.	illig the tax year.								I
(a)	(2)	<u>(</u>)	(Q	(e)	9		£	(E)	
Name, address, and EIN of related organization	Primary activity	r	Direct controlling entity	Type of entity (C corp, S corp	Share of total income	Share of end-of-year	Percentage ownership	512(b)(13) controlled	æ.T
		foreign country)		or trust)			1	Yes No	
	.								l
	•								ļ
	•								

Schedule R (Form 990) 2014

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

Note Complete ind 1 if any entity is listed in Parts II III or IV of this schedule					You	ž
Note: Compace line in any ching is leaded in a larger in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more rel	ated organizations listed	in Parts II-IV?			·
a Receipt of (i) interest, (ii) annuties, (iii) royalties, or (iv) rent from a controlled entity				19	~	×
b Gift, grant, or capital contribution to related organization(s)				10	_	×
c Gift, grant, or capital contribution from related organization(s)				5	_	×
				19	_	×
				-1 -2	×	
f Dividends from related organization(s)				#	7	×
g Sale of assets to related organization(s)				19	7	×
				두	7	×
i Exchange of assets with related organization(s)				;=	_	×
j Lease of facilities, equipment, or other assets to related organization(s)				=	7	×
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
I Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			=	~	×
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			Ę	7	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			1n	×]
 Sharing of paid employees with related organization(s) 				10	7	×
Reimbursement hand to related organization(s) for expenses				ŧ		×
Reimbursement paid by related organization(s) for expenses				2 0		×
r Other transfer of cash or property to related organization(s)				÷	7	×
s Other transfer of cash or property from related organization(s)				15	$\frac{2}{3}$	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	no must complete the	s line, including covered	relationships and transaction thresholds			1
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved		
(1) LOCAL 1233 ILA	A	3,192.	FAIR MARKET VALUE			
(2)						:
(3)						
						1
						1
						1
(9)						Į
432183 08-14-14			Schedule	Schedule R (Form 990) 2014	90) 20	4

91-1872930

Page 4

Schedule R (Form 990) 2014 LOCAL 1233 SCHOLARSHIP FUND

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

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

that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	structions regarding exclu	sion for certain inv	estment partnerships							
(e)	(q)	(c)	(Q)	(e)		(6)	3	(9	3
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income pa (related, unrelated,	e partners sec 501(c)(3)	Share of total	Share of end-of-year	Oispropor- tionate allocations?	Ospropor- Code V-UBI General or Percentage tonder amount in box 20 managing ownership allocations?	General of managin partner?	Percentage gownership
		country)	sections 512-514)	Yes No	ıncome	assets	Yes No	(Form 1065)	Yes No	
			-							
				1						
			_							
		_		_						_
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			-							
			-				-			
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								Schedule	R (For	Schedule R (Form 990) 2014

Schedule H	(Form 990) 2014	LOCAL IZ	33 SCHOL	ARSHIP F	עאט	91 <i>-</i> .	<u> 1872930 Pag</u>	<u>e 5</u>
Part VII	Supplemental Infor	mation						
	Provide additional informa	ation for recoons	ne to augetions o	n Schodula B /ce	ae inetrietione)			
	Provide additional informa	adon for response	es to questions C	or scriedule R (Se	e instructions)			
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