Form **990** 

Return of Organization Exempt From Income Tax

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

2016

Department of the Treasury	/ Do not en
Internal Revenue Service	► Information

	rtment of the	ne Treasury	<u> </u>		on about Form 99			•	, ,	11(C	Inspection	4.	
_			ar year, or tax ye			o and its insti		15 at www.irs.go 1 , 2016, and e		10	9-30 ,2017	<u> </u>	
	Check if ap		C Name of organiza		<del></del>	AFL-CIO	10-0.	,	9	Ť	D Employer identification no		
E3	Address ch		Doing business as			<u></u>		<del></del>			22-1010700	-	
$\neg$	Name char	nge			if mail is not delivered to	street address)		<del></del>	Room/suite		E Telephone number	_	
	initial retur	'n	19-33 FE	NWICK S	TREET	•			1		(973)824-7322		
	Final return	n/terminated			country, and ZIP or foreig	n postal code		7			1,987,233	_	
	Amended r	eturn	NEWARK, 1	NJ 0711	.4						G Gross receipts \$		
	Application	pending	F Name and addres	s of principal	officer CLIFTC	N SMITH	JR.		H(a) is this a gr	oup return f	for subordinates? Yes X No	0	
		]	SAME AS	C ABOVE	<u> </u>				H(b) Are all su	ubordinate	es included? Yes No	0	
	Tax-exemp	t status	501(c)(3) 🔀 50	01(c) ( <b>5</b>	) (insert no )	4947(a)(1) or	<u> </u>		If "No	o," attach	a list (see instructions)		
<u>J</u>	Website	► N/A				{			H(c) Group	exemption	n number		
	Form of org			rust 🗌 Asso	ociation Other		L	Year of formation	1892 M SI	ate of leg	al domicile <b>NJ</b>		
Pa	rt I	Summar	у				!						
	1	TO PI	ROMOTE THE BEST										
9		INTEREST	S OF ITS ME	MBERS								_	
aŭ	j .			· · · · · · · · · · · · · · · · · · ·	_								
Governance		<del></del>			<del> </del>							_	
Ó					discontinued its op		-			1	I		
	1		•	Ū	ning body (Part VI,	•					1	<u>.3</u>	
es				•	s of the governing b	• •	•				<del> </del>	0	
4≥	1				calendar year 2016	•	•			5	<del> </del>	4	
O'Activities &	- 1		of volunteers (es		• •					6		.0	
Ö					Part VIII, column (C) from Form 990-T, lir					· 7a	<del></del>	0	
		iver uniferated	J DUSINESS LAXADI	e income i	1011 -0111 990-1, 111	16 24	<del></del>	· · · · · · · · · · · · · · · · · · ·			<del> </del>	0	
	8	Contributions	and grants (Part	t VIII. line 1	1h)				Prior Year		Current Year	_	
	9		53,09	6 1 974 74	<u>v</u>								
S S	10											_	
8 Revenue	11		•	•	es 5, 6d, 8c, 9c, 10d			F		10,64 3,58		_	
38	12				nust equal Part VIII			<b>)-</b>	1 76	57,32		_	
					(, column (A), lines					50,33		_	
	ţ				, column (A), line 4)					70755		0	
				•	benefits (Part IX, c		es 5-10)		86	54,93	8 813,25	1	
Expenses	)		•		olumn (A), line 11e)	, ,	•	[				0	
ě			•	•	ımn (D), line 25)			0	y.		** (, , , ;	_	
EX	17	Other expens	ses (Part IX, colu	mn (A), lın	es 11a-11d, 11f-24e				46	51,37	3 534,66	0	
	18	Total expense	es Add lines 13-	17 (must e	equal Part IX, colum	n(A), line 25)			1,37	76,64	3 1,407,27	4	
	19	Revenue les	s expenses Sub	tract line 1	8 from line 12 · ·	I KE	CEI\	/FD	39	0,67	9 579,95	9	
5	<u>8</u>					989		70	Beginning of Curr	ent Year	End of Year	_	
sets	20	Total assets	(Part X, line 16)				6 '9' 6 '	2010 . 100	4,02	27,53	0 4,693,48	9	
Net Assets or	21 21		s (Part X, line 26)			[3] AU	Ģ <b>[2] Q</b> ;	2018	1,30	5,00	0 1,391,00	0	
				Subtract I	ne 21 from line 20			<u></u>	2,72	22,53	0 3,302,48	9	
	rt II	<del></del>	re Block	7)	<del></del>	MA	JEN.	UT	<del></del>				
					i, including accompanying er) is based on all inform				nowledge and belief	, it is	1 .		
			11/	1 1			·				10/12/10	_	
Sig	n	Signatur	e of office	Dy.						<b></b>	810/1x	_	
Hei	Į,		. •							Dat			
1161			onnt name and title	R, SEC.	RETARY TREAS	JREK					<del></del>	_	
		<del></del>			Proporter M.	1		Date	Charl	<del>                                     </del>	DTIN	7	
Pai	d	Print/Type pre			Preparer Sonature	1			Check	_	PTIN POOLEO357	Ĭ.	
	parer	PAUL F		CTOP A	OLDBLAT AND	COMPANY L		08-03-2018	self-emp	oyeu	P00069357	_,	
	e Only				TNUT STREET	CONTANT L	<u> </u>	· · · · · · · · · · · · · · · · · · ·	Phone no			_	
	,	riiii s accires:		ION NJ					T HONG TO	908-9	964 - 5888		
Mav	the IRS	discuss this			own above? (see ins	structions)			<del></del>		· · · · X Yes No	_	
					arate instructions		<del></del>				Form 990 (2016	_	

	1990 (2016) LOCAL 1233, ILA, AFL-CIO	22-101070	00 Page <b>2</b>
P.a	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	• • • • • • • •	· · · · · · <u> </u>
,	LABOR UNION ORGANIZATION TO PROMOTE THE BEST INTERESTS OF ITS MEMBERS		
	HABOR UNION ORGANIZATION TO PROMOTE THE BEST INTERESTS OF ITS MEMBERS		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	· · · 🗌 Yes	X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	_	_
	services? · · · · · · · · · · · · · · · · · · ·	· · · 🗌 Yes	x No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	-	
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers,	
	the total expenses, and revenue, if any, for each program service reported		
	(0-1		
4a	(Code) (Expenses \$1,407,274 including grants of \$) (Revenue	\$1,9	87,233)
	LABOR UNION ORGANIZATION TO PROMOTE THE BEST INTERESTS OF ITS MEMBERS.		
			<del></del>
4b	(Code) (Expenses \$ including grants of \$ ) (Revenue	\$	)
			<del></del>
			·· <del>-</del> .
4c	(Code ) (Expenses \$ including grants of \$ ) (Revenue	\$	)
			·
			<del></del> -
<del></del>			
4d	Other program services (Describe in Schedule O )		
	(Expenses \$ including grants of \$ ) (Revenue \$		<del></del>
40	Total program service expenses ► 1,407,274		orm <b>990</b> (2016)
EEA		r	OITH 550 (2010)

Form 990 (2016) Checklist of Required Schedules Page 3 Part IV Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 

2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<del>                                     </del>	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I · · · · · · · · · · · · · · · · · ·	6		X
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		Χ_
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	1		
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u>X</u> _
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,	~»,	, ` a` 'ab	), #
	VII, VIII, IX, or X as applicable	,£	-\$2	2
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	ļ		
	complete Schedule D, Part VI	11a	X	
Ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			7.
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110	 	<u>X</u>
u	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11d		v
•	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11e	х	<u>X</u> _
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116	^-	
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	$\mathbf{x}$	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>			
	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
-	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u> _
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II · · · · · · · · · · · · · · · · · ·	18	$\square$	<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19	لــــا	X
		Earm	990 (2	M461

Checklist of Required Schedules (continued)

Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Х 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 Х Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated 23 Х 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a 24a Х Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I 25a 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? 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 26 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee. substantial 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 Х Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions) 28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b Х An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, 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 contributions? If "Yes," complete Schedule M ............... 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 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 Х 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, 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)? X 35a 35a 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 36 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, X Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38 19? Note. All Form 990 filers are required to complete Schedule O

	1990 (2016) LOCAL 1233, ILA, AFL-CIO 22-101	700_	F	age (
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	· · ·	
4.	Follows at the Property of the		Yes	No
1a		<u>.5</u> ] 🐫 🎏	13	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	이스	K	1 3
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	å	å	\$ .
0-	reportable gaming (gambling) winnings to prize winners?	· 1c	<del> </del> _	<del></del> -
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		, î	1. 1.
	Statements, filed for the calendar year ending with or within the year covered by this return	4 🔭		. 4
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	·   2b	X	<del>, ,</del>
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	·	1252	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	• <u>3a</u>	<del> </del>	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	· <u>3b</u>	<b>├</b>	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	1		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	·   4a	<u> </u>	X
ь	If "Yes," enter the name of the foreign country		À	£ \
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	* X	1	16
_	(FBAR)	****	3	, ,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	• <u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	. <u>5</u> b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	· 5c		
6a	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 chantable contributions?	. <u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	ļ	[	
	gifts were not tax deductible?	. <u>6b</u>		
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	`\&	. 2	
	and services 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	ļ	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ĺ	<b>)</b> '	
	required to file Form 8282?	- 7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	J "	ix.	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	70		<u>X</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7. 3 	×	er .
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			¥.
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	* * .	3 3
а	Initiation fees and capital contributions included on Part VIII, line 12		<., ·	3, 4
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_	,	
11	Section 501(c)(12) organizations. Enter	** *		٠,
а	Gross income from members or shareholders	_ ^ *		:
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )	_ <u> </u>		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	_] ]		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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	] [		
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
EEA		Form	990 (	2016)

Form	1990 (2016) LOCAL 1233, ILA, AFL-CIO 22-1010	700	ı	⊃age 6
Pa	rt 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	éx	4.3°	1/
	If there are material differences in voting rights among members of the governing body, or	]	13. 3	``````````````````````````````````````
	if the governing body delegated broad authority to an executive committee or similar	*5.	17.	
	committee, explain in Schedule O	* 44.7	1 3	
b	Enter the number of voting members included in line 1a, above, who are independent		W . W	, ,
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	7	^	
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customanly performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	}	X
4	Did the organization make any significant changes to its governing documents since the prior Form 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	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	X	_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	_7b_		_X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	***	2× 5×	ja s
	the year by the following	,	No.	1.
а	The governing body?	8a	X	Ĭ
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	<u> </u>	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		l	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	`&	\$ \$,	1
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b		L
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		ļ	
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13	<b></b>	X
14	Did the organization have a written document retention and destruction policy?		3 25	X
15	Did the process for determining compensation of the following persons include a review and approval by		\ \ \\	1
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	42.3	l	) h
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	ļ
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	1	, ,	
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	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	Ì		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		-	
<u> </u>	organization's exempt status with respect to such arrangements?	16b	L	L
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed  New Jersey			
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)			
	available for public inspection. Indicate how you made these available. Check all that apply			
	Own website			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial 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)824-7322, 19-33 FENWICK STREET, NEWARK, NJ 07114			
EEA		Form	990 (	2016)

_			
-orm	990	(2016)	

LOCAL 1233, ILA, AFL-CIO

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

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

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

- 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

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

(A) Name and Title	(B)  Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)  Former  Former  Former  Former  Former  Former  Former  Former  Former  Former				(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations		
(1) WILLIAM DUDLEY PRESIDENT	40.00			x				192,003	185,000	35,031
(2) HERBERT HALL VICE PRESIDENT	40.00			Х				215,502	140,784	19,870
(3) CLIFTON SMITH JR.  SECRETARY TREASURER	40.00			х				215,502	25,000	19,870
(4) LINDA WILKINS EXECUTIVE BOARD/DELEGATE	1.00			х				3,820	0	0
(5) DEVIN WELLS EXECUTIVE BOARD/DELEGATE	1.00	_		х	_}			3,820	0	0
(6) DWIGHT SPEIGHT  EXECUTIVE BOARD/DELEGATE	1.00_			х	_			2,500	0	0
(7) MICHAEL BARNES EXECUTIVE BOARD/DELEGATE	1.00			х				1,945	0	0
(8) VICTOR THOMAS EXECUTIVE BOARD/DELEGATE	1.00			х				5,436	0	0
(9) ROBIN SUGGS EXECUTIVE BOARD/RECORDING SECRETARY	1.00_			х				4,116	0	0
(10)ANTHONY BROWN EXECUTIVE BOARD/DELEGATE	1.00			х				2,500	0_	00
(11)BETTY HOOKER EXECUTIVE BOARD/DELEGATE	1.00			Х			ì	2,500	0	0
(12)JOHN SHARPE EXECUTIVE BOARD/DELEGATE	1.00			x			_	2,500	0_	0
(13)SEAN D JONES EXECUTIVE BOARD/DELEGATE	1.00			х				2,500	0	0
(14)NORMAN JACKSON EXECUTIVE BOARD/DELEGATE	1.00		_	х			j	2,500	0	0
EEA										Form <b>990</b> (2016)

Section A. Officers, Directors, Trustees,	Key Employ	ees, ar	nd H	lighe	est (	Comp	ens	ated Employees (	continued)			
	(C)								}			
(A)	(B)	(do no	ot che	Posi ck mo		an one		(D)	(E)		(F)	
Name and title	hours per veek (list any veek (list any veek)								1 '	ı	timated ount of	
•									1 '	1	other	
	hours for related	Individual trustee or director	Institutional trustee	Officer	Key	empt empt	Former	the organization	organizations (W-2/1099-MISC)		ensation	nc
	organizations	ecto	탕	ª	key employee	oyee	₫	(W-2/1099-MISC)	(44-2/1033-14/130)		anızatıo	ın
	below dotted	l sus	흔		oyee	, and					d related	
	""""	8	stee	·		Highest compensated employee				loiga	nizatioi	15
			,	.		<u>e</u>	[			1		
			ļ	.		ļ	ĺ					
(15)DANNY LYNN	1.00			$\neg$								
EXECUTIVE BOARD/DELEGATE		1_1		_X			L_	625	0	ļ		0_
(16)JAMES_VINING	1.00		j	_ }		)	ŀ	'		Ì		
EXECUTIVE BOARD/DELEGATE	<del></del>			X				2,500	0_	<del> </del>		0
(17)MALIK KNIGHT EXECUTIVE BOARD/DELEGATE	1.00		ļ	X				2 601		1		^
(18)LAMONT JONES	1.00		一	_	_			2,691	0	<del> </del>		0
EXECUTIVE BOARD/DELEGATE				х				1,875	0			0
(19)												
		<b> </b>	_							<u> </u>		
(20)			- {	l					1	1		
(04)		<del>  </del>		{	_					<del> </del>		
(21)	}	}										
(22)	-		$\dashv$	-					<del></del>	<del> </del>		
(42)			1	- }					1			
(23)				$\neg$								
										ļ		
(24)			}	1								
(05)	ļ				_					┼		
(25)	h	} }										
1b Sub-total	<u> </u>	<u></u>	L							$\vdash$		
c Total from continuation sheets to Part VII, Sectio	n A									<del>                                     </del>		
d Total (add lines 1b and 1c)							•	664,835	350,784		74,7	71
2 Total number of individuals (including but not limited	to those liste	d abov	e) w	ho r	ece	ved m	ore					
reportable compensation from the organization									3			
			_								Yes	No
3 Did the organization list any former officer, director,			-		-			ensated			ాపి ∤	. J
employee on line 1a? If "Yes," complete Schedule J  For any individual listed on line 1a, is the sum of rep.										3	<del> </del>	X
organization and related organizations greater than 9	-					•				1	» ·	<b>₹</b> ~
Individual · · · · · · · · · · · · · · · · · · ·				-					<i>.</i>	4	$\tilde{\mathbf{x}}$	
5 Did any person listed on line 1a receive or accrue co	mpensation	from ar	ny ur	rela	ted	organi	zatio	on or individual				
for services rendered to the organization? If "Yes," c	-		-			•				5		X
Section B. Independent Contractors												
1 Complete this table for your five highest compensate												
compensation from the organization Report comper	nsation for the	e calen	dar	year	end	ling wi	th or	within the organiza	ation's tax			
year								T	<del></del>			
(A) Name and business address								(B) Description of s	PADUROS		C)	
Trumo and outsiness dudiess								Description of s		Compe	nsation	
								<del> </del>				
6 Table makes find an add to the total to the		1 10 14 .		-4-				<u> </u>		<del></del>		
2 Total number of independent contractors (including to received more than \$100,000 of compensation from			se (i: ▶	sied	a00	ve) W	10					
required more than \$100,000 or compensation from	Jigainza		•									_

Page 9

		Check if Schedule O contains a response or no	te to any line in this	s Part VIII · ·	<del></del>	· · · · · · · · · · · · · · · · · · ·	<u> </u>
7	_ <del></del>			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
8 tz	1a`	Federated campaigns 1a		~ ′		, ,	
ant omi	ь	Membership dues 1b	1	]	, ,		, , , , ,
ŌĚ	С	Fundraising events 1c		, 1	•		
ilar ilar	d	Related organizations 1d			`		, , ,
s, (Sim	e	Government grants (contributions) · · 1e		\$ *	<b>,</b>	**9	
er (	f	All other contributions, gifts, grants,		ł,	, ,	***	,
퉏	1	and similar amounts not included above 1f	<u></u> _	, , ,	. * `	45 N	· · · · · · · · · · · · · · · · · · ·
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f \$		, , , , , , , , , , , , , , , , , , ,	, >,		. , ,
	h	Total. Add lines 1a-1f			*		***
•		1	Business Code	* * · · · · · · · · · · · · · · · · · ·			
nua/	2a						
Ş	b			ļ	<del></del>		
Z	C			<del> </del>		-	
Program Service Revenue	d				<del></del>		
gran		All other program service revenue	900099	1,974,745	1,974,745	<u>'</u>	
S.	1	Total. Add lines 2a-2f		1,974,745		, 1, 1, 1,	Z S. 4
	<del>                                     </del>	Investment income (including dividends, interest,		1,3/1,/12	<u>`</u> <u>`</u>	;;;_;_;	
	3	and other similar amounts)		11,103	11,103		
	4	Income from investment of tax-exempt bond proce				_ <del></del>	
	5	Royalties					
	ļ .	(i) Real	(II) Personal		, , , , , , , , , , , , , , , , , , , ,		*** · . ` ` ` ` .
	6a	Gross rents		[ * * * * * * * * * * * * * * * * * * *			
	b	Less rental expenses · · · ·			F		
	С	Rental income or (loss) · · ·	<u> </u>		:	and the same	·
	d	Net rental income or (loss) · · · · · · · · ·	· · · · · · <b>&gt;</b>		<u> </u>		7 2.
	7a	Gross amount from sales of (i) Securities	(ii) Other				
	}	assets other than inventory			S. 10. 14. 17	Any The Table	
	b	Less cost or other basis	}				
		and sales expenses · · · · Gain or (loss) · · · · · ·	<del></del>		in the same		
	1	Net gain or (loss)			, ·	Le de vier de	م ا ا ا
ē	l	Gross income from fundraising			* * *	* 45	V . 1. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
eune	"	events (not including \$	}	, " 'n, .			,
ě		of contributions reported on line 1c)			35 1		
Other Rev		See Part IV, line 18 · · · · · · · a	i	, 4			^
ŧ	b	Less direct expenses b			`	, , , , , , , , , , , , , , , , , , , ,	^ ,
	C	Net income or (loss) from fundraising events -		l			
	9a	Gross income from gaming activities					
		See Part IV, line 19 · · · · · · · · a		,	}	1	ı
	1	Less direct expenses b					
	C	Net income or (loss) from gaming activities • •	<u> </u>	ļ			<del></del>
	10a	Gross sales of inventory, less returns and allowances a					
	b	Less cost of goods sold $\cdots \cdots b$		_	l		
	_ c	Net income or (loss) from sales of inventory · ·			<u> </u>	ļ	<del>_</del> _
		Miscellaneous Revenue	Business Code				
	1 .	REIMBURSED EXPENSES	900099	1,385	1,385		<del></del>
	b			<del> </del>	<del> </del>	<del> </del>	
	C	All of		<del> </del>	<del> </del>	<del> </del>	
	1	All other revenue		1 205	<del> </del>	<del> </del>	<del> </del>
	1	Total. Add lines 11a-11d · · · · · · · · · · · · · · · · · ·		1,385		0	
FFA	114	Town 1646/146. Occ manufactions		1 1,701,233		<u> </u>	Form 990 (2016)

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) (C) Do not include amounts reported on lines 6b, 7b, Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 41,480 2 Grants and other assistance to domestic individuals See Part IV, line 22 . . . . . 17,883 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 5 Compensation of current officers, directors, 623,007 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 . . . . . . . . . . . . . 71,150 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 41,865 9 38,626 10 38,603 Fees for services (non-employees) 11 85,855 Accounting 23,250 , y\* Professional fundraising services See Part IV, line 17 . Investment management fees . . . . . . . . . . . . . . . . . . Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) · · 11,120 12 Advertising and promotion . . . . . . . . 53,803 13 14 15 16 56,989 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 78,759 20 21 22 Depreciation, depletion, and amortization . . . . . . 32,244 23 27,515 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) TRUSTEE FEES 36,548 EQUIPMENT LEASING 26,390 PICNIC EXPENSE 27,390 d REPAIRS AND MAINTENANCE 23,517 e All other expenses 51,280 Total functional expenses. Add lines 1 through 24e 0 0 25 1,407,274 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

Form 990 (2016) **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X

		Check if Schedule O contains a response or note to any line in this Part X	(A)		(B)
		•	Beginning of year		End of year
1	1 (	Cash - non-interest-bearing	2,964,201	1	3,673,037
2	<b>2</b> `S	Savings and temporary cash investments		2	
3		Pledges and grants receivable, net		3	
4	4 A	Accounts receivable, net		4	
5	5 L	oans and other receivables from current and former officers, directors,			
1		rustees, key employees, and highest compensated employees		. ~	
		Complete Part II of Schedule L	كُنْ سُمَّنَ مَنْ اللهِ الله	5	
Ι (	6 L	oans and other receivables from other disqualified persons (as defined under section	``		\$ 47 E
Ì		i958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and		, \$1.3°	
		ponsonng organizations of section 501(c)(9) voluntary employees' beneficiary	Shell of the	*, *	
		organizations (see instructions) Complete Part II of Schedule L	, , , , , , , , , , , , , , , , , , ,	6	( ,
. 7		Notes and loans receivable, net	831,961	7	821,328
ets   8		nventories for sale or use	032/302	8	021,320
× 1		Prepaid expenses and deferred charges	·····	9	
٦ ]		and, buildings, and equipment cost or		*	
'`		other basis Complete Part VI of Schedule D 10a 620,516		*****	
)		Less accumulated depreciation · · · · · · · · · · 10b 421,392	231,368	10c	199,124
11		nvestments - publicly traded secunities	231,308	11	199,144
12		nvestments - other securities   See Part IV. line 11	<del></del>	12	<del> </del>
13		nvestments - program-related See Part IV, line 11	<del></del>	13	
14		ntangible assets		14	<u> </u>
		Other assets See Part IV, line 11		15	
15			1 007 700	16	1 500 100
17		Fotal assets. Add lines 1 through 15 (must equal line 34)	4,027,530	17	4,693,489
18		Grants payable		18	
- 1				19	
19		Deferred revenue		20	
20		·		21	
2		Escrow or custodial account liability Complete Part IV of Schedule D	^ \$ **	<u>~~</u> ,	# 1 50°
Liabilities		Loans and other payables to current and former officers, directors,		1 1	
		rustees, key employees, highest compensated employees, and	··· · · · · · · · · · · · · · · · · ·	22	_4 _^ 2.~
흥		disqualified persons Complete Part II of Schedule L		23	
23		Secured mortgages and notes payable to unrelated third parties		24	
24		Unsecured notes and loans payable to unrelated third parties		- 24	
25		Other liabilities (including federal income tax, payables to related third			
Ì		parties, and other liabilities not included on lines 17-24). Complete Part X		25	
		of Schedule D	1,305,000	25 26	1,391,000
26		Total liabilities. Add lines 17 through 25	1,305,000		1,391,000
ဖွာ		Organizations that follow SFAS 117 (ASC 958), check here  ▶ □ and			la sé a
ဦ		complete lines 27 through 29, and lines 33 and 34.			. · · · · · · · · · · · · · · · · · · ·
<u>    27</u>		Unrestricted net assets	<del></del>	27	
28		Temporarily restricted net assets			
E 29		Permanently restricted net assets		29	<u> </u>
F		Organizations that do not follow SFAS 117 (ASC 958), check here	, ,		
<u> </u>		complete lines 30 through 34.			· · · · · · · · · · · · · · · · · · ·
set 30		Capital stock or trust principal, or current funds		30	
Š 3		Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances		Retained earnings, endowment, accumulated income, or other funds	2,722,530	32	3,302,489
33		Total net assets or fund balances	2,722,530	33	3,302,489
34	4 1	Total liabilities and net assets/fund balances	4,027,530	34	4, 693,489 Form 990 (2016)

	990 (2016) LOCAL 1233, ILA, AFL-CIO	22-101070	00	Page	e 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u> ]	
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1	1,9	87,23	3
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	1,4	07,27	4
3	Revenue less expenses Subtract line 2 from line 1	. 3	5	79,95	9
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4	2,7	22,53	0
5	Net unrealized gains (losses) on investments	. 5			
6	Donated services and use of facilities	. 6			
7	Investment expenses				
8	Pnor penod 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	3,3	02,48	9
Pa	rt XII Financial Statements and Reporting			_	
	Check if Schedule O contains a response or note to any line in this Part XII	<u> <del>.</del></u> .		· · · [	]
				Yes !	No
1	Accounting method used to prepare the Form 990		[ <u>.</u> , `.).	, 8	br S
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		37-	Way.	, keg
	Schedule O				Ļ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		" A Arm	3	£1,
	reviewed on a separate basis, consolidated basis, or both		1 2	38.	,\
	Separate basis Consolidated basis Both consolidated and separate basis			)( P	
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		3 %	*9   **	
	separate basis, consolidated basis, or both			,	**
	∑ Separate basis  ☐ Consolidated basis  ☐ Both consolidated and separate basis		×   2	·*·	es.
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			»   *.	**
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	·
	If the organization changed either its oversight process or selection process during the tax year, explain in		1 1	id j.	***
	Schedule O		3		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		1 1		
	the Single Audit Act and OMB Circular A-133?		3 <u>a</u>		<u>X_</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u> </u>	3b		
EEA			Form 9	9 <b>90</b> (20	16)

## SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047 2016

Open to Public Inspection

Name	of the organization	Employer identification number
<u>L0</u>	CAL 1233, ILA, AFL-CIO	22-1010700
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accour	nts.
_	Complete if the organization answered "Yes" on 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		
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	Пу Пи.
_	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · 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	п., п.,
<b>D</b> -	conferring impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·
Pa	rt II <sup>*</sup> Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7	<del></del>
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)	mportant land area
	Protection of natural habitat Preservation of a certified his	tonc structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation	ervation
	easement on the last day of the tax year	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	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 organization	
•	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?	
6		
0	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ease	monte during the year
7		ments during the year
	► \$	4)
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)	·
_	and section 170(h)(4)(B)(II)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense stateme	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that c	describes the
	organization's accounting for conservation easements	an Cimilan Appara
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on 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 and	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furth	nerance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and bala	ince sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furth	nerance of
	public service, provide the following amounts relating to these items	
	(i) Revenue included on Form 990, Part VIII, line 1	· · · · · <b>&gt;</b> \$
	(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, pr	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1	▶ \$
h	Assets included in Form 990, Part X	
===	Associated Pediatrian Act Nation and the Instructions for Form 900	

	rt III Organizations Maintaining C			Art Hint	orical Tr	200011700	- O4b	22-1010	
3				<del></del>				<del></del>	ets (continuea)
3	Using the organization's acquisition, accession,	and oth	ier recoras,	cneck any o	it the follow	ing that are a	significa	ant use of its	
_	collection items (check all that apply)								
a	Public exhibition			oan or excha	inge progra	ams			
b	Scholarly research		e 📙 O	ther					
С	- Constitution of the cons								
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part								
	XIII								
5	During the year, did the organization solicit or red						lar		
	assets to be sold to raise funds rather than to be			t of the orga	inization's c	collection?		<i></i>	· Yes No
Par	rt IV Escrow and Custodial Arrang			_					
	Complete if the organization ar	nswer	ed "Yes"	on Form 9	990, Parl	t IV, line 9,	or rep	orted an amour	nt on Form
	990, Part X, line 21						_		
1a	Is the organization an agent, trustee, custodian of	or other	ıntermedia	ry for contrib	utions or o	ther assets no	ot		
	included on Form 990, Part X?								. Yes No
b	If "Yes," explain the arrangement in Part XIII and	comple	ete the follo	wing table					<del></del>
	•			•			Γ.	Amo	unt
С	Beginning balance						10	:	
ď	Additions during the year						10	1	
е	Distributions during the year						. 16	,	
f	Ending balance							<del></del>	
2a	Did the organization include an amount on Form								· · Yes No
b	If "Yes," explain the arrangement in Part XIII Ch						-		
	rt V Endowment Funds.			4.14.017.1120	Dodn prom	dod oirr ditri			
	Complete if the organization ar	nswer	ed "Yes"	on Form 9	990. Parl	t IV. line 10	)		
		1	Current year		or year	(c) Two years		(d) Three years back	(e) Four years back
1a	Beginning of year balance	(4)	our one year	(8) 11	ior year	(c) Two years	Dack	(d) Thee years back	(c) Tour years back
b	Contributions			<del>-</del>					
c	Net investment earnings, gains, and	ļ				-	-		<del>                                     </del>
·	losses								
d	Grants or scholarships	<u> </u>	<del></del>			· · · · · · · · · · · · · · · · · · ·			
e	Other expenditures for facilities and					<b></b>		<del></del>	<del></del>
·	programs · · · · · · · · · · · · · · · · · · ·	ĺ							
	Administrative expenses	<del> </del>		<del></del>					<del> </del>
'	End of year balance			<del> </del>				<del></del>	<del> </del>
g 2	Provide the estimated percentage of the current	V02r or	nd halanco /	lino 1a colu	mp (a)) bal	ld as			<u> </u>
_	Board designated or quasi-endowment	year er	%	ille ig, colu	iiiii (a)) iiei	u as			
a									
b			0/						
С	Temporarily restricted endowment		_ %						
20	The percentages in lines 2a, 2b, and 2c should are there endowment funds not in the possession				المسامسة اسام		41-0		
3a		ni oi the	organizan	on mat are n	eiu anu aui	ministerea ioi	uie		Yes No
	organization by								
	(i) unrelated organizations								
L	(ii) related organizations			Cabadula D					3a(ii)
b	If "Yes" on 3a(ii), are the related organizations lis				<i>,</i>				3b
<del>-</del>	Describe in Part XIII the intended uses of the org		on's endow	nent tungs	·				
Га	Complete if the organization ar		ad "Vae" .	on Form (	200 Pad	+ I\/ line 11	2 500	Form 990 Par	t Y line 10
		1344014			T				
	Description of property	ĺ	(a) Cost or o		1	r other basis other)		Accumulated epreciation	(d) Book value
4-	Lond		(1114921		<del>            </del> "	VI 161 )		Epi Colation	<del></del>
1a	Land	ŀ			<del> </del>				
b	Buildings	}			<del> </del>			<del></del>	
C	Leasehold improvements				<del>                                     </del>	548,052		355,464	192,588
d	Equipment		<del></del>		<del> </del>	72,464		65,928	6,536
Total	Other	ol Form	1 000 Port	Y 001: 15	N /mc 40=	1			100 124
LOT 2	. waa wee is maanna ie ii allimb (a) miistedii	a com	, aau Pari	. couumn /⊢	u une 10^				100 104

Part VII	Investments - Other Securities.	ad "Voo" on Form 000	Dort IV ( line		
	Complete If the organization answere  (a) Description of security or category	(b) Book value	Part IV, IIne	c) Method	
	(including name of security)	(-,	!	Cost or end-of-yea	
(1) Financial					
	eld equity interests	7			
(3) Other					
(A)					
_(B)					
(C)					
_(D)					
(E)					
(F)					
(G)				··	
(H)				^4 834	
	) must equal Form 990, Part X, col (B) line 12)  Investments - Program Related.		diff.	** *	
Part VIII		d "Voo" on Form 000	Dort IV line	110 Coo Form	- 000 Ded V line 40
	Complete if the organization answere	tes on Follil 990,	Part IV, line	e iic See Foin	1 990, Part X, line 13.
	(a) Description of investment	(b) Book value		(c) Method ( Cost or end-of-yea	
(1)					
(2)					
(3)					
(4)					<del></del>
(5)				•••	V
(6)					
(7)					
(8)			-		
(9)				· · · · · · · · · · · · · · · · · · ·	* } & 2 ^ 2 & 3
Part IX	Other Assets.  Complete if the organization answere	ed "Yes" on Form 990	Part IV line	**	540.0 Mary 18 2 4
		Description			(b) Book value
(1)	(-)	,			(a) Book value
(2)					
(3)					
(4)					
(5)		, <u></u> ,			
(6)					
(7)				.==	
(8)				,	
(9)					
	n (b) must equal Form 990, Part X, col (B) line 15	) <u>.</u>			. ▶
Part X	Other Liabilities.		•		
	Complete if the organization answere line 25	ed "Yes" on Form 990,	Part IV, line	e 11e or 11f Se	e Form 990, Part X,
1.	(a) Description of liability	(b) Book value			
(1) Federal ı	ncome taxes				
(2) DUES	PAYABLE	1,391,0	00		3
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total (Column (b)	must equal Form 990, Part X, col. (B) line 25.)	1,391,0	00		

		2-1010700	Page 4
Par		Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
	Total revenue, gains, and other support per audited financial statements	1 1	,987,233
	Amounts included on line 1 but not on Form 990, Part VIII, line 12	[, ^]	
	Net unrealized gains (losses) on investments		
	Donated services and use of facilities		
	Recovenes of prior year grants	ાં ધ	
	Other (Describe in Part XIII )	نسند ن	
	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3 1	,987,233
	Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b 4a	\$ 23	
	Investment expenses not included on Form 990, Part VIII, line 7b		
	Add lines 4a and 4b	4c	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	<del></del>	007 000
	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses p		<u>,987,233</u>
<u>, u i</u>	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	or rectarin	
1	Total expenses and losses per audited financial statements	1 1	,407,274
	Amounts included on line 1 but not on Form 990, Part IX, line 25	; *	,407,274
	Donated services and use of facilities	*	
	Prior year adjustments · · · · · · · · · · · · · · · · · · ·	***	
	Other losses · · · · · · · · · · · · · · · · · ·		
	Other (Describe in Part XIII )	(*************************************	
	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·		
	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	<del> </del>	,407,274
	Amounts included on Form 990, Part IX, line 25, but not on line 1		, 10, , 2, 1
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
	Other (Describe in Part XIII )	¥.3 .,	
	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5 1	,407,274
Par	t XIII Supplemental Information.		
, Par	le the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part t XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information  Footnote for uncertain tax position under FIN 48 (Part X)  ORGANIZATION HAS ANALYZED TAX POSITIONS TAKEN FOR FILING WITH THE INTERNAL RI		
ERV	ICE AND ALL STATE JURISDICTIONS WHERE IT OPERATES. THE ORGANIZATION BELIEVES	THAT	
NCO	ME TAX FILING POSITIONS WILL BE SUSTAINED UPON EXAMINATION AND DOES NOT ANTIC	CIPATE ANY	
DJU	STMENTS THAT WOULD RESULT IN A MATERIAL ADVERSE AFFECT ON THE ORGANIZATION'S	FINANCIAL	
OND	ITION, RESULTS OF OPERATIONS OR CASH FLOWS. ACCORDINGLY, THE ORGANIZATION HA	S NOT	
0112	1200/ MB0010 01 011011000 01 01011 120110 10000 10011/ 1112 01/014120112011 120	<u></u>	<del></del>
ECO	RDED ANY RESERVES OR RELATED ACCRUALS FOR INTEREST AND PENALTIES FOR UNCERTA-	IN INCOME	
'AX	POSITIONS AT SEPTEMBER 30, 2017.		
			<del></del>

# SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990. Grants and Other Assistance to Organizations,

Open to Public OMB No 1545-0047 Inspection 2016

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

**%** ⊠ ☐ Yes Employer identification number 22-1010700 Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States General Information on Grants and Assistance the selection cntena used to award the grants or assistance? LOCAL 1233, ILA, AFL-CIO Name of the organization Parti PartII

1 (a) Name and address of organization (b) EIN (c) EIN (c) IRC section	(b) EIN	(c) IRC section	(d) Amount of cash	(d) Amount of cash (e) Amount of non-	(f) Method of valuation	(g) Description of	(h) Purpose of grant
or government		(if applicable)	grant	cash assistance	(book, FMV, appraisal, other)	noncash assistance	or assistance
(1) HOLE IN THE WALL GANG CAMP							
5000 WEST SIDE AVENUE							
NORTH BERGEN, NJ 07047		501(C)(3)	5,000				DONATION
(2) ILA CIVIL RIGHTS COMMITTEE							····
5000 WEST SIDE AVENUE							
NORTH BERGEN, NJ 07047		501(C)(3)	5,000				DONATION
(3) ILA DISASTER RELIEF FUND							
5000 WEST SIDE AVENUE							-
NORTH BERGEN, NJ 07047		501(C)(3)	5,000				DONATION
(4)				***************************************			
(5)					:		
(9)							
(2)							
(8)							
(6)							
(10)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	d government organiz	ations listed in the line 1 i	lable				3
	listed in the line 1 table					<b>▲</b>	

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

Schedule I (Form 990) (2016)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed Schedule I (Form 990) (2016)

Part III Grants

(f) Description of noncash assistance							ditional information					
(e) Method of valuation (book, FMV, appraisal, other)							in (b), and any other add					
(d) Amount of noncash assistance							ine 2, Part III, colum					
(c) Amount of cash grant							required in Part I, II					
(b) Number of recipients							ide the information					
(a) Type of grant or assistance recipients	2	e	4	ın	ဖ	i i	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information					

Schedule I (Form 990) (2016)

#### SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

## **Compensation Information**

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

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.

OMB No 1545-0047

2016

Open to Public

Name of the organization Employer identification number LOCAL 1233, ILA, AFL-CIO 22-1010700 **Questions Regarding Compensation** Part I Yes Nο 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as 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 1b 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 on line 1a? Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment? 4b X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5a 5b If "Yes" on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? ...... 6a 6b If "Yes" on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

22-1010700

Schedule J (Form 990) 2016 LOCAL 1233, ILA, AFL-CIO

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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

Note: The sum of columns (B)(1)-(111) 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 instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII

Note: The sum of columns (B)(1)-(III) for each listed individual must equal the total amount of Porm 990, Part VII, Section A, line 1a, applicable columns (U) and (E) amounts for intal manufacture.	ē e	ach listed individual n	nust equal the total an	nount of Horm 990, P.	art VII, Section A, Ime Ta	, applicable column (D) and	(E) amounts for man money	idual	1
		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title		(ı) Base	(ii) Bonus & incentive	(III) Other	other deferred compensation	benefits	(B)(ı)-(D)	in column (B) reported as deferred in prior	
		compensation	compensation	compensation		-		Form 990	
WILLIAM DUDLEY	(3)	192,003	0	0	0	17,031	209,034		0
1 PRESIDENT	<b>E</b>	185,000		0	0			:	0
HERBERT HALL	Θ	215,502	0	0	0	19,870			0
2 VICE PRESIDENT	<b>E</b>	140,784	0	0	0		, ;		0
CLIFTON SMITH JR.	Ξ	215,502	0	0	0	19,870	2		0
3 SECRETARY TREASURER	: 🗉		0	0	0	0	25,000		0
	Ξ								
4	€								í
	ε								1
ĸ	Ξ								ì
	ε								1
9	€								ì
	ε						:		í
7	(€								1
	Ξ								1
80	<u> </u>								1
	ε								1
6	Ξ								1
	Ξ								
10	Ξ								1
	Ξ								' I
‡	€								1
	ε								ı
12	<u> </u>								1
	Ξ								1
13	<u> </u>								1
	ε								ł
14	(ii)								1
	(i)								1
15	Ξ								1
	Θ								1
16	€								i
EEA								Schedule J (Form 990) 2016	16

#### SCHEDULE L

(Form 990 or 990-EZ)

#### **Transactions With Interested Persons**

10.

OMB No 1545-0047

2016

Department of the Treasury Internal Revenue Service

► 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.irs.gov/form990.

Open To Public Inspection

name of the organization							Embi	oyer iden	tification	ı numbe	er		
OCAL 1233, ILA, AFL		ns (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).											
<del></del>	it Transactions organization a	•							-		line 4	Ob.	
		(b) Relationship bet										(d) Con	rected?
1 (a) Name of disqualified per	son		rganizatio				(c) Descriptio	n of transa	action		<u>_</u>	Yes	No
(1)													
(2)													
(3)													
<ul><li>2 Enter the amount of tax in under section 4958</li><li>3 Enter the amount of tax, if</li></ul>							•		<b>▶</b> \$				
Complete if the	or From Interes organization a ported an amou	nswered "Yes"	on Fo				8a or Form 990	0, Part	IV, lin	e 26,	or if t	he	
(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fro	oan to or om the nization?	(e) Ori	-	(f) Balance due	(g) In	default?	by boa	proved ard or uttee?	(ı) Wr agreer	
			То	From				Yes	No	Yes	No	Yes	No
(1)									_		 		
(2)													
(3)													
(4)													
(5)						. <u>.</u>							
						. ▶ \$			7	F 3"	. 3	, 3	£3,
	sistance Benef e organization a	_			Part IV	line 27							
(a) Name of interested person	(b) Relations	hip between intereste		c) Amount of		Γ	I) Type of assistance		(e	) Purpos	se of ass	sistance	<u>-</u>
(1)													
(2)											_		
(3)													
(4)													
						]							

22-1010700

Schedule L (Form 990 or 990-EZ) 2016

Page 2

Schedule L (Form 990 or 990-EZ) 2016 LOCAL 1233, ILA, AFL-CIO

EEA

## 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.

OMB No 1545-0047

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.

Open to Public ?

Name of the Organization	Cimployer identification (tumber
LOCAL 1233, ILA, AFL-CIO	22-1010700
01. Members or stockholder classes and rights (Part VI, line 6)	
THE ORGANIZATION HAS MEMBERS WHO WORK FOR THE PARTICIPATING EMPLOYERS.	
02. Member election for additional members (Part VI, line 7a)	
THE ORGANIZATION HAS MEMBERS WHO ELECT THE OFFICERS OF THE GOVERNING BODY.	
03. Form 990 governing body review (Part VI, line 11)	
THE OFFICERS OF THE ORGANIZATION REVIEW THE FORM 990.	
and or real or and or an area or	
04. CEO, executive director, top management comp (Part VI, line 15a)	
04. CEO, executive director, top management comp (rate vi, line 134)	<del></del>
THE PROCESS FOR DETERMINING COMPENSATION INVOLVES MEMBERSHIP APPROVAL.	
05. Other officer or key employee compensation (Part VI, line 15b	
THE STATE OF THE S	
THE PROCESS FOR DETERMINING COMPENSATION INVOLVES MEMBERSHIP APPROVAL.	
12.12	
06. Governing documents, etc, available to public (Part VI, line 19)	
ANY REQUEST FOR INFORMATION FROM THE ORGANIZATION IS EVALUATED ON AN INDIVID	DUAL BASIS.
	·
	<del></del>