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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)

2012

OMB No 1545-0047

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

Open to Public

<u> </u>	For the	ZUIZ Calen	dar year, or tax year beginni	ng 10/01	, 2012,	and ending	9/3	30	,	2013
В	Check if a	pplicable	С					D Employ	er Identıfic	cation Number
	Addre	ess change	NATIONAL ELEVATOR	BARGAINING	A S S O C T A T T O	N		20-	55764	48
	\vdash	e change	PO BOX 119	DIMOITINING I	.155000111110	14	ŀ	E Telepho		
	\vdash	_	TEANECK, NJ 07666					•		
	Initial	l return	121112011, 110 0,000					201-	-836 -	7290
	Term	ınated								
	Amer	nded return						G Gross re	ceipts \$	2,359,651.
	Applu	cation pending	F Name and address of principal of	ficer E JAMES	MAIKED	Н	(a) Is this a	group return		
		cation penamg	, ,	E OMMES	WILLEL					
_			Same As C Above				If 'No,'	affiliates incli attach a list	(see instri	uctions)
<u> </u>	Tax-exe	empt status	501(c)(3) X 501(c) (5) ◀ (insert no)	4947(a)(1) or	527				
J	Webs	ite: ► N/	A			н	(c) Group e	exemption nu	mber -	
K	Form of	organization	X Corporation Trust A	Association Other	Ly	ear of Formatio	n 2007	7 M s	tate of len	al domicile DE
		Summar					200	<u>, </u>	tate or log	и сописио рд
EF C					1 tuulus					
			oe the organization's mission	-						OCIATION_ARE
ģ	<u>T</u>	<u>O FOSTE</u>	R_AND_PROMOTE_THE_	<u>INTEREST OF</u>	<u> ITS MEMBEF</u>	<u>RS_BY_A</u> C	<u>TING</u>	<u>AS REP</u>	<u>RSEN</u> T	CATIVE_OF
Governance	<u>I</u>		<u>ERS IN COLLECTIVE</u>							
Ē	<u>C</u>	<u>ONSTRUC</u>	<u>TORS AND ITS LOCAI</u>	S AND ANY OT	HER LABOR	ORGANIZ	ZATION	HTIW	WHICH	THE .
Š	2 CI	heck this bo	x If the organization	discontinued its ope	erations or dispo	sed of more	e than 25	5% of its i	net asse	ets
	3 N	umber of vo	ting members of the governi	ng body (Part VI, li	ne 1a)			1	3	6
•ಶ			dependent voting members of			1b)			4	0
<u>:ë</u>			of individuals employed in o						5	0
≅			of volunteers (estimate if ne		(* =: *)			}	6	0
Activities &			ed business revenue from Pa	• •	line 12			}	7 a	0.
~			business taxable income from	. , , ,				}	7 b	
		et un ciated	business taxable income in	711 1 OTHI 330-1, IIII					/ b	0.
	•						Pi	rior Year		Current Year
<u>o</u>			and grants (Part VIII, line 11							2,359,057.
Revenue			ice revenue (Part VIII, line 2							
Š	10 In	vestment in	come (Part VIII, column (A),	lines 3, 4, and 7d)	•					594.
ď	11 01	ther revenue	e (Part VIII, column (A), line	s 5, 6d, 8c, 9c, 10c,	, and 11e)					****
			- add lines 8 through 11 (n		•	ne 12)		~		2,359,651.
			milar amounts paid (Part IX,							2,333,031.
			, , ,		1-0)					
			to or for members (Part IX,							
S	15 Sa	alaries, othe	r compensation, employee t	penefits (Part IX, co	olumn (A), lines	5-10)				
ße	16a Pr	rofessional i	undraising fees (Part IX, col	umn (A), line 11e)						
Expenses	h To	ntal fundrais	ing expenses (Part IX, colur	nn (D) line 25) ▶			· · · · · ·	" ('d	₹ 1 7	Y . H W
X				- · · · · -				, , , , ,	<i>š</i> .	
	17 0	iner expens	es (Part IX, column (A), line	s IIa-IId, [TTP24e)						2,576,193.
	18 To	otal expense	es Add lines 13-17 (must eq	ual Part IX, colum	(CA), Tipe 25)					2,576,193.
	19 Re	evenue less	expenses Subtract line 18	from line 2	-CEIVE					-216,542.
8 8			· · · · · · · · · · · · · · · · · · ·		-		Reginning	g of Current	Voor	End of Year
Net Assets of Fund Balance	20 To	ntal assets (Part X, line 16)	 ₹ 0:	CT I 420W	7 0/				
A B	21 To		s (Part X, line 26)	Lange Contract Contra	CT 1 4 2014	$ \mathbf{x} $		<u>,159,5</u>	3 	942,988.
¥ 5	21 10		, ,	1 00	The Assessment of the Party of	ואו				<u> </u>
	22 Ne	et assets or	fund balances Subtract line	21 from line 20 (3)	DEN	씨앗	1	,159,5	30.	942,988.
Pa	rt II	Signatur	e Block	-	Jany, UT			 -		
				including accompanying	schedules and statem	and to the	n hast of m	, left and a day	and halinf	at as true, secretary and
comp	lete Decla	ration of prepa	clare that I have examined this return, er (other than officer) is based on all	information of which prepare	arer has any knowled	ge	e best of my	/ Inowieage	and belief,	it is true, correct, and
			Janes War	Beix			$\overline{}$	13/5		
٠.		Signatri	e of officer	1		···		10/0	120	14
Sig	Jn								-	
He	re		MES WADKER				Prési	.dent		
		Type or	print name and title							
		Print/Type p	eparer's name P	reparer's signature		Date		Check	ıf PT	TIN
D-1		POBERT	RHINE CPA	ODEDT DUTNE	CDA				J	01075765
Pai				OBERT RHINE	CEM			self-employe	<u> </u>	01075765
rre	parer	Firm's name								
US	e Only	Firm's addre	ss <u>201 Main Stree</u>	t				Firm's EIN	<u>22-3</u>	3087139
_			Andover, NJ 07	821				Phone no	(973)	786-6788
May	the IRS	discuss th	s return with the preparer sh		nstructions)				,	X Yes No
			eduction Act Notice, see the			TEFA	0113L 12/1	18/12		Form 990 (2012)
						, CCA		, , , , _		1 01111 220 (2012)

Form	990 (2012) NATIONAL ELEVATOR BARGAINING ASSOCIATION	20-5	57644	8	Р	age 2
Par	Statement of Program Service Accomplishments					
	Check if Schedule O contains a response to any question in this Part III					X
1	Briefly describe the organization's mission					
	See Schedule 0					
2	Did the organization undertake any significant program services during the year which were not listed on the prior					
	Form 990 or 990-EZ?			Yes	X	No
	If 'Yes,' describe these new services on Schedule O		_			
3	Did the organization cease conducting, or make significant changes in how it conducts, any program serv	ices?		Yes	X	No
	If 'Yes,' describe these changes on Schedule O					
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of gothers, the total expenses, and revenue, if any, for each program service reported	es, as i rants ai	measure nd alloca	ed by entions t	expen o	ses
4 a		venue	\$)
	COLLECTIVE BARGAINING					
						
4 t	(Code) (Expenses \$ 846,993. including grants of \$) (Re	venue	\$)
	ARBITRATION					
						.
	~					
	~					
4 0	: (Code:) (Expenses \$296,124. including grants of \$) (Re	venue	\$)
	LABOR RELATIONS		· -			. _
			·			
					_	
 -	10%					
4 0	Other program services (Describe in Schedule O.)					
	(Expenses \$ including grants of \$) (Revenue \$)	
	Total program service expenses ► 2,201,769.				000	700155
RΔΔ	TEFA0102L 08/08/12			FORM	44()	(2012)

			162	110
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		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II .	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
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		Х
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		Х
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	34		<u>.</u>
i	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		Х
ı	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.	11 b		Х
•	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	11 c		Х
	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	11 d		Х
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
1	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	11 f		Х
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		Х
	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
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? 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 assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		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? If 'Yes,' complete Schedule G, Part III	19		X
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
ı	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 ь		

Form 990 (2012) NATIONAL ELEVATOR BARGAINING ASSOCIATION
Part IV Checklist of Required Schedules (continued)

<u> </u>			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants 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		Х
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? <i>If 'Yes,' complete Schedule J</i>	23		Х
24 a	a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		Х
t	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		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a 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		
Ł	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, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? 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 entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
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)	***	***	
ā	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	28c		X
	• • • • • • • • • • • • • • • • • • • •	25		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	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		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
t	olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		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		Х
BAA		Form	990 (2012)

Par	Statements Regarding Other IRS Filings and Tax Compliance				_ <u>~</u>
	'Check if Schedule O contains a response to any question in this Part V				
_	Falsa the graph and activities Day 2, 45 , 1996 F. L. O. C. L. J. L.	ماليا	**************************************	Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 0			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<u> 1b</u> 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reasonable (gambling) winnings to prize winners?	eportable gaming	1 c	*09.	
2 a	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	2a 0		3.7	7
k	olf at least one is reported on line 2a, did the organization file all required federal employmen	nt tax returns?	2 b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see if	nstructions)	200	102.	3.3
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year	ar?	3 a		<u> </u>
t	olf 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q		3 b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other	er authority over, a			١.,
	financial account in a foreign country (such as a bank account, securities account, or other f	inancial account)?	4 a	3 2004.50	X
t	of Yes,' enter the name of the foreign country			37 (1)	
_	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and f			<u> </u>	X
	Was the organization a party to a prohibited tax shelter transaction at any time during the ta	=	5 a	-	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shell	ter transaction?	5 b	-	<u> </u>
(; If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c	<u> </u>	<u> </u>
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions?	and did the organization	6 a		Х
ŧ	f if 'Yes,' did the organization include with every solicitation an express statement that such contribut not tax deductible?	tions or gifts were	6 b		
7	Organizations that may receive deductible contributions under section 170(c).		23.2	335	136
ä	Did the organization receive a payment in excess of \$75 made partly as a contribution and payrices provided to the payor?	partly for goods and	7 a		
ì	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it			<u> </u>	\vdash
	Form 8282?		7 c		
	If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d	38	X L	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal		7 e	ļ	<u> </u>
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal ber		7 f	<u></u>	<u> </u>
	g If the organization received a contribution of qualified intellectual property, did the organization file as required?		7 g		
ł	ilf the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	e organization file a	7 h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, or a donor advised fund maintained by a sponsoring organization, holdings at any time during the year?	ng organizations. Did the nave excess business	8		Z 3
9	Sponsoring organizations maintaining donor advised funds.		1.33	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5 ²
	Did the organization make any taxable distributions under section 4966?		9a	ـ نستانگ	ستتشنعت
	Did the organization make a distribution to a donor, donor advisor, or related person?		9 b		†
10	Section 501(c)(7) organizations. Enter		14	401	: A)
	Initiation fees and capital contributions included on Part VIII, line 12	10 a			
ŀ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b	激。	144	
11	Section 501(c)(12) organizations. Enter			1	
ā	Gross income from members or shareholders	11 a			
ł	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11 b			
	Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu	of Form 1041?	12 a		
ŧ	of 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
ā	Is the organization licensed to issue qualified health plans in more than one state?	•	13 a		
	Note. See the instructions for additional information the organization must report on Schedu	le O	深模	£1.5	1
ŀ	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			
(Enter the amount of reserves on hand	13c],%%		100

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

14 a

14b

BAA

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Form 990 (2012)

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent 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 X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Δ Х Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X X Did the organization have members or stockholders? 6 7 a 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? X 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by ¥ the following a The governing body? 8 a Х b Each committee with authority to act on behalf of the governing body? 8 b X Is there any officer, director or 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 Х Section 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? 10 a Х b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a X b Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O 12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 \overline{X} 12 a b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes.' describe in Schedule O how this is done 12 c 13 Did the organization have a written whistleblower policy? 13 Х 14 Did the organization have a written document retention and destruction policy? X 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15 a Х **b** Other officers of key employees of the organization 15 b Х If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16 t Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website I Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year See Schedule 0 State the name, physical address, and telephone number of the person who possesses the books and records of the organization JAMES WALKER 362 CEDAR LANE STE. 12 TEANECK NJ 07666

TEEA0106L 08/08/12

Form 990 (2012) NATIONAL ELEVATOR BARGA		20-5576448	Page :
<u>Part VII</u> Compensation of Officers, Directors Independent Contractors	s, Trustees, Key Employees	Highest Compensated Employees	, and
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

- 1 a 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

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

		(C)								
(A) Name and Title	(B) Average hours per week (list	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other
	any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	related organizations (W-2/1099 MISC)	compensation from the organization and related organizations
(1) TIMOTHY P GRACE	_0.5_									
Director	0						_	0.	0.	0.
(2) GREGORY GARGER Director	_0.5_ 0							0.	0.	0.
(3) E JAMES WALKER	0.5								<u> </u>	
President	0	İ						0.	0.	0.
(4) CHARLES MOORE	_0.5_									
Vice President	0							0.	0.	0.
	0.5 0							0.	0.	0.
(6) JOSEPH ZAFFUTO	_0.5									
Secretary	0							0.	0.	0.
										. <u>.</u>
									-1.0	
<u>_(9)</u>										
(10)										
(11)										·
(12)										
(13)									-	····
(14)										
								·		

Page 8

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	(B)			((-					
(A)	Average			heck		than ((D)	(E)	(F)
Name and title	hours per	offic	, unle: cer an	ss pe	erson direct	is both or/trust	tee)	Reportable compensation from	Reportable compensation from	Estimated amount of other
	week (list any hours	or la	ng	읔	Key	er E	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the
	for related	diridual director	탈	Officer	eg	Highest co	mer			organization and related
	organiza • tions	5 B	ᆲ		/ employee	ie con				organizations
	below dotted	Individual trustee or director	nstitutional trustee		8	peng				
	line)	"	8			Highest compensated employee				
(15)		1	H		├	├				
(13)	 	1	1							
(16)	 	t^{-}			╁─	\vdash	<u> </u>			-
	-	1								
(17)										
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(18)					ļ					
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<u>(19)</u>	 	1				:	}			
(20)		 -								
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(21)	 	 	Н			-	-			
	1	1								
(22)	<u> </u>	1							_	
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(23)	↓	1								
		 —	\sqcup		┡	ļ	_			
(24)		1								
(25)	 	 	-				\vdash			
	1	1								
1 b Sub-total		٠	 1		-			0.	0.	0.
c Total from continuation sheets to Part VII, Section	n A						>	0.	0.	0.
d Total (add lines 1b and 1c)							<u> </u>	0.	0.	0.
2 Total number of individuals (including but not limited to	o those t	ısted	abov	ve) v	who	recen	ved	more than \$100,00	0 of reportable comp	ensation
from the organization 0									, ,	IV IN.
										Yes No
3 Did the organization list any former officer, directed on line 1a? If 'Yes,' complete Schedule J for such	r or tru: <i>individu</i>	stee, <i>ial</i>	key	em	ploy	ee, c	or h	ighest compensat	ed employee	3 X
4 For any individual listed on line 1a, is the sum of r			mno	nca	tion	and	oth	or companyation	from	
the organization and related organizations greater	than \$1	50,0	002	If '	Yes'	com	plet	e Schedule J for	ii Oili	
such individual										4 X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,	comper comple	nsatic ete So	on fro ched	om Iule	any J fo	unre or suc	late ch p	ed organization or e <i>rson</i>	individual	5 X
Section B. Independent Contractors										
Complete this table for your five highest compensation from the organization. Report compensation.	ated ind	epen	dent	l co	ntra	ctors	tha	it received more t	han \$100,000 of	
		tric c	aicik	uai ,	ycai	Cridii	i ig v	(B)	 -	(C)
(A) Name and business addre	ss							Description	of services	Compensation
						_				
O Table and a second se	سالميسية	الحمار	- II-		المحا	ما د ا			Alaan	
2 Total number of independent contractors (including bu \$100,000 in compensation from the organization •		nteo t	บ เทอ	ise i	uste	a abo	ve)	wno received more	แลก	
BAA		TEEAC	01081	01/	24/13					Form 990 (2012)
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Check if Schedule O contains a response to any questi					Part VIII									
100		灣一學 港口對 技术		Total re	<u>) </u>	ŀ	(B) Related exem	pt	(C) Unrelated business			Rev exclude		
بُدُّنيا	ģ., . ·			1			function		'	revenue		512, 51	sections 13, or 51	s 14
FIS	1 a	Federated campaigns 1:	a		* * * *								*	
889	b	Membership dues	1,894,057.		. Î	ì.	ž.X	,iK	د ،	. 1		3 00	* .	
TS,	С	Fundraising events.		1	* * * * * * * * * * * * * * * * * * * *	77.	* 4,2%	3		~,	. 4	1, 3	ş - "	į
유팅	d	Related organizations 1	1	, , ,	5-4	**	(18	× ×	, ;	2 4.			ą.	
S S	е	Government grants (contributions)		-{` ` <i>{</i> ```	i ()	\$7.	- ,	* (3)	· * \$		Å,	, ,, "",	1	٠, ٨
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f	All other contributions, gifts, grants, and similar amounts not included above	465,000.				, į s	***(.)	\ } }	* 1/2	À,	* * * * ·	. *	*
SE	g	Noncash contributions included in Ins 1a-1f:	\$	<u></u>		}				, ,				
	h	Total. Add lines 1a-1f	>	2,359	9,057.	ş.	3.4	~ *	- ,	4.		*	*	٠,
PROGRAM SERVICE REVENUE			Business Code			<u> </u>								
<u> </u>	2 a													
핑	b													
- [₹	С											<u> </u>		
S	d	 										ļ		
Z	е			ļ		ļ								
힕	f	All other program service revenue		ļ <u></u>									-	
	g	Total. Add lines 2a-2f	<u> </u>	ļ <u>.</u>		ļ					ě K			
	3	Investment income (including divident other similar amounts)	ds, interest and									1		
		· ·			<u>594.</u>			<u>594.</u>				-		
	4	Income from investment of tax-exem	pt bona proceeds			 								
	5	Royalties (i) Real	(II) Personal	ļ									,	 -
	6 -	Gross rents	(II) Fersonal	l	# »·	ļ	. 2	À	,	. #%	٠,		30	
				₹ / 3° ·	() ;		1 3 2		٠,,	: 4"	* } }	•	3	1
		Less rental expenses	-	<u> </u>		Ser s			.		3	İ	i.	İ
		Rental income or (loss)		<u> </u>		عقتال	·				- 1	<u> </u>		لنـــا
i		Net rental income or (loss) (i) Securities	(II) Other			ļ								
	7 a	Gross amount from sales of assets other than inventory	(ii) Other	· · · · · · · · · · · · · · · · · · ·	1.31	Ì	· \$.},	•	, 3, 4	14.37	Ì,	٠ ها اله ٠	, .	
		·		,	Ŗ		2,3		1.36.	**				1
	b	Less, cost or other basis and sales expenses		1 1	è.	٠,	a ås	<i>J</i> **.	o '6.	. 16.30		∭ ∂, x		à
ļ	_	Gain or (loss)			, , 2	, c.	7.4	~ `	* 4	127			•	4
		Net gain or (loss)				ļ			L					
		• •		- 3		 			7,8		5.4	J.		
当	8 a	Gross income from fundraising event (not including \$	S		š				,					
OTHER REVENU		of contributions reported on line 1c)	-	* '	- 1/4 } r + 2	1	ž	1	, Š.,	- 500 ×		\$		8"
뿚		See Part IV, line 18	a	<	4	ľ			,		1.8	ĺ	*,	1
皇	b	Less direct expenses	ь	1	Ą١.	fi.	~	Ŏ.	, ~,,,	11.	. 8.		\$ ₁	4
힏		Net income or (loss) from fundraising	events ►	3	<u> </u>	, š.				<u>\$_:</u> _				
		Gross income from gaming activities See Part IV, line 19	a	* *	K ; § .	1	,	: · ;	ž	'	3 🖟 .		;	
		Less direct expenses	Ь	1 5		La.			4		. 18			
i		Net income or (loss) from gaming ac	ivities ►			145						**************************************		
														\neg
	IVa	Gross sales of inventory, less returns and allowances	a	\ \	. '	,	145:1	<i>€</i> -	,,	4/8	,	: 4 3	Sear	
	b	Less cost of goods sold	ь	1				·						
	С	Net income or (loss) from sales of in-	ventory >				······································							
Ì		Miscellaneous Revenue	Business Code											\neg
Ī	11 a													
	b	'												_
	C													_
	d	All other revenue												_
	е	Total. Add lines 11a-11d	•											\neg
- 1	12	Total revenue. See instructions	•	2,359	651.			594.			0.			

PartiX. Statement of Functional Expenses

Sec	Check of Schodula O contains a			ompiete column (A)	
	Check if Schedule O contains a			(6)	(5)
7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21			*****	
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees.	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11					
	a Management				
	b Legal	1 424 604	1 404 604		·
	c Accounting	1,424,694.	1,424,694.	1 005	
		1,825.		1,825.	
	Lobbying		44.5		
	Professional fundraising services. See Part IV, line 17		* * * *		
	Investment management fees				
	Other (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch 0) Advertising and promotion	557.		557.	
13	Office expenses	6,000.	6,000.		
14	Information technology	0,000.	0,000.		<u></u>
15	Royalties				· · · · · · · · · · · · · · · · · · ·
16	Occupancy				
	_ '. *				
17	· ·				
18	expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	* *				
24		, , , , , , , , ,			, , , ,
	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)		2, 1,5 % 7, 3	****	
	ARBITRATION SETTLEMENT	765,000.	765,000.		
t	LABOR_RELATIONS_CONSULTING	296,124.	296,124.		
C	ARBITRATION EXPENSES	81,993.	81,993.		
C	1				
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,576,193.	2,573,811.	2,382.	0.
26	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		_,,,	2,002.	
	SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X (A) Beginning of year **(B)** End of year Cash - non-interest-bearing 874,651 562,637. Savings and temporary cash investments 2 2 205,299 205,893 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 79,581 174,458 W. Verb Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 Notes and loans receivable, net 7 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment, cost or other basis Complete Part VI of Schedule D Marie Co 10 a b Less: accumulated depreciation. 10b 10 c Investments - publicly traded securities. 11 11 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 Intangible assets 14 14 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 1,159,531 942,988 17 Accounts payable and accrued expenses 17 18 Grants payable 18 Deferred revenue 19 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, 22 *** key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 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 25 25 Total liabilities. Add lines 17 through 25 26 0. Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 1,159,530 27 942,988 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 R Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 1,159,530 33 942,988. Total liabilities and net assets/fund balances 34 1,159,531 942,988

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Form 990 (2012)

Forn	1 990 (2012) NATIONAL ELEVATOR BARGAINING ASSOCIATION	20-55764	48	Pa	ge 12	
Pa	₹XI. Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI		_			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,3	59,6	51.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,5	76,1	93.	
3	Revenue less expenses. Subtract line 2 from line 1	3		16,5		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4		59,5		
5	Net unrealized gains (losses) on investments .	5				
6	Donated services and use of facilities .	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9	42,9	88.	
Pa	TIXII Financial Statements and Reporting	•				
	Check if Schedule O contains a response to any question in this Part XII					
			-	Yes	No	
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				W11	
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.						
2 :	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	Mit out with a	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reseparate basis, consolidated basis, or both.	viewed on a				
	Separate basis Consolidated basis Both consolidated and separate basis		2 nr.	J. J. J. J. J. J. J. J. J. J. J. J. J. J	e Madhalana	
1	Were the organization's financial statements audited by an independent accountant?		2 b		X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a set basis, consolidated basis, or both Separate basis Both consolidated and separate basis	eparate				
•	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a review, or compilation of its financial statements and selection of an independent accountant?	audıt,	2 c		400740	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O						
3 8	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin Audit Act and OMB Circular A-133?	gle	3 a		Х	
	olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits	d audit	3 b			
BAA			Form	990 (2012)	

SCHEDULE O (Form 990 or 990 EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047 2012

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.

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public . Cluspection

Employer identification number

20-5576448
PROMOTE THE INTEREST OF ITS
N COLLECTIVE BARGAINING WITH THE
S LOCALS AND ANY OTHER LABOR
ORIZED TO DEAL SO AS TO OBTAIN
WITH MEMBERS' EMPLOYERS AND THEIR
cly Available