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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)

OMB No 1545-0047

2008

Open to Public Inspection

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

A For the 2008 calendar year, or tax year beginning **JUL 1, 2008** and ending **JUN 30, 2009**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type: See Specific Instructions	C Name of organization INTERNATIONAL UNION OF ELEVATOR CONSTRUCTORS Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 7154 COLUMBIA GATEWAY DRIVE City or town, state or country, and ZIP + 4 COLUMBIA, MD 21046 F Name and address of principal officer DANA A. BRIGHAM SAME AS C ABOVE	D Employer identification number 23-0725260 E Telephone number (410) 953-6150 G Gross receipts \$ 21,270,624. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ 0680
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (5) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ WWW.IUEC.ORG	
K Type of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1901 M State of legal domicile: MD	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE EXEMPT PURPOSE IS TO SECURE IMPROVED WAGES, HOURS, WORKING CONDITIONS AND OTHER ECONOMIC 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 11 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 8 5 Total number of employees (Part V, line 2a) 5 31 6 Total number of volunteers (estimate if necessary) 6 0 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 7b 0.											
Revenue	8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<table border="1"> <thead> <tr> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr> <td>11,177,081.</td> <td>11,666,734.</td> </tr> <tr> <td>526,666.</td> <td>403,771.</td> </tr> <tr> <td>95,690.</td> <td>88,882.</td> </tr> <tr> <td>11,799,437.</td> <td>12,159,387.</td> </tr> </tbody> </table>	Prior Year	Current Year	11,177,081.	11,666,734.	526,666.	403,771.	95,690.	88,882.	11,799,437.	12,159,387.
Prior Year	Current Year											
11,177,081.	11,666,734.											
526,666.	403,771.											
95,690.	88,882.											
11,799,437.	12,159,387.											
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 12-14f) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12	<table border="1"> <tbody> <tr> <td>56,500.</td> </tr> <tr> <td>4,642,048.</td> </tr> <tr> <td>4,272,091.</td> </tr> <tr> <td>3,686,857.</td> </tr> <tr> <td>3,500,822.</td> </tr> <tr> <td>8,328,905.</td> </tr> <tr> <td>7,829,413.</td> </tr> <tr> <td>3,470,532.</td> </tr> <tr> <td>4,329,974.</td> </tr> </tbody> </table>	56,500.	4,642,048.	4,272,091.	3,686,857.	3,500,822.	8,328,905.	7,829,413.	3,470,532.	4,329,974.	
56,500.												
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7,829,413.												
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4,329,974.												
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20	<table border="1"> <thead> <tr> <th>Beginning of Year</th> <th>End of Year</th> </tr> </thead> <tbody> <tr> <td>18,430,275.</td> <td>19,502,052.</td> </tr> <tr> <td>170,010.</td> <td>866,995.</td> </tr> <tr> <td>18,260,265.</td> <td>18,635,057.</td> </tr> </tbody> </table>	Beginning of Year	End of Year	18,430,275.	19,502,052.	170,010.	866,995.	18,260,265.	18,635,057.		
Beginning of Year	End of Year											
18,430,275.	19,502,052.											
170,010.	866,995.											
18,260,265.	18,635,057.											

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer: <i>Kevin P. Stringer</i> Type or print name and title: Kevin P. Stringer, General Secretary/Treasurer	Date: 4-15-10
Paid Preparer's Use Only	Preparer's signature: <i>Daniel A. Winters</i> Date: 4-12-10 Firm's name (or yours if self-employed), address, and ZIP + 4: DANIEL A. WINTERS & COMPANY, CPAS 6 DICKINSON DR STE 205 CHADDS FORD, PA 19317 EIN ▶ 610-358-2000 Phone no. ▶ 610-358-2000	

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

SCANNED MAY 26 2010

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INTERNATIONAL UNION OF ELEVATOR
CONSTRUCTORS

Form 990 (2008)

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Part III Statement of Program Service Accomplishments (see instructions)

- 1 Briefly describe the organization's mission:
**THE EXEMPT PURPOSE IS TO SECURE IMPROVED WAGES, HOURS, WORKING
CONDITIONS AND OTHER ECONOMIC ADVANTAGES FOR ITS MEMBERS, AND TO
PROVIDE EDUCATIONAL ADVANCEMENT AND TRAINING FOR OFFICERS, EMPLOYEES
AND MEMBERS.**
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes", describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes", describe these changes on Schedule O.
- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$)
**THE EXEMPT PURPOSE IS TO SECURE IMPROVED WAGES, HOURS, WORKING
CONDITIONS AND OTHER ECONOMIC ADVANTAGES FOR ITS MEMBERS, AND TO
PROVIDE EDUCATIONAL ADVANCEMENT AND TRAINING FOR OFFICERS, EMPLOYEES
AND 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 ► \$ (Must equal Part IX, Line 25, column (B))

**INTERNATIONAL UNION OF ELEVATOR
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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)? <i>If "Yes," complete Schedule A</i>		X
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>	X	
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? <i>If "Yes," complete Schedule F, Part II</i>	X	
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? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	X	
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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		
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? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

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**INTERNATIONAL UNION OF ELEVATOR
CONSTRUCTORS**

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Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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? <i>If "Yes," complete Schedule R, Part VI</i>		X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	17	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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	31	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
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)?	X	
b	If "Yes," enter the name of the foreign country: CANADA See the instructions for exceptions and 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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter: N/A		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter: N/A		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b	

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Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
1a Enter the number of voting members of the governing body	11	
b Enter the number of voting members that are independent	8	
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?		X
3 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?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?	X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?		X
9a Does the organization have local chapters, branches, or affiliates?	X	
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	X	
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990		X
11 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		X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13		X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		
13 Does the organization have a written whistleblower policy?		X
14 Does the organization have a written document retention and destruction policy?	X	
15 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?		X
b Other officers or key employees of the organization?		X
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?		X
b If "Yes," has the organization adopted 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?		
16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NONE**

18 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 ☒ Upon request

19 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.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **DANA A. BRIGHAM - (410)953-6150**
7154 COLUMBIA GATEWAY DRIVE, COLUMBIA, MD 21046

832008
12-18-08

Form **990** (2008)

**INTERNATIONAL UNION OF ELEVATOR
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

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

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

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DANA A. BRIGHAM GENERAL PRESIDENT	40.00			X				254,000.	0.	96,981.
JAMES J. HIGGINS, JR. ASSISTANT GENERAL PRESID	40.00			X				130,686.	0.	60,814.
KEVIN P. STRINGER GENERAL SECRETARY- TREAS	40.00			X				236,751.	0.	91,922.
THADDEUS TOMEI VICE PRESIDENT	2.00			X				0.	0.	0.
DONALD MITCHELL VICE PRESIDENT	2.00			X				0.	0.	0.
GERALD CLUFF VICE PRESIDENT	2.00			X				0.	0.	0.
ERNIE BROWN VICE PRESIDENT	2.00			X				0.	0.	0.
FRANK CHRISTENSEN VICE PRESIDENT	2.00			X				0.	0.	0.
JACK CLOWER VICE PRESIDENT	2.00			X				0.	0.	0.
MICHAEL CONKIN VICE PRESIDENT	2.00			X				0.	0.	0.
JAMES BIAGINI VICE PRESIDENT	2.00			X				0.	0.	0.

**INTERNATIONAL UNION OF ELEVATOR
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Part VII Section A. **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total								621,437.	0.	249,717.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **3**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
KELLY PRESS, INC. 1701 CABIN BRANCH DRIVE, CHEVERLY, MD 20785	PRINTING	597,224.
O'DONOGHUE & O'DONOGHUE, 4748 WISCONSIN AVENUE, NW, WASHINGTON, DC 20016	LEGAL	424,696.
DANIEL A. WINTERS & COMPANY, 6 DICKINSON DRIVE, SUITE 205, CHADDS FORD, PA 19317	AUDITORS	123,459.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization **3**

Form **990** (2008)

**INTERNATIONAL UNION OF ELEVATOR
CONSTRUCTORS**

Form 990 (2008)

23-0725260 Page 9

Part VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a-1f \$				
	h Total. Add lines 1a-1f				
Program Service Revenue	2 a <u>PER CAPITA TAX, INITIA</u>	Business Code 900099	11,603,342.	11,603,342.	
	b <u>RENTAL INCOME FROM AFF</u>	532000	63,392.	63,392.	
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f		11,666,734.		
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		354,808.	
4 Income from investment of tax-exempt bond proceeds					
5 Royalties			76,721.		76,721.
6 a Gross Rents		(i) Real (ii) Personal			
b Less: rental expenses					
c Rental income or (loss)					
d Net rental income or (loss)					
7 a Gross amount from sales of assets other than inventory		(i) Securities (ii) Other			
b Less: cost or other basis and sales expenses					
c Gain or (loss)					
d Net gain or (loss)			48,963.		48,963.
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		a			
b Less: direct expenses		b			
c Net income or (loss) from fundraising events					
9 a Gross income from gaming activities. See Part IV, line 19		a			
b Less: direct expenses		b			
c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances		a			
b Less: cost of goods sold		b			
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code			
11 a <u>AMEX REBATES</u>	900099	12,161.		12,161.	
b					
c					
d All other revenue					
e Total. Add lines 11a-11d		12,161.			
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		12,159,387.	11,666,734.	0.	492,653.

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Form 990 (2008)

**INTERNATIONAL UNION OF ELEVATOR
CONSTRUCTORS**

Form 990 (2008)

23-0725260 Page 10

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).

Do not include amounts reported on lines 6b, 7b, 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 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, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	56,500.			
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,006,594.			
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	2,783,920.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	281,900.			
10 Payroll taxes	199,677.			
11 Fees for services (non-employees):				
a Management				
b Legal	597,157.			
c Accounting	123,459.			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	15,582.			
g Other	30,310.			
12 Advertising and promotion	692,315.			
13 Office expenses	143,362.			
14 Information technology	51,800.			
15 Royalties				
16 Occupancy	116,548.			
17 Travel	29,020.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	645,362.			
20 Interest				
21 Payments to affiliates	463,400.			
22 Depreciation, depletion, and amortization	132,519.			
23 Insurance	70,289.			
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a ORGANIZATION EXPENSES	331,030.			
b CONTRIBUTIONS, FLORAL P	58,669.			
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	7,829,413.			
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**INTERNATIONAL UNION OF ELEVATOR
CONSTRUCTORS**

Form 990 (2008)

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	4,144,145.	1	3,967,615.
	2 Savings and temporary cash investments		2	8,939,125.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,023,365.	4	1,144,427.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	53,653.	8	49,559.
	9 Prepaid expenses and deferred charges	145,466.	9	106,900.
	10a Land, buildings, and equipment: cost basis	4,870,742.		
	10b Less: accumulated depreciation. Complete Part VI of Schedule D	1,111,166.		
		3,735,845.	10c	3,759,576.
	11 Investments - publicly traded securities	9,044,449.	11	1,534,850.
	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	283,352.	15	0.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	18,430,275.	16	19,502,052.	
Liabilities	17 Accounts payable and accrued expenses	138,073.	17	110,235.
	18 Grants payable		18	
	19 Deferred revenue	31,937.	19	31,456.
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 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		24	
	25 Other liabilities. Complete Part X of Schedule D	0.	25	725,304.
	26 Total liabilities. Add lines 17 through 25	170,010.	26	866,995.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	18,260,265.	27	18,635,057.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	18,260,265.	33	18,635,057.
	34 Total liabilities and net assets/fund balances	18,430,275.	34	19,502,052.

Part XI Financial Statements and Reporting

- 1 Accounting method used to prepare the Form 990. ☐ Cash ☒ Accrual ☐ Other
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
- 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?
- b If "Yes," did the organization undergo the required audit or audits?

	Yes	No
2a		X
2b	X	
2c		X
3a		X
3b		

Schedule D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Attach to Form 990. To be completed by organizations that
answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008Open to Public
InspectionName of the organization **INTERNATIONAL UNION OF ELEVATOR
CONSTRUCTORS**Employer identification number
23-0725260**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the
organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in 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, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

**INTERNATIONAL UNION OF ELEVATOR
CONSTRUCTORS**

Schedule D (Form 990) 2008

23-0725260 Page 2

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a ☐ Public exhibition d ☐ Loan or exchange programs
- b ☐ Scholarly research e ☐ Other _____
- c ☐ Preservation for future generations
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
- b** If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No
- b** If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment ☐ _____ %
- b Permanent endowment ☐ _____ %
- c Term endowment ☐ _____ %
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- (i) unrelated organizations
- (ii) related organizations
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIV the intended uses of the organization's endowment funds.

	Yes	No
3a(i)		
3a(ii)		
3b		

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		565,694.		565,694.
b Buildings		3,607,396.	552,272.	3,055,124.
c Leasehold improvements				0.
d Equipment		697,652.	558,894.	138,758.
e Other				0.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				3,759,576.

Schedule D (Form 990) 2008

**INTERNATIONAL UNION OF ELEVATOR
CONSTRUCTORS**

Schedule D (Form 990) 2008

23-0725260 Page **3**

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ►		

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) ►		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col (B) line 15.) ►	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
PENSION LIABILITY	725,304.
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.) ►	
	725,304.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

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Schedule D (Form 990) 2008

**INTERNATIONAL UNION OF ELEVATOR
CONSTRUCTORS**

Schedule D (Form 990) 2008

23-0725260 Page 4

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	12,159,387.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	7,829,413.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	4,329,974.
4	Net unrealized gains (losses) on investments	4	59,632.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-4,014,814.
9	Total adjustments (net). Add lines 4-8	9	-3,955,182.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	374,792.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	12,218,447.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	59,632.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	59,632.
3	Subtract line 2e from line 1	3	12,158,815.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	572.
c	Add lines 4a and 4b	4c	572.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	12,159,387.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	8,983,433.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	1,153,448.
d	Other (Describe in Part XIV)	2d	572.
e	Add lines 2a through 2d	2e	1,154,020.
3	Subtract line 2e from line 1	3	7,829,413.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	7,829,413.

Part XIV Supplemental Information

Complete this part to provide 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; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b.

PART X: FIN 48 BECOMES EFFECTIVE FOR FISCAL YEARS BEGINNING ON

**OR AFTER DECEMBER 15, 2008. THE UNION HAS NOT YET DETERMINED THE IMPACT OF
THE ADOPTION OF FIN 48 ON ITS FINANCIAL STATEMENTS.**

**PART X: THE PENSION LIABILITY AMOUNT IS DUE TO FASB 158 REQUIRING AN
EMPLOYER TO RECOGNIZE THE OVER FUNDED OR UNDER FUNDED STATUS OF A DEFINED
BENEFIT POSTRETIREMENT PLAN AS AN ASSET OR LIABILITY IN ITS STATEMENT OF
FINANCIAL POSITION AND TO RECOGNIZE CHANGES IN THAT FUNDED STATUS IN THE**

Schedule D (Form 990) 2008

INTERNATIONAL UNION OF ELEVATOR
CONSTRUCTORS

Schedule D (Form 990) 2008

23-0725260 Page 5

Part XIV Supplemental Information (continued)

YEAR IN WHICH THE CHANGES OCCUR THROUGH CHANGES IN NET ASSETS. THIS STATEMENT REQUIRES AN EMPLOYER TO MEASURE THE FUNDED STATUS OF A PLAN AS OF THE DATE OF ITS YEAR-END STATEMENT OF FINANCIAL POSITION, WITH LIMITED EXCEPTIONS.

PART XI, LINE 8: THE AMOUNT IN THE OTHER CATEGORY ON THE RECONCILIATION OF CHANGE IN NET ASSETS FROM FORM 990 TO FINANCIAL STATEMENTS CONSISTS OF SEVERAL AMOUNTS ON THE FINANCIAL STATEMENTS. THE AMOUNT CONSISTS OF THE DECREASE IN ADDITIONAL PENSION LIABILITY OVER UNRECOGNIZED PRIOR SERVICE COST, THE FOREIGN CURRENCY TRANSLATION LOSS, THE LOSS ON THE SALE OF FIXED ASSETS, THE NET PERIODIC PENSION COST, AND THE UNREALIZED APPRECIATION (DEPRECIATION) ON INVESTMENTS CARRIED AT MARKET VALUE.

PART XII, LINE 4B: THE AMOUNT IS THE LOSS ON FIXED ASSETS SOLD TO OFFICERS, DIRECTORS, ORGANIZERS OR EMPLOYEES OF THE UNION. WHEN AN ASSET IS SOLD, RETIRED OR OTHERWISE DISPOSED OF THE COST OF THE ASSET AND THE RELATED ACCUMULATED DEPRECIATION ARE REMOVED FROM THE RESPECTIVE ACCOUNTS AND ANY RESULTING GAIN OR LOSS ARE REFLECTED ON THE FINANCIAL STATEMENTS IN THE STATEMENTS OF ACTIVITIES.

PART XIII, LINE 2D: THE AMOUNT IS THE LOSS ON FIXED ASSETS SOLD TO OFFICERS, DIRECTORS, ORGANIZERS OR EMPLOYEES OF THE UNION. WHEN AN ASSET IS SOLD, RETIRED OR OTHERWISE DISPOSED OF THE COST OF THE ASSET AND THE RELATED ACCUMULATED DEPRECIATION ARE REMOVED FROM THE RESPECTIVE ACCOUNTS AND AN RESULTING GAIN OR LOSS ARE REFLECTED ON THE FINANCIAL STATEMENTS IN THE STATEMENTS OF ACTIVITIES.

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, line 15, or line 16.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

INTERNATIONAL UNION OF ELEVATOR
CONSTRUCTORS

Employer identification number

23-0725260

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No
- 2 For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.
- 3 Activities per Region.** (Use Schedule F-1 (Form 990) if additional space is needed.)

3 Activities per Region (See Schedule 1 for 001-006; if additional space is needed, use 007-009)					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
MEXICO	0	0	MEXICO ORGANIZATIONAL PROJECT	THE IUEC IS ATTEMPTING TO ORGANIZE LOCALS IN MEXICO	56,500.
CANADA	0	0	PER CAPITA TAX	THE IUEC COLLECTS PER CAPITA TAX FROM ITS CANADIAN LOCALS ON BEHALF OF THEIR MEMBERS	0.
Totals					56,500.

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

Schedule F (Form 990) 2008

Part III	Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
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Use Schedule F-1 (Form 990) if additional space is needed

[illegible]

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations that
answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization **INTERNATIONAL UNION OF ELEVATOR
CONSTRUCTORS**

Employer identification number
23-0725260

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

<input type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use
<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

- b** If line 1a is 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 explain

- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,
trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

- 3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's
CEO/Executive Director. Check all that apply

<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee

- 4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a** Receive a severance payment or change of control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

- 5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the revenues of:

- a** The organization?

- b** Any related organization?

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

- 6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the net earnings of:

- a** The organization?

- b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III

- 7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments
not described in lines 5 and 6? If "Yes," describe in Part III

- 8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the
initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		
5b		
6a		
6b		
7		
8		

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

Schedule J (Form 990) 2008

Part II	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.
---------	--

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

[illegible]

INTERNATIONAL UNION OF ELEVATOR
CONSTRUCTORS

Schedule J (Form 990) 2008

23-0725260

Page 3

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information

PART I, LINE 1A: THE BOARD VOTED THAT THE OFFICERS, REGIONAL DIRECTORS, AND
DIRECTOR OF ORGANIZING DURING THE FISCAL YEAR WERE ALLOWED TO BRING THEIR
COMPANIONS TO CERTAIN EVENTS HELD FOR THE INTERNATIONAL UNION OF ELEVATOR
CONSTRUCTORS. THE LIST OF THE EVENTS COMPANIONS ATTENDED WERE: THE 2008
CANADIAN CAUCUS, THE LOCAL 126 DINNER RECEPTION, THE LOCAL 25 100TH
ANNIVERSARY, AND THE 100TH ANNIVERSARY OF LOCAL 23.

PART I, LINE 1A: THE OFFICERS OF THE IUEC RECEIVE A HOUSING ALLOWANCE EACH
YEAR. THE HOUSING ALLOWANCE IS DESCRIBED IN THE CONSTITUTION AND BY-LAWS IN
ARTICLE V, GENERAL OFFICERS AND GENERAL EXECUTIVE BOARD.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, lines 38a or 40b.

OMB No 1545-0047

2008

Open To Public
Inspection

Name of the organization **INTERNATIONAL UNION OF ELEVATOR
CONSTRUCTORS**

Employer identification number
23-0725260

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958

▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

▶ \$

Part II Loans to and/or From Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$

Part III Grants or Assistance Benefiting Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
IUEC OFFICER & EMPLOYEE PEPLAN SPONSOR		1,021,434.	PAYMENTS FO		X

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

Schedule L (Form 990 or 990-EZ) 2008

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

INTERNATIONAL UNION OF ELEVATOR
CONSTRUCTORS

Employer identification number
23-0725260

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ADVANTAGES FOR ITS MEMBERS, AND TO PROVIDE EDUCATIONAL ADVANCEMENT AND
TRAINING FOR OFFICERS, EMPLOYEES AND MEMBERS.

FORM 990, PART VI, SECTION A, LINE 6: THE INTERNATIONAL UNION OF ELEVATOR
CONSTRUCTORS CONSISTS OF 29,613 MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A: AT THE IUEC CONVENTION WHEN
OFFICERS ARE ELECTED, EACH LOCAL OF THE UNION IS ALLOWED TO SEND DELEGATES
TO VOTE. THE NUMBER OF DELEGATES ALLOWED TO SEND DEPENDS ON THE NUMBER OF
MEMBERS IN EACH PARTICULAR LOCAL. EACH DELEGATE TO BE ELIGIBLE FOR
NOMINATION AND ELECTION AS A CONVENTION DELEGATE, IS A MEMBER AND MUST HAVE
BEEN A MEMBER IN GOOD STANDING IN THE LOCAL UNION WHICH HE/SHE IS TO BE
NOMINATED FOR A PERIOD OF TWO YEARS PRIOR TO NOMINATION.

FORM 990, PART VI, SECTION A, LINE 8B: THE INTERNATIONAL UNION OF ELEVATOR
CONSTRUCTORS DOES NOT HAVE A COMMITTEE WITH AUTHORITY TO ACT ON BEHALF OF
THE GOVERNING BODY; THEREFORE, THERE WOULD BE NO DOCUMENTATION OF THEIR
MEETINGS.

FORM 990, PART VI, SECTION A, LINE 10: A COPY OF THE FORM 990 IS NOT
PRESENTED TO IUEC'S GOVERNING BODY BEFORE IT IS FILED. THE FORM 990 IS
REVIEWED AND SIGNED BY KEVIN STRINGER, GENERAL SECRETARY- TREASURER, BEFORE
MAILING THE FORM TO THE IRS.

FORM 990, PART VI, SECTION C, LINE 18: UPON REQUEST

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
832211
12-18-08

Schedule O (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

INTERNATIONAL UNION OF ELEVATOR
CONSTRUCTORS

Employer identification number
23-0725260

FORM 990, PART VI, SECTION C, LINE 19: THE INTERNATIONAL UNION OF ELEVATOR
CONSTRUCTORS MAKES ITS GOVERNING DOCUMENTS AVAILABLE THROUGH THE IUEC
WEBSITE AT WWW.IUEC.ORG. ALSO, THE IUEC MAKES THEIR FINANCIAL STATEMENTS
AVAILABLE BY PLACING THEM IN THE IUEC MAGAZINE DISTRIBUTED TO THE LOCALS.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: IUEC OFFICER & EMPLOYEE PENSION PLAN

(D) DESCRIPTION OF TRANSACTION: PAYMENTS FOR THE OFFICERS & EMPLOYEES
PENSION PLAN

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No. 1545-0047
2008

Open to Public
Inspection

Name of the organization

INTERNATIONAL UNION OF ELEVATOR CONSTRUCTORS

Employer identification number
23-0725260

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
IUEC REAL ESTATE LLC - 52-2309344 7154 COLUMBIA GATEWAY DRIVE COLUMBIA, MD 21046	HOLD TITLE TO REAL ESTATE	MARYLAND	0.	565,694.	INTERNATIONAL UNION OF ELEVATOR CONSTRUCTORS

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
ELEVATOR INDUSTRY WORK PRESERVATION FUND - 52-2051811, 7154 COLUMBIA GATEWAY DRIVE, COLUMBIA, MD 21046	IMPROVE LABOR-MANAGEMENT RELATIONS	MARYLAND	501(C)(5)		INTERNATIONAL UNION OF ELEVATOR CONSTRUCTORS
IUEC OFFICER & EMPLOYEE PENSION PLAN - 23-0725260, 7154 COLUMBIA GATEWAY DRIVE, COLUMBIA, MD 21046	TO PROVIDE PAYMENTS FOR THE OFFICERS & EMPLOYEES PENSION PLAN	MARYLAND	401(A)		INTERNATIONAL UNION OF ELEVATOR CONSTRUCTORS

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

Schedule R (Form 990) 2008

Part III Identification of Related Organizations Taxable as a Partnership

[illegible]

Part IV

[illegible]

**INTERNATIONAL UNION OF ELEVATOR
CONSTRUCTORS**

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		<input checked="" type="checkbox"/>
b Gift, grant, or capital contribution to other organization(s)		<input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from other organization(s)		<input checked="" type="checkbox"/>
d Loans or loan guarantees to or for other organization(s)		<input checked="" type="checkbox"/>
e Loans or loan guarantees by other organization(s)		<input checked="" type="checkbox"/>
f Sale of assets to other organization(s)		<input checked="" type="checkbox"/>
g Purchase of assets from other organization(s)		<input checked="" type="checkbox"/>
h Exchange of assets		<input checked="" type="checkbox"/>
i Lease of facilities, equipment, or other assets to other organization(s)		<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets from other organization(s)		<input checked="" type="checkbox"/>
k Performance of services or membership or fundraising solicitations for other organization(s)		<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations by other organization(s)		<input checked="" type="checkbox"/>
m Sharing of facilities, equipment, mailing lists, or other assets		<input checked="" type="checkbox"/>
n Sharing of paid employees		<input checked="" type="checkbox"/>
o Reimbursement paid to other organization for expenses		<input checked="" type="checkbox"/>
p Reimbursement paid by other organization for expenses		<input checked="" type="checkbox"/>
q Other transfer of cash or property to other organization(s)		<input checked="" type="checkbox"/>
r Other transfer of cash or property from other organization(s)		<input checked="" type="checkbox"/>

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1) ELEVATOR INDUSTRY WORK PRESERVATION FUND	I	62,911.
(2) IUEC OFFICERS & EMPLOYEES PENSION PLAN	Q	1,021,434.
(3)		
(4)		
(5)		
(6)		

Part VI

Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).	
Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization INTERNATIONAL UNION OF ELEVATOR CONSTRUCTORS	Employer identification number 23-0725260
	Number, street, and room or suite no. If a P.O. box, see instructions. 7154 COLUMBIA GATEWAY DRIVE	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. COLUMBIA, MD 21046	

Check type of return to be filed (File a separate application for each return):

- ☒ Form 990
 ☐ Form 990-EZ
 ☐ Form 990-T (sec. 401(a) or 408(a) trust)
 ☐ Form 1041-A
 ☐ Form 5227
 ☐ Form 8870
☐ Form 990-BL
☐ Form 990-PF
☐ Form 990-T (trust other than above)
☐ Form 4720
☐ Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

DANA A. BRIGHAM

- The books are in the care of **7154 COLUMBIA GATEWAY DRIVE - COLUMBIA, MD 21046**

Telephone No. **(410) 953-6150**

FAX No. ☐

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **MAY 17, 2010**
- 5 For calendar year **JUL 1, 2008**, or other tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**
- 6 If this tax year is for less than 12 months, check reason. ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension

CERTAIN INFORMATION NECESSARY TO COMPLETE FORM 990 IS STILL NOT AVAILABLE CONSEQUENTLY A FURTHER EXTENSION IS REQUESTED.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ☐

Title **GENERAL SECRETARY - TREASUR** Date ☐

Form **8868** (Rev. 4-2009)