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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 2011

Open to Public Inspection

<u>A</u>	For th	e 2011 calendar year, or tax year beginning , and ending						
B (Chęck if a	pplicable C Name of organization		D Emplo	yer identification number			
	Address c	hange New York Elevator Industry Fund		ŀ				
	Name cha	inge Doing Business As		13-2977270				
Ē.	Initial retu	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Teleph	one number			
\equiv		PO Box 119		973	3-579-5427			
	Terminate	City or town, state or country, and ZIP + 4	-					
	Amended			G Gross reco	eipts \$ 144,814			
	Application	F Name and address of pnncipal officer	life) le this e e		affiliates? Yes X No			
		E James Walker	H(a) Is this a gi	roup return for	5 5			
		PO Box 119	H(b) Are all aff	filiates included	Yes No			
		Teaneck NJ 07666	If "No	," attach a list	(see instructions)			
1	Tax-exen	npt status 501(c)(3) X 501(c) (5) ◄ (insert no) 4947(a)(1) or 527	_					
<u>J</u>	Website		H(c) Group ex	emption numb	er >			
,	********	····	Year of formation		M State of legal domicile			
_P	art I	Summary						
	1 E	Briefly describe the organization's mission or most significant activities						
စ္ပ		See Schedule O						
ର ଜୁ୴ଅନ Activities & Governance	1							
eri								
્રે	2 (Check this box $lacktriangle$ if the organization discontinued its operations or disposed of more than 25%	6 of its net assets	s , ,				
ಷ	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	4			
ies	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		4	4			
3 <u>;</u>	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	0			
್ಕಾಕ	6	Total number of volunteers (estimate if necessary)		6	6			
∍ Ì	7a 7	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0			
	1 d	Net unrelated business taxable income from Form 990-T, line 34		7b	0			
2			Prior Yea		Current Year			
्रव		Contributions and grants (Part VIII, line 1h)	15	2,412	144,781			
រ េង		Program service revenue (Part VIII, line 2g)		0	0			
a		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		32	33			
1		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	0			
SCALREVENUE NOV		Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15	2,444	144,814			
⊍ ∂		Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0	0			
	i	Benefits paid to or for members (Part IX, column (A), line 4)		0	0			
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0	0			
benses		Professional fundraising fees (Part IX, column (A), line 11e)	ļ. .	0	0			
Exp		Total fundraising expenses (Part IX, column (D), line 25) ▶						
۳		Other expenses (Part IX, column (A), lines 11a–11d, 11f-24e)		6,322	177,430			
		Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		6,322	177,430			
. 0		Revenue less expenses Subtract line 18 from line 12		6,122	-32,616			
Net Assets or Fund Balances	20. 7	Fotal assets (Part X, line 16)	Beginning of Cur	3,040	End of Year 320, 424			
\sse Bala	20 1 21 ⁻		<u> </u>	2,040	320,424			
n Ket	21	Fotal liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20 OGDEN.	35	3,040	320,424			
	art II	Signature Block		<u> </u>	320,424			
		nalties of perjury, I declare that I have examined this return, including accompanying schedules and statement	-to and to the her	at of my know	udadaa and baliaf it is			
		ect, and complete Declaration of preparer tother than officer) is based on all information of which preparer i			wiedge and belief, it is			
		Wenter the Tours			9-27-2012			
Sig	m	Signature of officer	/	Date	1 2 / 12			
Hei		E. James Walker SA. Secre	taru					
1161		Type or print name and title		_				
		Preparer's name Preparer's signature	Date	Check	f PTIN			
Paid	d	ROBERT RHINE, CPA ROBERT RHINE, CPA	ì	/12 self-em	□ "}			
	parer	Dhine & Composer		imi's EIN	22-3087139			
	Only	201 Main St		and CHI F				
	,	Nadorom NT 07921-4527	_	hone no	973-786-6788			
May	the IR	S discuss this return with the preparer shown above? (see instructions)		nono no	Yes No			

orm 990 (2011)	New York Elev	ator Indus	try Fund	13-2977270)	Page 2
	Statement of Program					
	Check if Schedule O co		e to any question in	this Part III		X
See Sch		511				
2 Did the orga	inization undertake any signi	ficant program service	es during the year which	were not listed on the		
	990 or 990-EZ?	mount program service	es during the year writer	were not listed on the		Yes X No
If "Yes," des	cribe these new services on	Schedule O				
	inization cease conducting, o	or make significant ch	anges in how it conducts	, any program		
services?	anha thaga ahanasa sa Cab	adula O				Yes X No
	cribe these changes on Sch e organization's program ser		s for each of its three larg	aet nrogram eenvicee a	e measured by	
	Section 501(c)(3) and 501(c)				=	
	illocations to others, the total			•		
		167 700				
4a (Code) (Expenses \$ TER THE COLLEC		including grants of \$	#EXIT DEM&#EXI</td><td>) (Revenue \$</td><td>138,309)</td></tr><tr><td></td><td>TURERS ASSOCIA</td><td></td><td></td><td></td><td></td><td>į</td></tr><tr><td></td><td>OR CONSTRUCTOR</td><td></td><td>INC MID IN</td><td>INIBIMATIO</td><td>NAL UNION OF</td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>4b (Code</td><td>) (Expenses \$</td><td>6,473</td><td>including grants of \$</td><td>. ,</td><td>) (Revenue \$</td><td>6,473)</td></tr><tr><td>FUND RE</td><td>IMBURSEMENT OF</td><td>F THE WAGES</td><td>OF EMPLOYEE</td><td>ES WHO SERVE</td><td>ON JURY DUT</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>4c (Code</td><td>) (Expenses \$</td><td></td><td>including grants of \$</td><td></td><td>) (Revenue \$</td><td>)</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td>·</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>4d Other progra</td><td>am services (Describe in Sc</td><td>thedule O)</td><td></td><td>. = =</td><td></td><td></td></tr><tr><td>(Expenses</td><td></td><td>including grants o</td><td>f \$</td><td>) (Revenue \$</td><td></td><td>)</td></tr><tr><td></td><td>am service expenses ></td><td>174,</td><td></td><td></td><td></td><td></td></tr><tr><td>)AA</td><td></td><td></td><td></td><td></td><td></td><td>Form 990 (2011)</td></tr></tbody></table>		

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		X
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		<u> </u>
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
_	"Yes," complete Schedule D, Part I	6		<u> </u>
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		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		}	
_	complete Schedule D, Part III	8_		<u> </u>
9	Did the organization report an amount in Part X, line 21; 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		<u> </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,			
_	VII, VIII, IX, or X as applicable		ŧ	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		İ	
L	complete Schedule D, Part VI	11a		<u> </u>
D	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
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more		ł	**
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	-	<u> </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		l	7.7
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	+	<u> </u>
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u> </u>
'	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		-	v
122	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_ <u>X</u>
. L a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	4.	ĺ	v
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	12a		X
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	40.		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		$\frac{x}{x}$
	Did the organization maintain an office, employees, or agents outside of the United States?	13		$\frac{\Lambda}{X}$
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking.	14a	-+	
_	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	446		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	_14b		
	organization or entity located outside the United States? 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 assistance	15		
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	-10		
-	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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		
-	If "Yes," complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		$\frac{\mathbf{x}}{\mathbf{x}}$
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	$\neg \dagger$	

Form 990 (2011) New York Elevator Industry Fund 13-2977270 Page 4 Part IV Checklist of Required Schedules (continued) Yes No , Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 X 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated X employees? If "Yes," complete Schedule J 23 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 25 X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c 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) and 501(c)(4) 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? If "Yes," complete Schedule L, Part I 25b 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II X 26 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 X entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 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) X a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X Schedule L. Part IV 28b c 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 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X conservation contributions? If "Yes," complete Schedule M 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes." complete Schedule N. X 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," X complete Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes." complete Schedule R. Parts II. III. IV. and V. line 1 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 35a b 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 X 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable

Form 990 (2011)

X

X

36

37

38

related organization? If "Yes," complete Schedule R, Part V, line 2

19? Note. All Form 990 filers are required to complete Schedule O

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,

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

Form 990 (2011)

Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response to any question in this Part V Yes No Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a b If "Yes," has it filed a Form 990-T for this year? If "No," 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, secunties account, or other financial X account)? 4a **b** If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? X 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 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 and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7¢ 7d d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h h 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a а b Did the organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b h Section 501(c)(12) organizations. Enter а Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources 11b against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b 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. 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 Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c C Enter the amount of reserves on hand X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 14b b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

75-B Mill Street

NJ 07860

State the name, physical address, and telephone number of the person who possesses the books and records of the

and financial statements available to the public during the tax year

E James Walker

20

DAA

organization >

Newton

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average hours per week (describe	bo: off	x, unle	Pos check ess pe nd a d	more rson :: recto	s both r/trust	an e)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1) JUSTIN TOMASINO						-				
PRESIDENT	1.00			X				0	0	
(2) PAUL BARRETT								_		* "
VICE PRESIDENT	1.00	_		X		ļ	ļ	0	0	
(3) E JAMES WALKER SECRETARY	7.00			x				o	o	(
(4) DANIEL GRUND	7.00	\vdash		_	 	┢				
TREASURER	4.00			x				o	o	
(5)					-					
(6)						-				
(7)										
(8)						_				
(9)			_							
(10)							_			
(11)										<u> </u>
(12)						_				
(13)			_	-	-	\vdash				
(14)		\vdash	\vdash	 	\vdash	 				

Pa	rt VII Section A. Officers	, Directors, Tru	stee	s, Ke	y Er	nplo	yees	s, ar	nd Highest Compensated	Employees (continued)			
	(A) Name and title	(B) (C) Average Position hours per (do not check more than on box, unless person is both a director/trustle hours for							(D) Reportable compensation from the	(E) Reportable compensation from related organizations	c	on	
		related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)		from the organization and related organization	1
(15)													
(16)	-							<u> </u>					
(17)				ļ									
(18)					-	-		<u> </u>					
(19)					-		<u>. </u>	<u> </u>					
(20)						-	ļ						
(21)					-			-					
(22)		_	 					-					
(23)						-	<u> </u>						
(24)			┢							1			
(25)						_							
1b	Sub-total		<u> </u>	<u> </u>		L	<u>i</u>	>					
c d	Total from continuation shee Total (add lines 1b and 1c)	ets to Part VII, S	ectio	n A				>					
2	Total number of individuals (inc				ose	liste	d abo	ve)	who received more than \$1	00,000 in	Į.		-,
	reportable compensation from											Y	es No
3	Did the organization list any for employee on line 1a? If "Yes,"	complete Schedu	ıle J	for s	uch i	ndıv	idual					3	x
4	For any individual listed on line organization and related organi									n the			
5	Individual Did any person listed on line 1s									fividual	-	4	X
Sec	for services rendered to the org tion B. Independent Contract		S, C	ompi	ete s	scne	aule	J 101	r such person			5	X
1	Complete this table for your five compensation from the organization	e highest comper	nsate	d ind	depe	nder r the	nt cor	ntrac nda	ctors that received more that	n \$100,000 of			
		(A) business address								(B) tion of services		((Compe	C) ensation
		 -						_					
													
		······				_							
													
2	Total number of independent c received more than \$100,000 c		_						listed above) who	0			
DAA												Form \$	90 (2011)

Pa	rt V	III Stater	nent of Reve	nue						
	•	•					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts	1a	Federated can	npaigns	1a						
iran	b	Membership d	ues	1b		144,781				
S,E	С	Fundraising ev	ents ents	1c						
ar.	d			1d						
S,E	е	Government grants		1e						
ion	f	All other contribution	ns, gifts, grants,							
the the		and similar amounts	not included above	1f						
do	g	Noncash contribution	ns included in lines 1a-	 1f	<u> </u>					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add line	es 1a–1f			•	144,781			
Program Service Revenue						Busn Code				
ven	2a									
Re	b									
vice	С									
Ser	d						<u> </u>			
ram	е									
rog	f	All other progra	am service reven	ue						
<u>م</u>	g	Total. Add line				<u> </u>				
	3		ome (including d	ividend	ds, interes	t,				
		and other simil				•	33	33		
	4		vestment of tax-	exemp	t bond pro	ceeds 🕨				
	5	Royalties								· · · · · · · · · · · · · · · · · · ·
	_	_	(ı) Real		(u) F	Personal				
	6a	Gross rents								
	þ	Less rental exps								
	C	Rental inc or (loss)								
	d 7a	Net rental inco Gross amount from								
		sales of assets	(i) Secunties		(11)	Other				
	_	other than inventory			-					
	þ	Less cost or other			i					
	_	basis & sales exps Gain or (loss)		-	 					
	c d	Net gain or (los	L	-	<u> </u>					
			om fundraising even	ıte İ						
ne	va	(not including \$	-	າເວ						
Other Reven			eported on line 1c)							
8		See Part IV, line		a						
F.	b	Less direct ex		ь		· · · · · · · · · · · · · · · · · · ·				
ŏ			(loss) from fundr	-	events	<u> </u>				
			m gaming activities	- 1						
		See Part IV, line		a						
	b	Less direct ex	penses	b						
	С	Net income or	(loss) from gami	ng acti	vities					
	10a	Gross sales of	inventory, less	-						
		returns and alle	owances	а						
	b	Less cost of g	oods sold	ь						
	С	Net income or	(loss) from sales	of inv	entory	•				
		Mis	cellaneous Revenue			Busn. Code				
	11a									
	b									
	C									
	d	All other reven				L				
	е	Total. Add line				•				
	12	Total revenue	. See instruction	s			144,814	33	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) but are not required to complete columns (B), (C), and (D)

	Check if Schedule O contains a response	to any question in this Part	IX		
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				11
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		·		
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	-			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes		·	-	
11	Fees for services (non-employees)				
а	Management				
b	Legal	123,808	123,808		
c	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17	+			
f	Investment management fees				
g	Other				· · · · · · · · · · · · · · · · · · ·
12	Advertising and promotion			,	
13	Office expenses			<u></u>	
14	Information technology				- · · · · · · · · · · · · · · · · · · ·
15	Royalties				
16	Occupancy				·
17	Travel				
18	Payments of travel or entertainment expenses				
-	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings			-	
20	Interest		, "		"
21	Payments to affiliates				
22	Depreciation, depletion, and amortization		,, ,,		-
23	Insurance				
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	ASSOCIATION DUES	25,000	25,000		
b	CONFERENCE FEES	10,000	10,000	********	
c	BENEFITS ADMINISTRATION S	8,685	8,685		
d	JURY DUTY PAY REIMBURSEME	6,473	6,473		
e	All other expenses	3,464	215	3,249	
25	Total functional expenses Add lines 1 through 24e	177,430	174,181	3,249	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs	= , - 3 0		3,-30	
	from a combined educational campaign and fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720)				

Part)	Salance Sheet		· · · · · · · · · · · · · · · · · · ·		
	•		(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing		353,040	1	320,42
2	Savings and temporary cash investments			2	
3	Pledges and grants receivable, net			3	
4	Accounts receivable, net		4		
5	Receivables from current and former officers, directors, t		7		
	employees, and highest compensated employees Comp				
	Schedule L	icto i ait ii oi		5	
6	Receivables from other disqualified persons (as defined in	under section		-	
	4958(f)(1)), persons described in section 4958(c)(3)(B), a				
	employers and sponsoring organizations of section 501(c)				
	employees' beneficiary organizations (see instructions)	J(O) VOIGITIALLY	į į	ا ء	
<u> </u>	Notes and loans receivable, net			7	
7 8	Inventories for sale or use			8	
9	Prepaid expenses and deferred charges			9	
	Land, buildings, and equipment cost or	1 1		9	
100	other basis Complete Part VI of Schedule D	10a		I	
١,	Less accumulated depreciation	10b	 	40.	
11		1001		10c	
12	Investments—publicly traded securities		-	11	
13	Investments—other securities See Part IV, line 11			12	
	Investments—program-related See Part IV, line 11			13	
14	Intangible assets			14	
15	Other assets See Part IV, line 11		353 040	15	200 40
16	Total assets. Add lines 1 through 15 (must equal line 34)	353,040	16	320,42
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			21	·····
22	Payables to current and former officers, directors, trustee	•		I	
[]	employees, highest compensated employees, and disqua	alified persons		ŧ	
22	Complete Part II of Schedule L			22	
23	Secured mortgages and notes payable to unrelated third			23	
24	Unsecured notes and loans payable to unrelated third pa			24	
25	Other liabilities (including federal income tax, payables to				
	parties, and other liabilities not included on lines 17-24) (Complete Part X			
	of Schedule D			25	
26		9	0	26	· · · · · · · · · · · · · · · · · · ·
	Organizations that follow SFAS 117, check here ▶	and complete		1	
ا فا	lines 27 through 29, and lines 33 and 34.		2=2 242	ŧ	
27	Unrestricted net assets		353,040		320,42
28	Temporarily restricted net assets			28	
29	Permanently restricted net assets	. h		29	
:	Organizations that do not follow SFAS 117, check he	ere 🕨 🔝 and		1	
3	complete lines 30 through 34.			1	
30	Capital stock or trust principal, or current funds			30	
31	Paid-in or capital surplus, or land, building, or equipment			31	
27 28 29 30 31 32	Retained earnings, endowment, accumulated income, or	other funds		32	
33	Total net assets or fund balances		353,040	33	320,424
34	Total liabilities and net assets/fund balances			34	320,424

Form **990** (2011)

orm 990 (2011) New York Elevat Part XI Reconciliation of Net Ass		13-2977270			Page
	sets s a response to any question in this	Dart YI			Г
Official if Golfieddie O Contains	s a response to any question in this	rait Ai			
1 Total revenue (must equal Part VIII, column	n (A), line 12)		111	1	44,81
2 Total expenses (must equal Part IX, column	n (A), line 25)		2	1	77,43
3 Revenue less expenses. Subtract line 2 from	m line 1		3		32,61
4 Net assets or fund balances at beginning of	f year (must equal Part X, line 33, columr	ı (A))	4	3	53,04
5 Other changes in net assets or fund balance	es (explain in Schedule O)		5		
6 Net assets or fund balances at end of year	Combine lines 3, 4, and 5 (must equal P	art X, line 33,			
column (B))	·		6	3	20,42
Part XII Financial Statements and	d Reporting	· · · · · · · · · · · · · · · · · · ·			
Check if Schedule O contains	s a response to any question in this	Part XII			
					Yes N
1 Accounting method used to prepare the For	rm 990 🔲 Cash 🔀 Accrual	Other			
If the organization changed its method of ac	ccounting from a prior year or checked "C	Other," explain in			
Schedule O					
2a Were the organization's financial statements	s compiled or reviewed by an independe	nt accountant?		_2a	3
b Were the organization's financial statements	s audited by an independent accountant	?		2b	3
c If "Yes" to line 2a or 2b, does the organization	on have a committee that assumes respond	onsibility for oversight			
of the audit, review, or compilation of its fina	ancial statements and selection of an inc	lependent accountant?		2c	
If the organization changed either its oversig	ght process or selection process during t	he tax year, explain in			
Schedule O					
d If "Yes" to line 2a or 2b, check a box below t	to indicate whether the financial stateme	nts for the year were			
issued on a separate basis, consolidated ba	asis, or both				
Separate basis Consolidated bas	isis Both consolidated and separa	nte basis			
3a As a result of a federal award, was the organ	inization required to undergo an audit or	audits as set forth in			
the Single Audit Act and OMB Circular A-13	33?			3a	<u> </u>
b If "Yes," did the organization undergo the red	•	<u> </u>		_	
required audit or audits, explain why in Sche					

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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 Open to Public Inspection

New York Elevator Industry Fund

Employer identification number 13-2977270

Form 990 - Organization's Mission or Most Significant Activities TO ACT AS AN INDUSTRY LABOR MANAGEMENT COOPERATION COMMITTEE AS PROVIDED FOR BY SECTION 302(c) (a) OF THE TRAFT HARTLEY ACT 29 USC SEC 186(c) (9) FOR ANY AND ALL PURPOSES SET FORTH IN SECTION (6) (b) OF THE LABOR MANAGEMENT COOPERATION ACT OF 1978

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public