2949315603518

Return of Organization Exempt From Income Cax 3 5

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

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A	For	the 2	2018 calend	lar year, or ta	x year begi	nning		10	-01 ,20	018, and e	nding	09-	30 , 2019
В			plicable				ILA, AFL				 .	-	Employer Identification no.
П	Addre			Doing busin		<u> </u>						_	22-1010700
ñ		me change Number and street (or PO box if mail is not delivered to street address) Room/suite									Telephone number		
Ħ		atial return 19-33 FENWICK STREET										(973)824-7322	
Ħ			/terminated				IP or foreign posta	l endo			·		Gross receipts
Ħ							ir or foreign posta	Code				ľ	·,
H	Amen				, NJ 071		TEMON O	AT MY TO		 -	11/23		\$ 2,086,873 subordinates? Yes X No
Ц	Appilo	ation	pending		ddress of princip		CLIFTON SI	MITH JR.			H(a) Is this a group		
	_				S C ABOY				1		H(b) Are all subc		
<u> </u>			status		<u>∆i 501(c) (5</u>) 🖣 (insert r	10) 4947	7(a)(1) or	527	\mathcal{I}			ist (see instructions)
	Webs			1	1 				T		H(c) Group exe		
	_				Trust As	sociation	Other -		L Year of f	ormation 1	L892 M State	of legal	domicile NJ
Г	rt I		Summar	<u> </u>				. -					
	'		•	_			significant activ	vities LAI	BOR UNI	ON ORG	ANIZATION T	O PRO	MOTE THE BEST
9]	INTEREST	S OF ITS	MEMBERS								
Jan		-											
èr	1.	-											
Governance				_	_		•	•			of its net assets		
∞	;			_	-		Part VI, line 1a			• • • • •		3	13
Activities &	1 4					-	eming body (P					4	0
×ić						•	ear 2018 (Part	V, line 2a)			• • • • • • • •	5	4
Act				r of volunteer					• • • • •			6	10
•	7	7a 1	Total unrelate	ed business r	evenue from	Part VIII, col	lumn (©), line	SECEN	/CD	 i · · · ·		7a	0
	\perp	1 d	Net unrelated	<u>d business ta</u>	xable income	from Form	990-T, ine 38	VECEIV	<u> </u>	· · · ·	· · · · · · · · ·	7b	0
	1						121	4110.0	- 1) 	Prior Year		Current Year
_	{	3 (Contributions	s and grants (Part VIII, line	e 1h) ⋅⋅⋅		AUG-07-2	2020 · /	ا ا			0
Je .	!) F	Program ser	vice revenue	(Part VIII, lin	e 2g) 🕠				န္တု	1,974	,087	2,015,807
Revenue	11	0	nvestment ı	ncome (Part \	/III, column (A), lines 3, 4	, and 7d)	GDEN,	11+	≒] <u> </u>	· <u>5</u> 3	,237	71,066
8	1	1 (Other revenu	ue (Part VIII, d	column (A), l	nes 5, 6d, 8d	, 9c, 10c, and	11e)	<u>.VI</u>	∟ ۰۰۰ا		`	0
	1:	2 7	Total revenue	e - add lines 8	3 through 11	(must equal	Part VIII, colun	nn (A), line 12	<u> </u>		2,027	,324	2,086,873
	1	3 (Grants and s	sımılar amoun	ts paid (Part	IX, column (A), lines 1-3)		• • • • •		52	,794	55,040
	1.		•	d to or for mer					• • • • •				0
s	1:	5 5	Salaries, oth	er compensa	tion, employe	ee benefits (F	Part IX, column	ı (A), lınes 5-1	0) • •		846	,272	<u>95</u> 5,434
Expenses	1	6a F	Professional	fundraising fe	ees (Part IX,	column (A), I	ine 11e) 🕠						0
ber		b 1	Total fundrais	sing expense:	s (Part IX, co	lumn (D), line	e 25) 🕨						
Ä	1	7 (Other expens	ses (Part IX,	column (A), l	ines 11a-11d	, 11f-24e)				911	,822	815,119
	1	8 7	Total expens	es Add lines	13-17 (mus	t equal Part I.	X, column (A),	line 25) ·		[1,810	,888	1,825,593
	19	9 F	Revenue les	s expenses	Subtract line	18 from line	12		· · · · ·	• • • •	216	,436	261,280
5	g									L	Beginning of Current	Year	End of Year
Net Assets or	20	ר כ	Total assets	(Part X, line 1	6)				• • • • •	• • • •	5,462	,925	6,148,205
Ass	2	1 7	Total liabilitie	s (Part X, line	26) • • •					[1,944	,000	2,368,000
Š.	22	2 1		r fund balanc	es Subtract	line 21 from	line 20 · · ·		· · · · ·	<u> </u>	3,518	, 925	3,780,205
⊻ Pa	rt II		Signatu	re Block									·
U nd	er pen	alties	of penury, I ded	clare that I have e	xamined this ret	urn, including acc	companying schedi n all information of	ules and statemen	ts, and to the	best of my kr	nowledge and belief, it	ıs	
_	COILE	a, am	d complete Det	Ciaration of pyapar	er (outer rian)	ilei) is based of	Tall II II OTTI ALLO IT OT	William preparer ma	ally Kilowic			 	12512
3					LhI							_/'	7/27/2023
<u>⋛</u> Sig			Signatur	re of or ser	1							Date	• (•
Hei	·e		CLIF'	TON SMITE	JR, SE	CRETARY '	TREASURER						
}			Type or	print name and tit	le		200 1						
			Print/Type pre	parer's name		Prepagers se	pary //	`	Date		Check	ıf P1	fin
Pai			PAUL F	SHANE			1//)	07-23	-2020	self-employe	ed	P00069357
Pre	par	er	Firm's name	>	VICTOR	GOLDBLAT	AND COMP	ANY, LLC			Firm's EIN		
Use) O	ıly	Firm's address	s >		STNUT ST					Phone no		
]		UNION N						ا ا	08-96	4-5888
Mari	امطه	DC -	d	return with the			/						X Yes No

	rt III: Statement of Program Service Accomplishments
Га	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
•	
	LABOR 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? · · · · · · · · · · · · · · · · · · ·
	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? · · · · · · · · · · · · · · · · · · ·
	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 by
•	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported
	ine total expenses, and revenue, if any, for each program service reported.
4a	(Code) (Expenses \$ 1,825,593 including grants of \$) (Revenue \$ 2,086,873)
44	
	LABOR UNION ORGANIZATION TO PROMOTE THE BEST INTERESTS OF ITS MEMBERS.
	-
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 1,825,593

EEA

V/ J L D 22-1010700

			T.,	T
1 '	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	_	Yes	No
•	complete Schedule A	1		v
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		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	i	x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		-	<u>-^</u> -
7	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		ļ
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues.	- -		
3	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		v
6		 - -		X
•	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		 	3.7
-	"Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	J _		,,
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	_	,	3,5
_	complete Schedule D, Part III	8_	-	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or	_		
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9_		_X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u>X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	 		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			ļ
		11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
θ	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	_X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional · · · · · · · · ·	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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	1	Х
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		Х
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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
13	If "Yes," complete Schedule G, Part III	19		Y
20 -	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		$\frac{x}{x}$
		20a 20b		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	24	. l	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Eorm (X	-

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	rt IV Checklist of Required Schedules (continued)			
			Yes	No
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 27 If "Yes," complete Schedule I, Parts I and III	. 22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24a	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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	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?	ĺ	ſ	ĺ
	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	1		
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
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			İ
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b]	X
С	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	x	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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	ļ	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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
• •	or IV, and Part V, line 1 · · · · · · · · · · · · · · · · · ·	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
Ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			<u> </u>
_	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		<u> </u>	_
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	<u> </u>		
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
•	19? Note . All Form 990 filers are required to complete Schedule O	38	x	ļ
Par				
<u></u>	Check if Schedule O contains a response or note to any line in this Part V			П
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	0		
b	Enter the number of Form W-2G included in line 1a Enter -0- if not applicable	٦		
	Did the organization comply with backup withholding rules for reportable payments to vendors and	ή		
·	reportable gaming (gambling) winnings to prize winners?	1c		

Form	1 990 (2018) LOCAL 1233, ILA, AFL-CIO 22-10107	00_	_ F	age 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			p 1
	Statements, filed for the calendar year ending with or within the year covered by this return	<u>'</u>		7.
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		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	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country	-		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	'	-	7
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
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	<u> </u>		
	organization solicit any contributions that were not tax deductible as chantable contributions?	6a		х
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		•	•
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		' , I	
•	and services provided to the payor?	7a		X
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	<u>'</u>		<u> </u>
·	required to file Form 8282?	7c		х
d	If "Yes," Indicate the number of Forms 8282 filed during the year	- '` -		<u> </u>
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
e	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9		79 7h		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		<u> </u>	
^	sponsoring organization have excess business holdings at any time during the year?	-		
9	Sponsoring organizations maintaining donor advised funds.	9a		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	30		
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12	, ,		',
а	· · · · · · · · · · · · · · · · · · ·		, ,	. 1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			· •
11	Section 501(c)(12) organizations. Enter			.
a	Gross income from members or shareholders		- ,	
ь	Gross income from other sources (Do not net amounts due or paid to other sources	•		
	against amounts due or received from them)	40-		├
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	\dashv	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		٠, ٦	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		 [لبحم
·a	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	· ;		1
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		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		1	
	excess parachute payment(s) during the year	15		X
	If "Yes," see instructions and file Form 4720, Schedule N			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<u>X</u>
	If "Yes," complete Form 4720, Schedule O		1	1

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			. 🛚
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	1-2-4-	, <u>S</u>	103
	If there are material differences in voting rights among members of the governing body, or	1	369 .3	7.54
	if the governing body delegated broad authority to an executive committee or similar	25.	E	- "3-5,
	committee, explain in Schedule O	3	4	
b	Enter the number of voting members included in line 1a, above, who are independent		*	14
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customanly performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	_3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
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	
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members,	1		
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	e.	$\langle \cdot \rangle$	100
	the year by the following			7.
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	_8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		l	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
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	#3	<u> </u>	X
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts? Did the assessment required to disclose annually interests that could give use to conflicts?	120		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
42	describe in Schedule O how this was done	12c		Х
13 14	Did the organization have a written whistleblower policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by	17	die	57
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•		مام آء في لا
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	N Sy	- P. W.	4.0
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	[, ;]]	$\{j_i,j_i\}$	
	with a taxable entity during the year?	16a	_	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	1. A	ر کر اور اشراق آ	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	 3 _ 1	المدسور ت	
	organization's exempt status with respect to such arrangements?	16b		
Sec	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 (1024 or 1024-A 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 Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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			

	000	(0040)	
rom.	990	(2018)	

LOCAL 1233, ILA, AFL-CIO

22-1010700

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			. ugc
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Hig	ghest Compensated Employees,	and
	Independent Contractors		

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

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

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

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

Check this boy if nother the organization per any related organization companyated any current officer director or tructed

Check this box if neither the organization nor any related	organization	comp	ensa	ated	any	curren	t off	icer, director, or tru	stee	
				((C)					
(A)	(B)			Po	sition			(D)	(E)	(F)
Name and Title	Average					han one		Reportable	Reportable	Estimated
Name and Title	hours per	-				s both ar /trustee)	- 1	compensation	compensation from	amount of
	week (list any							from	related	other
	hours for related	9 5	=	0	<u>~</u>	gΙ	7	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	Individual trustee or director	Institutional trustee	Office	Key employee	Highest compensatemployee	Forme	(W-2/1099-MISC)	(** 2 /033 **********************************	organization
	below dotted	i ci de	5		npla	st α	[۳		,	and related
	line)	รัก	힐		yee	Į į				organizations
		8	stee			nsa				
			1			藍				
(1) WILLIAM DUDLEY	40.00									
PRESIDENT		\vdash	_	_X				235,501	226,508	34,605
(2) HERBERT HALL	40.00									
VICE PRESIDENT			_	_X	_		_	259,501	140,784	43,170
(3) CLIFTON SMITH JR.	40.00									
SECRETARY TREASURER				_X			_	259,501	0	40,370
(4) LINDA WILKINS	1.00									
EXECUTIVE BOARD/DELEGATE				Х				6,700	0	0
(5) DEVIN WELLS	1.00	1						•		
EXECUTIVE BOARD/DELEGATE				_ X				7,540	0	0
(6) DWIGHT SPEIGHT	1.00						l	_		
EXECUTIVE BOARD/DELEGATE				X				5,300	0	0
(7) VICTOR THOMAS	1.00						Ī			
EXECUTIVE BOARD/DELEGATE			ĺ	Х			ĺ	6,550	0	_ 0
(8) ROBIN SUGGS	1.00									
EXECUTIVE BOARD/RECORDING SECRETARY	F		Į	X			j	5,900	0	0
(9) ANTHONY BROWN	1.00									
EXECUTIVE BOARD/DELEGATE				x				3,900	0	0
(10)BETTY HOOKER	1.00		_		一					
EXECUTIVE BOARD/DELEGATE			I	Х				6,700	0	0
(44)	1.00			\neg			寸			
EXECUTIVE BOARD/DELEGATE	- 			х		,		3,900	o	0
(42)	1.00		\neg				_	5,7500		
EXECUTIVE BOARD/DELEGATE	- - 10 -		- {	х	İ	}	ł	5,300	o	0
(13)NORMAN JACKSON	1.00		_ †				7	3,300		
	=			х			ļ	5,300	o	0
EXECUTIVE BOARD/DELEGATE	1 00	 	\dashv		\dashv		+	3,300		
(14) JAMES VINING	1.00			х				6,700	0	0
EXECUTIVE BOARD/DELEGATE					1			6,100		Form 990 (2018)

Part Vil Section A. Officers, Directors, Trustees,	Key Employ	ees, a	nd H	lighe	est C	Compens	sated Employees (d	ontinued)		
(A)	(B)			(C			(0)	(5)		
	(B)	(do n	ot che	ck mo	ore th	an one	(D)	(E)	İ	(F)
Name and title	Average hours per					both an	Reportable compensation	Reportable compensation from	1	imated ount of
	week (list any	-	_	· ·		trustee)	from	related	1	other
	hours for	Individual trustee or director	Inst	Officer	Key employee	Highest compensated employee	organization	organizations	1	ensation
	related organizations	nect	Institutional trus	ğ	emj	nest	organization (W-2/1099-MISC)	(W-2/1099-MISC)		om the inization
	below dotted	9 2	al		oloye	6 G	(11 2 1000 111100)		_	related
	line)	stee	를		ř	pen			orga	nızatıons
			"6			sater				
]]				- "			ļ	
			Ш						<u> </u>	
(15)MALIK KNIGHT	1.00								1	
EXECUTIVE BOARD/DELEGATE				X			5,300	0	ļ,	0
(16)LAMONT JONES	1.00				l					
EXECUTIVE BOARD/DELEGATE				X			5,300	0		0
(17)HERBERT HALL JR.	1.00									
EXECUTIVE BOARD/DELEGATE				X	_		2,800	0	<u> </u>	0
(18)										
	_ -				1					
(19)										
				i		1				
(20)									ļ · · · · ·	
<u> </u>	- 				ĺ	[ĺ	
(21)				_					ļ ·	
(21)						- 1				
(22)			\Box		\neg		 		 	
<u></u>										
(23)				\dashv					<u> </u>	
(23)										
(24)			\vdash	\dashv	-	-	 		 -	
(24)			1			ļ				
(25)	 			-	\dashv					
120/										
1b Sub-total · · · · · · · · · · · · · · · · · · ·	L,									
c Total from continuation sheets to Part VII, Section									 	
d Total (add lines 1b and 1c)						_	831,693	367,292	1	18,145
2 Total number of individuals (including but not limited		_						307,232	<u> </u>	10,143
reportable compensation from the organization	to those uste	u abov	/C/ W	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	CCCI	vea more	, triair \$100,000 or	3		
Teportable compensation work the organization					_				7	Yes No
3 Did the organization list any former officer, director,	ortrustee ke	v emnl	lovee	e or	hiah	est com	pensated			, ,
employee on line 1a? If "Yes," complete Schedule J		•							3	X
4 For any individual listed on line 1a, is the sum of rep			nn ar	nd of	her	compan	ation from the		 	- 12
organization and related organizations greater than \$									-	
individual				0,0,0		icauic 5	ior sucir		-4	x
				orolo	tod.	organiza	hon or individual		 	^
5 Did any person listed on line 1a receive or accrue or for services rendered to the organization? If "Yes," or									5 -	X
Section B. Independent Contractors	ompiete Sche	eaule J	i ior .	Sucr	per	SON		 	131	
		-44		4	.		th \$100,000	-f		
1 Complete this table for your five highest compensate										
compensation from the organization Report comper	isation for the	calen	idai y	yeai	enu	ing with t	or within the organiza	alion's lax		
year										
(A)							(8)	ł	(C	
Name and business address							Description of s	services	Comper	nsation
								+		
										
										
2 Total number of independent contractors (including b			se lis	sted	abo	ve) who			,]
received more than \$100,000 of compensation from	the organizat	ion	•		_					

		Check if Schedule O contains a response or	note to any line in this	s Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
so o	1a	Federated campaigns 1					3,3,5,7
ants Tarts	ь						
نَّ وَ	С	_					
ifts Pr	d			1			[
a,° Bii	e	Government grants (contributions) · · 16					
Sign	f	All other contributions, gifts, grants,	<u> </u>	i		l	
きを	, i	and similar amounts not included above					
Contributions, Gifts, Grants and Other Similar Amounts	g			1			
ပ္သိုင္က	_						
	-	Total Vida Mod Vida	Business Code	-			
	2a		Sasmoss seas				
Program Service Revenue	Ь						
e S	c						
) N	d						
ι Ε	e						
ogra	1	All other program service revenue · · · · ·	. 900099	2,015,807	2,015,807		
Ā	I	Total. Add lines 2a-2f		2,015,807			
	3	Investment income (including dividends, interest					
	"	and other similar amounts) · · · · · · · · · · ·		71,066	71,066		
	4	Income from investment of tax-exempt bond pro					
	5	Royalties					
		(i) Real	(ii) Personal				
	6a	Gross rents · · · · · ·					
	ь	Less rental expenses · · · ·					1
		Rental income or (loss)					
		Net rental income or (loss) · · · · · · · ·					
	ļ.	Gross amount from sales of (i) Securities	(II) Other				
		assets other than inventory					
	ь	Less cost or other basis					
]	and sales expenses · · · ·					
	С	Gain or (loss)					•
	d	Net gain or (loss)					
nue	Į.	Gross income from fundraising					
ven		events (not including \$					
Ş.	}	of contributions reported on line 1c)	1				
Other Reve		See Part IV, line 18 · · · · · · · · a					
₹	ь	Less direct expenses b					
	С	Net income or (loss) from fundraising events	▶_				
	9a	Gross income from gaming activities					
		See Part IV, line 19 · · · · · · · a					!
	b	Less direct expenses b					
	С	Net income or (loss) from gaming activities .	. <u> </u>				
	10a	Gross sales of inventory, less					
		returns and allowances a					
	þ	Less cost of goods sold b				· .	
	С	Net income or (loss) from sales of inventory .	>				
	ļ	Miscellaneous Revenue	Business Code				
	11a						
	b						
	С						
	d	All other revenue					
		Total. Add lines 11a-11d	1				
	12	Total revenue. See instructions		2,086,873	2,086,873	0	0

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) (A) Total expenses (C) (D) Do not include amounts reported on lines 6b. 7b. Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 47,085 Grants and other assistance to domestic individuals See Part IV, line 22 7,955 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors. 754,503 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 80,429 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 36,906 q 33,527 10 <u>50,0</u>69 11 Fees for services (non-employees) а 6,413 24,505 Lobbying Professional fundraising services See Part IV, line 17 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 31,000 12 13 Office expenses 79,222 14 15 16 190,141 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 165,145 20 21 22 Depreciation, depletion, and amortization 11,306 23 Insurance 29,816 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 51,900 TRUSTEE FEES EQUIPMENT LEASING 24,472 c PICNIC EXPENSE 47,310 REPAIRS AND MAINTENANCE 78,731 All other expenses 75,158 25 Total functional expenses. Add lines 1 through 24e 1,825,593 0 0 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 (2018) LOCAL 1233, ILA, AFL-CIO 22-1010700 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year Cash - non-interest-bearing 3,127,132 3,490,399

	1 '		7,10,120		
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions) Complete Part II of Schedule L		6	
ra.	7	Notes and loans receivable, net	2,296,223	7	2,629,542
Assets	8	Inventories for sale or use		8	
Ass	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D 10a 46,165		ll_	
	b	Less accumulated depreciation · · · · · · · · · 10b 17,901	39,570	10c	28,264
	11	Investments - publicly traded secunties		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	5,462,925	16	6,148,205
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20_	
	21	Escrow or custodial account liability Complete Part IV of Schedule D · · · · · · ·		21	
es	22	Loans and other payables to current and former officers, directors,			
Ξ		trustees, key employees, highest compensated employees, and		<u> </u>	
Liabilities		disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties · · · · · · · · ·		23	· · · · · · · · · · · · · · · · · · ·
	24	Unsecured notes and loans payable to unrelated third parties · · · · · · · · · · _		24	
	25	Other liabilities (including federal income tax, payables to related third]]	
		parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D · · · · · · · · · · · · · · · · · ·	1,944,000	25	2,368,000
	26	Total liabilities. Add lines 17 through 25	1,944,000	26	2,368,000
v,	İ	Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔲 and			
ĕ		complete lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets		27	
ã	28	Temporanly restricted net assets		28	
ဋ	29	Permanently restricted net assets		29	
ī		Organizations that do not follow SFAS 117 (ASC 958), check here ► 🗓 and			
Ō		complete lines 30 through 34.		-	
Net Assets or Fund Balance	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Tet	32	Retained earnings, endowment, accumulated income, or other funds	3,518,925	32	3,780,205

3,780,205

33

34

3,518,925

5,462,925

33

34

Form	1 990 (2018) LOCAL 1233, ILA, AFL-CIO	22-10107	700	P	age 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>	<u> </u>		$\cdot \square$
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1	2,0	86,	873
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	1,8	325,	593
3	Revenue less expenses Subtract line 2 from line 1	. 3		261,	280
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4	3,5	18,	925
5	Net unrealized gains (losses) on investments	. 5			
6	Donated services and use of facilities	. 6			
7	Investment expenses	. 7			
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	3,7	780,	205
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>	· · ·	<u>. 🗆</u>
				Yes	No
1	Accounting method used to prepare the Form 990 🔲 Cash 🔯 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	• • • • • •	· 2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		· 2b	_X	L
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				Í '
	Separate basis Consolidated basis Both consolidated and separate basis				l
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		<u> </u>		
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	• • • • • •	· 2c	X	ļ
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O		J		<u> </u>
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?	• • • • •	· 3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				1
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits				
EEA			Form	990 (2018)

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

1401110	or the organization	Employer identification number
	CAL 1233, ILA, AFL-CIO	22-1010700
Pa		ts.
	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	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusive legal control?	· · · · · · · · · · Lj Yes Lj Ne
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	
	conferning impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·
Pa		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7	
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)	
	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	T
	easement on the last day of the tax year	Held at the End of the Tax Year
a	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
ď	Number of conservation easements included in (c) acquired after 7/25/06, 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	ition during the
	tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	П., П.,
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation of	easements during the year
	<u> </u>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easer	ments during the year
	\$	
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)(u)?	· · · · · · · · · · · · · · · · · · ·
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 d	escribes the
Dai	organization's accounting for conservation easements † III Organizations Maintaining Collections of Art, Historical Treasures, or Other	ar Similar Assets
Fai	Complete if the organization answered "Yes" on Form 990, Part IV, line 8	er Ollimar Assets.
40		polance sheet
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and tworks of art, historical treasures, or other similar assets held for public exhibition, education, or research in furth	
	·	erance or
L	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	neo choot
þ	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and bala	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furth	CIANCE UI
	public service, provide the following amounts relating to these items	▶ €
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, professional and a second studies of the contract of the	ovide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	▶ •
a	Revenue included on Form 990, Part VIII, line 1	
Þ	Assets included in Form 990, Part X	· · · · · > \$

46,165

d Equipment

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)

28,264

28,264

17,901

.

· •	(a) Description of security or category	(b) Book value	(c) Method of valuation
	(including name of security)		Cost or end-of-year market value
•	derivatives		
•	eld equity interests	• • • •	
3) Other			
(A)			
(B)			
(C)			
(D)	_		
(E) (F)			
(F) (G)			
(H)			
	A must squal Form 000 Part V col /Pl less 121		
Part VIII) must equal Form 990, Part X, col. (B) line 12) Investments - Program Relate		
· arc viii			rt IV, line 11c. See Form 990, Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets.		
	Complete if the organization an	swered "Yes" on Form 990, Par	t IV, line 11d See Form 990, Part X, line 15
		(a) Description	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
			_
4-1			
(7)			
(8)			
(8) (9)	(h)		
(8) (9) Total. (Colum	n (b) must equal Form 990, Part X, col (B) i	ine 15)	
(8) (9) Total. (Colum	Other Liabilities.		
(8) (9) Total. (Colum	Other Liabilities.		t IV, line 11e or 11f. See Form 990, Part X,
(8) (9) Total. (Colum Part X	Other Liabilities. Complete if the organization an		
(8) (9) Total. (Column Part X	Other Liabilities. Complete if the organization an line 25.	swered "Yes" on Form 990, Par	
(8) (9) Total. (Colum Part X	Other Liabilities. Complete if the organization an line 25. (a) Description of liability Income taxes	swered "Yes" on Form 990, Par	
(8) (9) Total. (Column Part X 1. (1) Federal	Other Liabilities. Complete if the organization an line 25. (a) Description of liability Income taxes	swered "Yes" on Form 990, Par	
(8) (9) Fotal. (Colum Part X 1. (1) Federal (2) DUES	Other Liabilities. Complete if the organization an line 25. (a) Description of liability Income taxes	swered "Yes" on Form 990, Par	
(8) (9) Total. (Colum Part X 1. (1) Federal (2) DUES (3) (4) (5)	Other Liabilities. Complete if the organization an line 25. (a) Description of liability Income taxes	swered "Yes" on Form 990, Par	
(8) (9) Total. (Colum Part X 1. (1) Federal (2) DUES (3) (4)	Other Liabilities. Complete if the organization an line 25. (a) Description of liability Income taxes	swered "Yes" on Form 990, Par	
(8) (9) Total. (Colum Part X 1. (1) Federal (2) DUES (3) (4) (5)	Other Liabilities. Complete if the organization an line 25. (a) Description of liability Income taxes	swered "Yes" on Form 990, Par	
(8) (9) Total. (Colum Part X 1. (1) Federal (2) DUES (3) (4) (5) (6) (7) (8)	Other Liabilities. Complete if the organization an line 25. (a) Description of liability Income taxes	swered "Yes" on Form 990, Par	t IV, line 11e or 11f. See Form 990, Part X,
(8) (9) Total. (Colum Part X 1. (1) Federal (2) DUES (3) (4) (5) (6) (7)	Other Liabilities. Complete if the organization an line 25. (a) Description of liability Income taxes	swered "Yes" on Form 990, Par	

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII.

Sched	fule D (Form 990) 2018 LOCAL 1233, ILA, AFL-CIO 2	2-1010	700 Page 4
ιPа	Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	•
4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1 2	Total revenue, gains, and other support per audited financial statements	1 -	2,086,873
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	1 1	
c	Recovenes of pnor year grants	-	
d	Other (Describe in Part XIII)	┥. │	
e	Add lines 2a through 2d		
3	Subtract line 2e from line 1	3	2 006 073
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	 	2,086,873
a	Investment expenses not included on Form 990, Part VIII, line 7b	1 1	
b	Other (Describe in Part XIII)	1 .	
c	Add lines 4a and 4b	4c	•
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	2,086,873
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Retu	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total expenses and losses per audited financial statements	1	1,825,593
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Pnor year adjustments	1	
С	Other losses · · · · · · · · · · · · · · · · · ·	Ī [
d	Other (Describe in Part XIII)]	
е	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2e	
3	Subtract line 2e from line 1	3	1,825,593
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a]	
b	Other (Describe in Part XIII)		
С	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	1,825,593
	rt XIII Supplemental Information.		
	de 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	X, line	
2, Pa	irt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information		
01	. Footnote for uncertain tax position under FIN 48 (Part X)		
THE	ORGANIZATION HAS ANALYZED TAX POSITIONS TAKEN FOR FILING WITH THE INTERNAL R	EVENUE	-
SER'	VICE AND ALL STATE JURISDICTIONS WHERE IT OPERATES. THE ORGANIZATION BELIEVES	THAT	
		arna an	****
INC	OME TAX FILING POSITIONS WILL BE SUSTAINED UPON EXAMINATION AND DOES NOT ANTI-	CIPATE	ANY
	CONTRACTOR OF A STATE OF THE PROPERTY AND A STATE OF A SECTION OF THE OPERATOR OPERATOR OP	ET NI A NI	7777
ADJ	USTMENTS THAT WOULD RESULT IN A MATERIAL ADVERSE AFFECT ON THE ORGANIZATION'S	FINANC	TAU
7037	DIMION DESIGNE OF ODEDAMIONS OF CASU PLONS ACCORDINGLY THE ODGANIZATION NA	g Nj∩m	
JON	DITION, RESULTS OF OPERATIONS OR CASH FLOWS. ACCORDINGLY, THE ORGANIZATION HA	S NOI	
120	ORDED ANY RESERVES OR RELATED ACCRUALS FOR INTEREST AND PENALTIES FOR UNCERTA	TNI TNICC)ME
CEC	JADED ANT RESERVES OR REMATED ACCROADS FOR INTEREST AND PENABITES FOR UNCERTA	TIA TIACC	<u> </u>
7 A T	POSITIONS AT SEPTEMBER 30, 2019.		
·	FORTITONS AT SEFTEMBER 30, 2013.	<u></u>	
			

Employer identification number 22-1010700 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Go to www.irs.gov/Form990 for the latest information. General Information on Grants and Assistance LOCAL 1233, ILA, AFL-CIO Department of the Treasury Internal Revenue Service Name of the organization **SCHEDULE 1** (Form 990) Parti

Open to Public

Inspection

OMB No 1545-0047

2018

sele	nts or assistance?	e use of grant funds in the	e United States				. Tyes 🖾 No
Part II 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	e to Domestic Org ent that received mo	anizations and Dome ore than \$5,000 Part li	estic Governments I can be duplicated	ons and Domestic Governments. Complete if the organization \$5,000 Part II can be duplicated if additional space is needed	inization answered "Ye needed	s" on Form 990,	
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) HOLE IN THE WALL GANG CAMP 5000 WEST SIDE AVENUE							
NORTH BERGEN, NJ 07047		501(C)(3)	2,000				DONATION
(2) ILA CIVIL RIGHTS COMMITTEE							
5000 WEST SIDE AVENUE		501(2)(3)	r v				MOTHEMOG
(3)							
(4)							
(5)							
(9)							
(1)							
(8)							
(6)							
(10)							
 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table 	f government organiza sted in the line 1 table	ions liste	d in the line 1 table	• •		A A	2

Schedule I (Form 990) (2018)

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

Page 2 Schedule I (Form 990) (2018) (f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b), and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2018) Part IV Part III 9 9 EEA 7 က 4

22-1010700

LOCAL 1233, ILA, AFL-CIO

SCHEDULE J (Form 990)°

Compensation Information

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

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018 Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization LOCAL 1233, ILA, AFL-CIO 22-1010700 **Questions Regarding Compensation** Part I Yes No 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 Health or social club dues or initiation fees Tax indemnification and gross-up payments 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 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 Compensation survey or study Independent compensation consultant 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? Х b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Х 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? 5b

6	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			
а	The organization?	6a		
	Any related organization?	6b		
	If "Yes" on line 6a or 6b, describe in Part III			
7	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		
8	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

If "Yes" on line 5a or 5b, describe in Part III

. Page 2

22-1010700

Schedule J (Form 990) 2018 LOCAL 1233, ILA, AFL-CIO

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

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

instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII

(B) Breakdown of W-2 and/or 1099-MISC compensation		(B) Breakdown of W	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation			į	į
(A) Name and Title		(i) Base	(ii) Bonus & incentive	(III) Other reportable	(C) Retirement and other deferred compensation	(U) Nontaxable benefits	(E) lotal of columns (B)(I)-(D)	(F) Compensation in column (B) reported as deferred on prior
	\neg			compensation				
WILLIAM DUDLEY	Ξ	235,501	0	0	0	34,605	270,106	0
1 PRESIDENT	⊞	226,508	0	0	0	0	226,508	0
HERBERT HALL	Ξ	259,501	0	0	0	43,170	302,671	0
2 VICE PRESIDENT	(ii)	140,784	0	0	0			0
CLIFTON SMITH JR.	(i)	105,652	0	0	0	016,04		0
3 SECRETARY TREASURER	(ii)	0	0	0	0	0		0
	(i)							
4	(ii)							
	ε							
5	(ii)							
	Θ							
9	Ξ							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	Ξ							
6	(ii)							
	ε							
10	(II)							
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11	(ii)							
	Ξ							
12	(II)							
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16	Œ							
EEA							Sch	Schedule J (Form 990) 2018

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No 1545-0047

▶ 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.

2018

Department of the Treasury Internal Revenue Service	► Go to	Mww.irs.gov/Fo			or Form 99 ictions and		est information.				open T Ospeci	o Pub tion	lic ; ·
Name of the organization							Emple	oyer iden	tificatio	n numb	er		
LOCAL 1233, ILA,	AFL-CIO						22-	10107	700				
	nefit Transaction												
Complete i	f the organization	answered "Yes'	on For	m 990,	Part IV, III	ne 25a	or 25b, or Forn	n 990-	EZ, P	<u>art V,</u>	line 4	<u>40b.</u>	
1 (a) Name of disqualifie	d person	(b) Relationship be			son and		(c) Description	of transa	ction			(d) Cor	
	·		organization	<u> </u>			·-···	_				Yes	No
(1)													l
. (1)			-			 -			_		_	 	
(2)													
(3)												<u> </u>	
2 Enter the amount of to				-		-	-						
under section 4958									> \$	ŝ			
3 Enter the amount of t	ax, if any, on line 2, a	bove, reimbursed	by the o	rganızatı	on · ·	• • • •		• • •	▶ 3	š			
Dorf II Lagra to a	nd/or From Intere	acted Darsons		 -									
	f the organization			m 990-l	F7 Part \	/ line 3	8a or Form 990) Part	IV lin	ne 26	or if	the	
	n reported an amo						000 01 1 01111 000	, , ait	. •,	20,	01 11		
(a) Name of interested person	 i₁		T		1		(f) Balance due	(a) lo (default?	(b) Ar	proved	(i) W	ntton
(a) Name of interested person	(b) Relationship with organization	ition loan		(d) Loan to or (e) Origin from the principal and		- ''·	(9) ""	delaunt	1,,,	ard or	agree		
	1		organ	ization?				1		comm	nittee?		
			То	From				Yes	No	Yes	No	Yes	No
(1)			_		ļ			-	<u> </u>	<u> </u>		<u> </u>	<u> </u>
(2)			 					╂─	 	 -	├	 	ļ
(3)				ļ							1		
		·											
(4)		_								<u> </u>			
(5)			<u> </u>	<u> </u>	<u> </u>			 	<u> </u>	<u> </u>	<u></u>	<u> </u>	L
	<u> </u>				• • • • •	. 🕨 🛭	· · · · · · · · · · · · · · · · · · ·	<u> </u>		L		<u> </u>	-
	Assistance Bene	-			Dort IV I	mo 27							
	if the organization												
(a) Name of interested person		ationship between interested son and the organization		(c) Amount of assistance		(0	(d) Type of assistance		(е) Purpos	se of ass	sistance	
	person	and the organization						-					
(1)			ļ					i					
												-	
(2)							<u> </u>						
_													
(3)													
(4)													
(4)			! _										

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 Name of the organization

▶ Go to www.irs.gov/Form990 for the latest information.

Open to Public; Inspection Employer identification number

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.	
04. CEO, executive director, top management comp (Part VI, line 15a)	
THE PROCESS FOR DETERMINING COMPENSATION INVOLVES MEMBERSHIP APPROVAL.	
05. Other officer or key employee compensation (Part VI, line 15b	
THE PROCESS FOR DETERMINING COMPENSATION INVOLVES MEMBERSHIP APPROVAL.	
06. Governing documents, etc, available to public (Part VI, line 19)	
ANY REQUEST FOR INFORMATION FROM THE ORGANIZATION IS EVALUATED ON AN INDIVI	IDUAL BASIS.
•	