

Form **990-PF**

Return of Private Foundation

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

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

Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No 1545-0052

	Dep	artmer	nt of the Treasury					curity numbers o					ZU I	1
			ndar year 2017 (or tax yea		Go to www.	irs.gov/F	orm990PF for ins	ructions and e		st inf	ormation.	Open to Public Ins	pection
			of foundation	· · · · · ·								A Employer identification	number	
									KIEV					
			C LOCAL				P FUND	Rrc a			13-3251442			
										B Telephone number				
		47-24 27TH STREET 718-767-700								04				
		City or town, state or province, country, and ZIP or foreign postal code LONG ISLAND CITY, NY 11101								C if exemption application is pe	nding, check here	▶∐		
	_		k all that apply:	D C1:	1			Instal vature of a f		. b				
,		JIIECI	к ан шасарріу.	<u> </u>] Initial returi] Final return			Initial return of a f Amended return	ormer public (narity		D 1. Foreign organizations,	, cneck nere	▶∟
,					Address ch		==	Name change				Foreign organizations mee check here and attach con	iting the 85% test,	
L	H	Check	k type of organiza	ation.				vate foundation		$\overline{\ \ }$		E If private foundation stati		
1		_	ection 4947(a)(1)					able private found	ation) 💆		under section 507(b)(1)(▶ □
	I F	air ma	arket value of all	assets at	end of year	J Account	ing metho	d: Cash	X Accr	ual	_	F If the foundation is in a 6	• • • • • • • • • • • • • • • • • • • •	on
			Part II, col. (c), lir	ne 16)		0 🗀	ther (spec	ify)				under section 507(b)(1)(ightharpoonup
		\$	I Analysis of De				nn (d) mu	st be on cash bas	is.)					
	P	art I	(The total of amon necessarily equal	unts in colu	imns (b) (c) an	d (d) may not		Revenue and Inses per books	(b) Net in	vestmen ome	t	(c) Adjusted net income	(d) Disbursemei for charitable purp	oses
		1	Contributions, o				- Compt	53,695.		,,,,,		*	(cash basis onl	iy)
		1	. —		n is not required to		S /						- : : : : : : : : : : : : : : : : : : :	3
		3	Interest on savings	s and temp	orary	attach con b	.*	129.		r-1-2	9-	129	STATEMENT	
		4	Dividends and ii								R	ECEIVED	19. \$.	
2018		5a	Gross rents							m		T _G	, *′ ; **	h
		b	Net rental income	or (loss)		<u></u>	. ,		*\	8	М	AY 07 2018	544	
9	ē		Net gain or (loss) fr Gross sales price f		assets not on I	ine 10	***		<u></u>	<u> </u>		, , <u>, , , , , , , , , , , , , , , , , </u>	N Si	
-	Revenue		assets on line 6a				\$ 4.5°	<u> </u>			വ	SDÉN UT	. 4.5	
JUL	æ	[Net short-term		•		***	**************************************	-	<u> </u>	<u>w.</u> ,			
		8	Income modifica		!!!		*	* * * *				0.		
SCANNED		10a	Gross sales less re and allowances							_		3	***	
2			Less Gost of good	ls sold		•	*	• `&	* 7			1,3	(; \	
A		C	Gross profit or (loss)	-				*,				7 . N	
Q		11	Other income					6.			0.	0.	. 5 s.	ķ
(G ⁽²⁾)			Total. Add lines					53,830.		12		129.	4	
		13	Compensation of c			, etc		0.	<u> </u>		0.	0.		0.
	1		Other employee Pension plans, e		-									
	ses		Legal fees	mployee	Denonia									
	ens		Accounting fees									-		
	Exp	C	Other profession	nal fees										
	š.	17	Interest											
	trat		Taxes			MT 2		26.			0.	0.		0.
	inis		Depreciation and	d depletio	n		ļ							^
	Ę		Occupancy											
	ğ		Travel, conferent Printing and pub		meetings									
	gar		Other expenses	ilications	STI	MT 3		93.			0.	0.		0.
	Operating and Administrative Expen		Total operating	and adm		5					•	0.		<u> </u>
	ě		expenses Add I					119.			0.	0.		0.
	0	25	Contributions, gi	ifts, grant	s paid	,		40,000.		-		,	40,0	00.
			Total expenses		ursements.			40						
_	4		Add lines 24 and				,	40,119.			0.	0.	40,0	00.
			Subtract line 26					10 711						
	İ		Excess of revenue of Net investment in					13,7 <u>1</u> 1.		12	٠	<u> </u>		
			Adjusted net inc		-	·					- 	129.		
												, ,		

LHA For Paperwork Reduction Act Notice, see instructions

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		Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o	of year
P	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	48,237.	61,948.	61,948.
	3	Accounts receivable ►		• -	
		Less; allowance for doubtful accounts			<u>.</u>
	4	Pledges receivable ►		v	
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable		•	*
	_	Less: allowance for doubtful accounts		-	
ets	1	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges Investments - U.S. and state government obligations			
`		Investments - corporate stock			
	ı	Investments - corporate stock			
	1 1				3*,
	''	Investments - land, buildings, and equipment, basis		· ·	- V
	12	Less accumulated depreciation Investments - mortgage loans			
		Investments - other			
		Land, buildings, and equipment: basis			,
	``	Less accumulated depreciation		å	* *
	15	Other assets (describe >			
	1	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	48,237.	61,948.	61,948.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
S	19	Deferred revenue			
Liabilities	20	Loans from officers directors, trustees, and other disqualified persons			
iapi	21	Mortgages and other notes payable			
_	22	Other liabilities (describe STATEMENT 5)	49,175.	62,999.	<u>.</u>
			40 455		•
	23	Total liabilities (add lines 17 through 22)	49,175.	62,999.	
		Foundations that follow SFAS 117, check here			* *
s		and complete lines 24 through 26, and lines 30 and 31.	020	1 051	18.00
alances		Unrestricted	-938.	-1,051	4 * * * * * * * * * * * * * * * * * * *
ajai		Temporarily restricted			-
d B	26	Permanently restricted			4
Fund		Foundations that do not follow SFAS 117, check here			
	07	and complete lines 27 through 31. Capital stock, trust principal, or current funds			
Net Assets or	27 28	Paid-in or capital surplus, or land, bldg., and equipment fund			
ASS	29	Retained earnings, accumulated income, endowment, or other funds			1
et/	30	Total net assets or fund balances	-938.	-1,051.	, '
z	30	Total lict associa of famo salamosa			-
	31	Total liabilities and net assets/fund balances	48,237.	61,948.	
_				<u> </u>	
Р	art	Analysis of Changes in Net Assets of Fund Ba	alances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30		
		t agree with end-of-year figure reported on prior year's return)		1	
2	Enter	amount from Part I, line 27a		2	
3	Othe	r increases not included in line 2 (itemize)		3	
		ines 1, 2, and 3	_	4	12,773.
		eases not included in line 2 (itemize)		ATEMENT 4 5	13,824.
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	
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	d Losses for Tax on kind(s) of property sold (for ex			Т(Б)Т	How acc	uired (c) Date ac	oured T	(d) Date sold
	ouse; or common stock, 200 s) P	How acc - Purch - Donat	ase \	(mo., day	/, yr.)	(mo., day, yr.)
1a				<u> </u>					
b NONE				╀╌					
d d				╁					
e									
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale					n or (loss) f) minus (g))
<u>a</u>				_					
b c				\dashv					
d		-		\dashv				-	
e									
Complete only for assets showing of		`		_		(1)	Gains (Col	l, (h) gain i it less than	minus -O-V or
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (i) col. (j), if any					rom col. (h	
<u>a</u>				_					
b c				-					
d		 	-						
e									· · · · · · · · · · · · · · · · · · ·
2 Capital gain net income or (net capital		ter in Part I, line -0- in Part I, line		}	2				
3 Net short-term capital gain or (loss)									
If gain, also enter in Part I, line 8, col	• • •			}					
If (loss), enter -0- in Part I, line 8 Part V Qualification Und	ler Section 4940(e) fo	or Reduced	Tay on Net	lny	estm	ent Inco	me		
If section 4940(d)(2) applies, leave this Was the foundation liable for the section If "Yes," the foundation doesn't qualify u 1 Enter the appropriate amount in each	4942 tax on the distributable and the section 4940(e). Do not c	omplete this par	t					·	Yes X No
(a) Base period years Calendar year (or tax year beginning	n) Adjusted qualifying o	distributions	Net value of no	(c) oncha		ise assets	(0	Distrib	(d) ution ratio ded by col. (c))
2016	11)	20,000.				7,567.		.o (b) uivi	.420460
2015		20,000.			4(0,041.			.499488
2014		21,000.				7,501.			.763609
2013		15,000.	<u> </u>		26	5,887.	<u> </u>		.557890
2012		8,500.				1,857.			.341956
2 Total of line 1, column (d)3 Average distribution ratio for the 5-y	ear baco period - divido the tot	al an line 2 by 5 i	O or by the numb	or of	veare		2		2.583403
the foundation has been in existence		ar on time 2 by 5.	o, or by the numb	iei oi	years		3	<u>_</u>	.516681
4 Enter the net value of noncharitable-	use assets for 2017 from Part 1	X, line 5					4		57,805.
5 Multiply line 4 by line 3						5		29,867.	
6 Enter 1% of net investment income (1% of Part I, line 27b)						6		1.
7 Add lines 5 and 6							7		29,868.
8 Enter qualifying distributions from Pa	·						8		40,000.
If line 8 is equal to or greater than lin See the Part VI instructions.	e 7, check the box in Part VI, li	ne 1b, and comp	lete that part usir	ng a 1'	% tax ra	ite.			···-

3

For	n 990-PF								HOLARSH						51442		Page 4	
L	art VI								ection 49				O(e), or 49	948 - se	ee instri	uctio	ns)	
1:	Exempl	t operating found	ations desc										\neg					
		ruling or determi		er:		_	(att	асћ сор	y of letter if n	ecessary-	see ins	tructions)						
ı	Domes'	tic foundations th	at meet the	e section	4940(e)	require	ements in	n Part V	, check here	$\triangleright X $	and ente	er 1%	} [1			1.	
	of Part	I, line 27b																
(All othe	er domestic found	lations ente	er 2% of I	lıne 27b.	Exemp	t foreign	organı	zations, enter 4	l% of Par	l, line 1	12, col. (b	. 丿					
2	Tax und	der section 511 (d	domestic si	ection 49	47(a)(1)	trusts	and taxa	ble four	ndations only;	others, en	ter -0-)]	2			<u>0.</u>	
3	Add line	es 1 and 2											ļ	_3			1.	
4		e A (income) tax (others, er	iter -0-))		4			0.	
5	Tax ba	sed on investme	nt income.	Subtract	t line 4 fr	om line	3. If zer	o or les	s, enter -0-					5			1.	
		/Payments:											[Ï				
		stimated tax payn					ed to 20	17		6a			0.				ı	
		t foreign organiza								6b			0.					
	•	d with application			ne to file	(Form	8868)			6c			0.					
	-	withholding erro	_					-		6d			0.		,		_	
		redits and paymei			•		_	_,					ļ	_7			0.	
_		ny penalty for un								tached				_8			0.	
9		e. If the total of li												9			<u> </u>	
10		yment. If line 7 is					,		ount overpaid			1	•	10				
		ne amount of line				_		<u> </u>				Re	funded 📂	11				
_		A Statem											.			1	FAI-	
18	_	the tax year, did t	ne toundat	ion attem	ipt to int	luence	any natio	onal, sta	ate, or local leg	islation or	did it p	articipate	or intervene i	in	<u> </u>	Yes	No	
		itical campaign?	400				•		the element	00	40				1a	<u> </u>	X	
t		pend more than \$				-								tion	1b	├	X	
		nswer is "Yes" to						e activi	ties and copies	or any m	ateriais	puolisnea	or		ĺ			
		ited by the founda					s.								1.		.i	
		foundation file Fo			•		40	\							1c	├ ─-	X_	
C		ne amount (if any)											0		٠.			
	. ,	the foundation. ne reimbursement							dation manage			d on form	0.		- 1	·	1	
е			. (II ally) pa	10 by 111e 0		ion aur	ing the y	ear for	ponticai expen	unture tax	mpose	a on loun	auon				3	
2	•	ers. > \$ foundation engage	and in any			o not n	rowouch	, boon r	raparted to the	1000					ا ا		\mathbf{x}	
2		' attach a detailed					reviousiy	, neem i	eported to the	inor					2	├ ┈─	 ^-	
9		foundation made	•				tad to th	A IDC I	n ito governini	unetrume	nt artio	alac of the	rnoration of		-	1		
3		or other similar i				-				ilisuuilie	114, 01 116	2162 OI IIIC	יייייייייייייייייייייייייייייייייייייי		3	1	x	
A o		foundation have							_	ar2					4a	├-	X	
		has it filed a tax i			-		•	01 11101	e during the ye	.ш.				N/A		 	 ^	
		ere a liquidation, t				•		raction	during the ves	?				-1/11	5	-	X	
,		attach the statem						agrioti '	Jannig ino yea						<u> </u>	-		
6	•	requirements of s	•	,				rough 4	(945) satisfied	either*							1	
Ŭ		nguage in the gov			-	,0110110	1041 1111	ough 4	o io j danonio	J							*,	
	•	ate legislation that	-			ernina i	instrume	nt so th	nat no mandate	rv directi	ons that	t conflict v	uth the state	law	İ	1	1 ' "	
	•	in the governing i	-		ano gov	g		00	idi ili ili ili ili ili ili ili ili ili	,			The trio otato		6	х	*	
7		foundation have a			sets at a	nv time	durina 1	the vear	r? If "Yes." com	olete Pari	II. col.	(c), and P	art XV		7	X	 	
•					0010 011	,				, p. 10 10 1 u. 1	,	(0),			<u> </u>	 	 	
8a	Enter the	e states to which	the founda	tion reno	nts or w	ith whic	ch it is re	nistere	d. See instruct	ons. 🕨							1	
-	NY			о горо	31 111		10 10	3.0.0101							-		,	
h		iswer is "Yes" to li	ne 7. has ti	he found:	ation fur	nished	a conv o	of Form	990-PF to the	Attorney (General	(or design	ate)		-			
-		state as required										(s. 500igi	/		8ь	х		
9		undation claimin								ection 49	42(1)(3)	or 49420)(5) for calen	ıdar		 	\vdash	
•		17 or the tax year	-	•	•	•			_		**** /	, 55()	/(2) .S. Oulo		9	x	ľ	1
10		persons become										nes and add	esses S	гмт 6	<u> </u>	X	 	L
	3.2 2					<u> </u>	y ou		., unavi a selle					-				

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Pa	art VII-A	Statements Regarding Activities (continued)		_		
				T	Yes	No
11	At any time	e during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of				
	section 512	(2(b)(13)? If "Yes," attach schedule. See instructions		11		X
12	Did the fou	undation make a distribution to a donor advised fund over which the foundation or a disqualified person had advi	sory privileges?			
	If "Yes," att	tach statement. See instructions		12		Х
13	Did the fou	undation comply with the public inspection requirements for its annual returns and exemption application?		13	X	
	Website ad					
14	The books	are in care of LOCAL 1 SCHOLARSHIP FUND Telephon	e no. ► (718) 7	767-	700	4
	Located at	► 47-24 27TH STREET, LONG ISLAND CITY, NY	ZIP+4 ▶11	.101		
15	Section 49	947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			>	$\cdot \square$
	and enter t	the amount of tax-exempt interest received or accrued during the year	▶ 15	N	/A	
16	At any time	e during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,			Yes	
	securities,	or other financial account in a foreign country?		16		Х
	See the ins	structions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the				1
	foreign cou			<u> </u>		
Pa	rt VII-B	Statements Regarding Activities for Which Form 4720 May Be Required				
		n 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the	year, did the foundation (either directly or indirectly);			<i>2</i> *	
	.,	ge in the sale or exchange, or leasing of property with a disqualified person?	Yes X No			
	(2) Borrov	w money from, lend money to, or otherwise extend credit to (or accept it from)				
		ualified person?	Yes X No			
		sh goods, services, or facilities to (or accept them from) a disqualified person?	Yes X No			ł
		ompensation to, or pay or reimburse the expenses of, a disqualified person?	Yes X No	`		
	. ,	fer any income or assets to a disqualified person (or make any of either available	_ —	`		ĺ
		e benefit or use of a disqualified person)?	Yes X No			
	, , -	to pay money or property to a government official? (Exception. Check "No"		,		• ()
		foundation agreed to make a grant to or to employ the official for a period after				
		nation of government service, if terminating within 90 days.)	Yes X No			, i
b		ver is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	37 / 3	\\		
		.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	N/A	1b		L
	•	ons relying on a current notice regarding disaster assistance, check here	· ►□	1		ĺ
C		indation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not correct)d	1		.,
		first day of the tax year beginning in 2017?		1c		X
2		ailure to distribute income (section 4942) (does not apply for years the foundation was a private operating found	ation			l
		section 4942(j)(3) or 4942(j)(5)):		1	`	
		of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) be	ginning Yes X No			l
	before 2017		res _A_ No		î	
	·-	t the years , , , ,				,
		my years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to indifers is the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and		1		l
		n assets) to the year's undistributed income? (If applying section 4942(a)(2) to an year's listed, answer two and - see instructions.)	N/A	ah.		
_		•	N/A	2b		
	· ·	sions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.				
20	Oud the four	ndation hold more than a 2% direct or indirect interest in any business enterprise at any time				
	during the y		Yes X No			ĺ
		it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persi				
		169, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7				1
	-	s acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedu				1
	-	, to determine if the foundation had excess business holdings in 2017.)	N/A	3b		1
		ndation invest during the year any amount in a manner that would jeopardize its charitable purposes?	24/22	4a		X
		ndation meest during the year any amount in a mainter that would jobardize its charitable purposes. ndation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable p	arnose that	10		
		en removed from jeopardy before the first day of the tax year beginning in 2017?		4b		х
		790, 390, 390, 300, 300, 300, 300, 300, 3	Fo	rm 99 0)-PF	

Form 990-PF (2017) IUEC LOCAL 1 OF NYC SCHO			13-32514	142	F	age 6
Part VII-B Statements Regarding Activities for Which I	Orini 4720 May be i	required (contin	uea)		/ <u>-</u> -1	NI.
5a During the year, did the foundation pay or incur any amount to:	4045(0)\0		es X No	<u> </u> '	es/	No
 Carry on propaganda, or otherwise attempt to influence legislation (section Influence the outcome of any specific public election (see section 4955), o 	, ,,		ES LALINO	- 1	- 1	
any voter registration drive?	r to carry on, offectly of moir		es X No		- [
(3) Provide a grant to an individual for travel, study, or other similar purposes'	n		es X No			
(3) Provide a grant to an inclinious for travel, study, or other similar purposes (4) Provide a grant to an organization other than a charitable, etc., organization		10	ES CALINO	ĺ	· [
4945(d)(4)(A)? See instructions	i described in section		es X No	İ		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or adventional purposes, or		ES [A] NU			
the prevention of cruelty to children or animals?	or educational purposes, or		es X No			
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	for the exceptions described		S A NU	i	1	
section 53.4945 or in a current notice regarding disaster assistance? See instru	•	in regulations	N/A	5b	-	
Organizations relying on a current notice regarding disaster assistance, check h				-	-	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ined				
expenditure responsibility for the grant?			es No		١, ١	
If "Yes," attach the statement required by Regulations section 53.4945-5(d).	•	.,		1		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to j	nav nremilims nn		}			
a personal benefit contract?	say promitanto on		es X No			
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal henefit contract?			6b		Х
If "Yes" to 6b, file Form 8870.	orsonal bonom contract		Ė		ı,}₽̈́	<u> </u>
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?		es X No	Ì	3	
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b		
Part VIII Information About Officers, Directors, Trusto		nagers, Highly		 -		
Paid Employees, and Contractors			•			
1 List all officers, directors, trustees, and foundation managers and to	heir compensation.					
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expo	ense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	acc	ount, Iowan	otner
		ŀ				
SEE STATEMENT 7		0.	0.	,		0.
	·					
		ļ		1		
		1		1		
				١.		
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e)	Expe	ense
(a) Name and address of each employee paid more than \$50,000	devoted to position	(c) Compensation	and deferred compensation	all	lowan	ices
NONE				\top		
		Ì		ì		
				↓		
				1		

Total number of other employees paid over \$50,000

rm 990-PF (2017) IUEC LOCAL 1 OF NYC SCHOLARSHIP	FUND	13-3251442 Page
Part VIII Information About Officers, Directors, Trustees, Founda Paid Employees, and Contractors (continued)	tion Managers, High	ily
Five highest-paid independent contractors for professional services. If none, enter	r "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of se	rvice (c) Compensati
NONE		
	_	
		
		
		
tal number of others receiving over \$50,000 for professional services		•
art IX-A Summary of Direct Charitable Activities		
st the foundation's four largest direct charitable activities during the tax year. Include relevant statist		Expenses
umber of organizations and other beneficiaries served, conferences convened, research papers proc	luced, etc.	Lypenses
N/A		
		
		
		-
art IX-B Summary of Program-Related Investments		
escribe the two largest program-related investments made by the foundation during the tax year on	lines Tand 2.	Amount
N/A		
		
		
		
other program-related investments. See instructions	· · · · · · · · · · · · · · · · · · ·	
		
	· 	• 0
tal. Add lines 1 through 3		Form 990-PF (20

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ındatıons, see	instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	0. 58,685.
b	Average of monthly cash balances	1b	58,685.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	58,685.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	58,685.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	880.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	57,805.
6	Minimum investment return. Enter 5% of line 5	6	2,890.
P	art XI Distributable Amount (see instructions) (Section 4942(I)(3) and (I)(5) private operating foundations a foreign organizations, check here ▶ X and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2017 from Part VI, line 5	4 1	
b	Income tax for 2017. (This does not include the tax from Part VI.)	1	
C	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	1_7	
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	40,000.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	40,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	1.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	39,999.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	qualifies for the	section

Form **990-PF** (2017)

Part XIII Undistributed Income (s	see instructions)	N/A		
	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2016	2016	2017
1 Distributable amount for 2017 from Part XI,		-, -,	,	
line 7				
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only				
b Total for prior years:				
3 Excess distributions carryover, if any, to 2017:				
a From 2012	* *	2		
bFrom 2013	1		4	
c From 2014	1 '	,	^	
dFrom 2015	1 .		*	٠,
eFrom 2016	1		, , , , , , , , , , , , , , , , , , ,	
f Total of lines 3a through e	1 ~			
4 Qualifying distributions for 2017 from			3	*
Part XII, line 4. ►\$	* f			*
a Applied to 2016, but not more than line 2a		*	*	,
b Applied to undistributed income of prior	7			* *
years (Election required - see instructions)	\$.		, ,	*
c Treated as distributions out of corpus		· ·	,	/
(Election required - see instructions)		, , , , , , , , , , , , , , , , , , ,		
d Applied to 2017 distributable amount	*	, , , , , , , , , , , , , , , , , , ,		-, ^
e Remaining amount distributed out of corpus		, , , , , , , , , , , , , , , , , , ,	,	41
5 Excess distributions carryover applied to 2017		â (1	. >	<u></u>
(If an amount appears in column (d), the same amount must be shown in column (a))	*	* .	x , ,	
6 Enter the net total of each column as	* * * * * *	* *		
indicated below:	J			
& Corpus Add lines 3f 4c, and 4e Subtract line 5	3 **		2	
b Prior years' undistributed income. Subtract	100 B			* * *
line 4b from line 2b			1 : :	,
c Enter the amount of prior years'	*		*	, }
undistributed income for which a notice of	4.		, , ,	<i>i</i>
deficiency has been issued, or on which	3.		, č*;	` *
the section 4942(a) tax has been previously assessed	*		\$	` ,
d Subtract line 6c from line 6b. Taxable	* * .		·	2 * * * * .
amount - see instructions	* *		* *	``.'``
e Undistributed income for 2016. Subtract line	* **	*		
4a from line 2a. Taxable amount - see instr.	l i	1 ,		, ,
f Undistributed income for 2017. Subtract				
lines 4d and 5 from line 1. This amount must	**			
be distributed in 2018		4	,	
7 Amounts treated as distributions out of			*,	
corpus to satisfy requirements imposed by	:		*	3
section 170(b)(1)(F) or 4942(g)(3) (Election		k		
may be required - see instructions)				
8 Excess distributions carryover from 2012				
-		*		
not applied on line 5 or line 7				
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:		*1		
a Excess from 2013	┨ ゜゜			,
b Excess from 2014	-	†		1
c Excess from 2015	-			
dExcess from 2016	-			
e Excess from 2017	<u></u>	<u> </u>		<u> </u>

Part XIV Private Operating Fo	oundations (see inst			13 323	1442 Tage N
1 a If the foundation has received a ruling or			, <u>, , , , , , , , , , , , , , , , , , </u>		
foundation, and the ruling is effective for					/
b Check box to indicate whether the found	· ·	•	section X	4942(j)(3) or4942	2(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	·	Prior 3 years		<u> </u>
income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Totai
investment return from Part X for					
each year listed	129.	74.	63.	44.	310.
b 85% of line 2a	110.	63.	54.	37.	264.
c Qualifying distributions from Part XII,					
line 4 for each year listed	40,000.	20,000.	20,000.	21,000.	101,000.
d Amounts included in line 2c not					
used directly for active conduct of		1			
exempt activities	0.	0%	0.	0.	0.
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c	40,000.	20,000.	20,000.	21,000.	101,000.
3 Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter" (1) Value of all assets			i		0.
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0.
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed	1,927.	1,585.	1,335.	917.	5,764.
c "Support" alternative test - enter:	1 2/32/1	1/3031	1,3331		3,701.
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					0.
(2) Support from general public and 5 or more exempt organizations as provided in					0.
section 4942(j)(3)(B)(iii) (3) Largest amount of support from					
an exempt organization					0.
(4) Gross investment income					0.
Part XV Supplementary Info			if the foundation	had \$5,000 or moi	re in assets
at any time during the	ne year-see instru	ictions.)			
Information Regarding Foundation List any managers of the foundation who year (but only if they have contributed m	have contributed more th		ributions received by the f	oundation before the close	of any tax
NONE					
b List any managers of the foundation who other entity) of which the foundation has			or an equally large portion	n of the ownership of a part	tnership or
NONE	-				
2 Information Regarding Contribution Check here Inf the foundation or				ot accept unsolicited reques	ats for funds. If
the foundation makes gifts, grants, etc., t					
a The name, address, and telephone numb	er or email address of the	person to whom applica	ations should be address	ed.	
SEE STATEMENT 8			- <u></u>		
b The form in which applications should be	submitted and informatio	n and materials they sh	ould include:		
c Any submission deadlines:		- -			
d Any restrictions or limitations on awards,	such as by geographical	areas, charitable fields, l	kinds of institutions, or of	ther factors:	
			·		

3 Grants and Contributions Paid During the		Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
ALEXXIS LUGO (PAID TO COLLEGE OF		ACTIVE	EDUCATION	
STATEN ISLAND)		1	1	
2800 VICTORY BLVD.		}	1 1	
STATEN ISLAND, NY 10314	 	 		2,50
ARIANNA DECARO (PAID TO MONMOUTH		ACTIVE	EDUCATION	
UNIVERSITY) 400 CEDAR AVENUE			1	
WEST LONG BRANCH, NJ 07764		1		2,50
BRETT DOTY (PAID TO JOHNSON & WALES		ACTIVE	EDUCATION	
UNIVERSITY)				
8 ABBOTT PARK PLACE		1		
PROVIDENCE, RI 02903	<u> </u>	<u> </u>		1,500
COURTNEY FOLEY (PAID TO SUNY		ACTIVE	EDUCATION	
CORTLAND) PO BOX 2000 MILLER BUILDING ROOM 323		ľ	1	
CORTLAND, NY 13045				1,000
,		 		
DANIEL PULIS (PAID TO NASSAU		ACTIVE	EDUCATION	
COMMUNITY COLLEGE)	į.			
ONE EDUCATION DRIVE		1	1	
GARDEN CITY, NY 11530	<u> </u>	<u> </u>		2,00
	NTINUATION SHE	et(s)	▶ 3a	40,000
b Approved for future payment				
NONE	1			
NONE				
			}	
	 	 		
		 	 	
Total	<u></u>	4	▶ 3b	

Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income	Exclu	ided by section 512 513, or 514	(e)
Enter gross amounts amoss other most materials.	(a)	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	Business code	Amount	sion	Amount	function income
a	Couc	_			
. ———————					<u>.</u>
<u> </u>			-		
1	<u> </u>		-		
е	-	<u> </u>			
f					•
g Fees and contracts from government agencies	-				
2 Membership dues and assessments	_		_		
3 Interest on savings and temporary cash					
investments			14	129.	
4 Dividends and interest from securities	-		+		
5 Net rental income or (loss) from real estate:					
a Debt-financed property		<u>*</u> *			<u> </u>
b Not debt-financed property			+		
6 Net rental income or (loss) from personal			+		
property					
7 Other investment income			1		
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events			1		
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b		······································			
c		·			
d					
e					
12 Subtotal. Add columns (b), (d), and (e)	. % 6	0	• ** *	129.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	129.
(See worksheet in line 13 instructions to verify calculations.)					

Relationship of Activities to the Accomplishment of Exempt Purposes Part XVI-B

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
-	

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c)

Yes No

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

	(otner tr	nan section 50 i(c)(3) organ	nizations) or in sectio	in 527, relating	g to political organization	S.			
a	Transfer	rs from the reporting found	ation to a noncharital	ble exempt or	ganization of:			1 1	1
	(1) Cas	sh						1a(1)	X
	(2) Oth	er assets						1a(2)	X
b	Other tra	ansactions.							T^{-}
	(1) Sale	es of assets to a noncharita	ble exempt organizat	tion				1b(1)	X
		chases of assets from a no	· -					1b(2)	X
	` '	ital of facilities, equipment,	•					1b(3)	X
	٠,,	mbursement arrangements						1b(4)	X
		_						1b(5)	$\frac{1}{x}$
		ins or loan guarantees							$\frac{1}{x}$
	٠,	formance of services or me	•	•				1b(6)	
	_	of facilities, equipment, ma	-					1c X	
đ				_			market value of the goods, o		
	or service	ces given by the reporting fo	oundation. If the four	ndation receive	ed less than fair market v	alue in any transactio	n or sharing arrangement, s	now in	
	column	(d) the value of the goods,	other assets, or servi	ices received.					
a)∟	ine no	(b) Amount involved	(c) Name of	noncharitable	e exempt organization	(d) Description	n of transfers transactions and	sharing arranger	nents
C		0.	IUEC LOCA	L UNIO	N NO. 1	SEE ST.	ATEMENT 9		
_									
									
					····				
		-							
	\rightarrow		· · · · · · · · · · · · · · · · · · ·						
	-+		 -						
	-+								
			ļ						
2a	Is the fo	undation directly or indirect	tly affiliated with, or r	elated to, one	or more tax-exempt org	anizations described	_		
	ın sectio	n 501(c) (other than section	n 501(c)(3)) or in ser	ction 527?				X Yes	No
b	If "Yes," o	complete the following sche	edule.						
		(a) Name of org	janization		(b) Type of organization	п	(c) Description of relations	пр	
TJ.	EC L	OCAL 1			501(C)5	SEE STA	TEMENT 10		
		· 							
	2001	er penalties of perjury, I declare to belief, it is true, correct, and com-					ma)	the IRS discus	s this
Się	gn	11/1/11/11	polete Decimation of pre	space (onice that	/ / / / / / / / / / / / / / / / / / /	L /	, 1010	rn with the prep wn below? See	
Нe	re	MANTIN			4/27/18	Secretar	-Trasurer	Yes [⊒ No Ì
	Sig	nature of officer or trustee	<i>y</i>		Date	Title			
_		Print/Type preparer's na	ime	Preparer's si	gnature	Date	Check if PTIN		
		DANIEL A.		A	2011/2		self- employed		
Pa	id		WINIERS,	Clemet	allenus	6 4/V4/14 1		117570	_
		CPA		10000		227.7		017579	<u> </u>
	eparer		TEL A. WI	NTERS	& COMPANY,	CPAS	Firm's EIN ► 23 – 25	586/36	
Js	e Only								
		Firm's address ▶ 6	DICKINSON	DR ST	E 205				
			ADDS FORD				Phone no. 610-35	58-200	0
_				•				rm 990-P	
							1.0	, UUU - I I	(~~,

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Employer identification number

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule 8 (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

Employer identification number

TOEC	LOCAL I OF NYC SCHOLARSHIP FUND		3251442
Part I	Contributors (see instructions) Use duplicate copies of Part I if addr	tional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LOCAL NO. 1 ELEVATOR CONSTRUCTORS UNION OF NEW YORK AND VICI 47-24 27TH STREET LONG ISLAND CITY, NY 11101		Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Employer identification number

IUEC LOCAL 1 OF NYC SCHOLARSHIP FUND

13-3251442

art II	Noncash Property (see instructions) Use duplicate copies of P		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-			
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-			
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
- -		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
- -			
		\$	 990, 990-EZ, or 990-PF) (

Name of org	anization			Employer identification number
	OCAL 1 OF NYC SCHOLARS	HIP FUND		13-3251442
Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete of completing Part III, enter the total of exclusively religiou Use duplicate copies of Part III if addition	s, chantable, etc., contributions of \$1,000	O IN SECTION 501(c)(/), (8), 0 OWING line entry. For organizatio or less for the year (Enter this info onc	r (10) that total more than \$1,000 for ns
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
-		(e) Transfer of g	ift	· · · · · · · · · · · · · · · · · · ·
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
f		(e) Transfer of g	l ift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
}		(e) Transfer of g	ift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
-		(e) Transfer of g	ift	
-	Transferee's name, address, a			ansferor to transferee
			- 	

Part XV Supplementary Information	AL 1 OF NYC SO			251442
3 Grants and Contributions Paid During the Ye	ear (Continuation)			Τ
Recipient	If recipient is an individual,	Foundation	Dura and of grant or	
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
EMILY KERNAN (PAID TO WEST VIRGINIA UNIVERSITY)		ACTIVE	EDUCATION	
PO BOX 6009 ONE WATERFRONT PLACE MORGANTOWN, WV 26506-6009		<u> </u>		3,00
EMMA DEBOBES (PAID TO FASHION INSTITUTE OF TECHNOLOGY) 227 W. 27TH STREET		ACTIVE	EDUCATION	
NEW YORK, NY 10001				1,50
GIACOMO MELITO (PAID TO NEW YORK INSTITUTE OF TECHNOLOGY) PO BOX 8100		ACTIVE	EDUCATION	
OLD WESTBURY, NY 11568-8000		ļ		3,00
JESSICA PETINO (PAID TO MONTCLAIR STATE UNIVERSITY) 1 NORMAL AVENUE		ACTIVE	EDUCATION	
MONTCLAIR, NJ 07043				1,00
JILIAN WEHMAN (PAID TO SAM HOUSTON STATE UNIVERSITY) PO BOX 2026		ACTIVE	EDUCATION	
HUNTSVILLE, TX 77341-2026	<u> </u>	 		1,50
KAILA HAINDL (PAID TO LOYOLA UNIVERSITY MARYLAND) 4501 N. CHARLES STREET		ACTIVE	EDUCATION	
BALTIMORE, MD 21210				2,00
KATHLEEN SCERRA (PAID TO THE UNIVERSITY OF ALABAMA)		ACTIVE	EDUCATION	
203 STUDENT SERVICES CENTER BOX 870132 PUSCALOOSA, AL 35487-0132				1,00
MEAGHAN MCCORMACK (PAID TO PLATTSBURGH STATE UNIVERSITY OF NEW YORK)		ACTIVE	EDUCATION	
PLATTSBURGH, NY 12901				2,00
MICHAEL CUDAHY (PAID TO THE UNIVERSITY OF SCRANTON)		ACTIVE	EDUCATION	
SCRANTON, PA 18510	· · · · · · · · · · · · · · · · · · ·			3,00
MICHAEL MCDONAGH (PAID TO STONY BROOK UNIVERSITY) PO BOX 619		ACTIVE	EDUCATION	
STONEY BROOK, NY 11790-0619				3,00

Name and address (home or business) show any relationship to any foundation manager or substantial contributor show any relationship to any foundation manager or substantial contributor MICHAEL NUNES (PAID TO UNIVERSITY AT ALBANY) 1400 WASHINGTON AVENUE ALBANY, NY 12206 NICHOLAS D'ALESSANDRO (PAID TO DOMINICAN COLLEGE) 470 WESTERN HIGHWAY ORANGEBURG, NY 10962 NICOLE HAINDL (PAID TO LOYOLA UNIVERSITY MARYLAND) 4501 N. CHARLES STREET BALTIMORE, MD 21210 OLIVIA SHENKMAN (PAID TO THE COLLEGE OF NJ) PO BOX 7718 EWING, NJ 08628-0718 WILLIAM LOEWEN (PAID TO VILLANOVA UNIVERSITY) 800 LANCASTER AVENUE	3 Grants and Contributions Paid During the				
MICHAEL NUNES (PAID TO UNIVERSITY AT ALBANY) 1400 WASHINGTON AVENUE ALBANY, NY 12206 NICHOLAS D'ALESSANDRO (PAID TO DOMINICAN COLLEGE) 470 WESTERN HIGHWAY ORANGEBURG, NY 10962 NICOLE HAINDL (PAID TO LOYOLA UNIVERSITY MARYLAND) 4501 N. CHARLES STREET BALTIMORE, MD 21210 OLIVIA SHENKMAN (PAID TO THE COLLEGE OF NJ) PO BOX 7718 EWING, NJ 08628-0718 WILLIAM LOEWEN (PAID TO VILLANOVA UNIVERSITY) 800 LANCASTER AVENUE		any foundation manager	status of	Purpose of grant or contribution	Amount
ALBANY) 1400 WASHINGTON AVENUE ALBANY, NY 12206 NICHOLAS D'ALESSANDRO (PAID TO DOMINICAN COLLEGE) 470 WESTERN HIGHWAY ORANGEBURG, NY 10962 NICOLE HAINDL (PAID TO LOYOLA UNIVERSITY MARYLAND) 4501 N. CHARLES STREET BALTIMORE, MD 21210 OLIVIA SHENKMAN (PAID TO THE COLLEGE OF NJ) PO BOX 7718 EWING, NJ 08628-0718 WILLIAM LOEWEN (PAID TO VILLANOVA UNIVERSITY) 800 LANCASTER AVENUE	Maine and address (nome or pasiness)	or substantial contributor	recipient	<u> </u>	
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Total from continuation sheets		<u></u>	J		

FORM 990~PF INTEREST ON SAV	INGS AND TEM	PORARY CASH	INVESTMENTS	STATEMENT 1	
SOURCE			(B) INVESTMENT INCOME	(C) ADJUSTED NET INCOME	
AMALAGAMATED BANK		129.	129.	129.	
TOTAL TO PART I, LINE 3		129.	129.	129.	
FORM 990-PF	TAX	ES		STATEMENT 2	
DESCRIPTION	(A) EXPENSES PER BOOKS	NET INVEST-		(D) D CHARITABLE ME PURPOSES	
NEW YORK STATE DEPARTMENT OF LAW UNITED STATES TREASURY	25. 1.			0. 0. 0. 0.	
TO FORM 990-PF, PG 1, LN 18	26.	0		0. 0.	
FORM 990-PF	OTHER E	XPENSES		STATEMENT 3	
DESCRIPTION	(A) EXPENSES PER BOOKS	NET INVEST-		(D) D CHARITABLE ME PURPOSES	
BANK SERVICE CHARGE	93.	0	•	0. 0.	
TO FORM 990-PF, PG 1, LN 23	93.	0		0. 0.	
FORM 990-PF OTHER DECREASE	ES IN NET AS	SETS OR FUND	BALANCES	STATEMENT 4	
DESCRIPTION				AMOUNT	
ADJUSTMENT FOR SCHOLARSHIPS	PREVIOUSLY D	ISBURSED		13,824.	

FORM 990-PF OTH	ER LIABILITIES		STATEMENT 5
DESCRIPTION		BOY AMOUNT	EOY AMOUNT
SCHOLARSHIPS PAYABLE	_	49,175.	62,999.
TOTAL TO FORM 990-PF, PART II, LIN	E 22 =	49,175.	62,999.
	TANTIAL CONTRIBU	JTORS	STATEMENT 6
NAME OF CONTRIBUTOR	ADDRESS		-
LOCAL NO. 1 ELEVATOR CONSTRUCTORS UNION OF NEW YORK AND VICINITY	47-24 27TH STE		
SCHINDLER ELEVATOR	20 WHIPPANY RO MORRISTOWN, NO		
THYSSENKRUPP ELEVATOR	2600 NETWORK I	BLVD., SUITE 45	50

FORM 990-PF		T OF OFFICERS, I		STATI	EMENT 7
NAME AND ADDRESS		TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
JOSEPH HOULAHAN 47-24 27TH STREET LONG ISLAND CITY,		PRESIDENT 1.00	0.	0.	0.
MICHAEL RIEGGER 47-24 27TH STREET LONG ISLAND CITY,		SECRETARY - TR 1.00	REASURER 0.	0.	0.
WILLIAM BULGER 47-24 27TH STREET LONG ISLAND CITY,		TRUSTEE 1.00	0.	0.	0.
JOHN HOOK 47-24 27TH STREET LONG ISLAND CITY,		TRUSTEE 1.00	0.	0.	0.
BRIAN FIELDER 47-24 27TH STREET LONG ISLAND CITY,		TRUSTEE 1.00	. 0.	0.	0.
CONSTANTINE KAZIS 47-24 27TH STREET LONG ISLAND CITY,		TRUSTEE 1.00	0.	0.	0.
TOTALS INCLUDED ON	N 990-PF, PAGE 6	, PART VIII	0.	0.	0.

FORM 990-PF

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

STATEMENT

8

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

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

TELEPHONE NUMBER

718-767-7004

FORM AND CONTENT OF APPLICATIONS

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

ANY SUBMISSION DEADLINES

DECEMBER 31, 2017

RESTRICTIONS AND LIMITATIONS ON AWARDS

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

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

NAME OF NONCHARITABLE EXEMPT ORGANIZATION

IUEC LOCAL UNION NO. 1

DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS

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

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

STATEMENT 10

NAME OF AFFILIATED OR RELATED ORGANIZATION

IUEC LOCAL 1

DESCRIPTION OF RELATIONSHIP WITH AFFILIATED OR RELATED ORGANIZATION

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