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#### Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

Open to Public inspection

Department of the Treasury

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

Sponsoning organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. JUN 30, 2010 and ending For the 2009 calendar year, or tax year beginning JUL 1, 2009 Check if D Employer identification number C Name of organization Please Address change use IRS EMPIRE ST MERIT APPRENTICESHIP ALLIANCE label or Name change 20-8482142 INC. pnnt or type. Initial return Number and street (or P O box, if mail is not delivered to street address) E Telephone number Room/suite Specific Termin-6369 COLLAMER DRIVE 315-569-8038 Instruc-Amended City or town, state or country, and ZIP + 4 F Group Exemption Application pending EAST SYRACUSE, NY 13057 Number > G Accounting method. Cash X Accrual Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) Website: ► N/A H Check X If the organization is not Tax-exempt status (check only one) — X 501(c) ( 6 ) ◀ (insert no ) 4947(a)(1) or 527 required to attach Schedule B (Form 990, 990-£Z, or 990-₽7) Check Light from the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I) Contributions, gifts, grants, and similar amounts received 1 2 Program service revenue including government fees and contracts 2 105,000. 3 3 Membership dues and assessments 4 4 Investment income 5a Gross amount from sale of assets other than inventory 5b b Less: cost or other basis and sales expenses 5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ [ a Gross revenue (not including \$ of contributions reported on line 1) b Less direct expenses other than fundraising expenses 6h c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances 7a Less cost of goods sold 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from in 7b F 7c Other revenue (describe 8 105,016. 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 8 OCT 18 2010 Ö 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 11 8,016. 12 12 Salaries, other compensation, and employee benefits OGDEN, UT 21,103. 13 Professional fees and other payments to independent contractors 13 885. 14 Occupancy, rent, utilities, and maintenance 14 316. 15 15 Printing, publications, postage, and shipping SEE STATEMENT 6,687. 16 Other expenses (describe 16 37,007. 17 Total expenses. Add lines 10 through 16 17 68,009. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) 20,128. (must agree with end-of-year figure reported on prior year's return) 19 20 Other changes in net assets or fund balances (attach explanation) 20 88,137. 21 Net assets or fund balances at end of year Combine lines 18 through 20 Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II) (B) End of year (A) Beginning of year 24,390.22 86,241. Cash, savings, and investments 22 23 23 Land and buildings SEE STATEMENT 2) 4,610.|24 47,536. 24 Other assets (describe 29,000.25 133,777.25 Total assets SEE STATEMENT 3 ) 8,872.2645,640. 26 Total liabilities (describe 20,128.27 88,137. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21)

Form 990-EZ (2009)

## EMPIRE ST MERIT APPRENTICESHIP ALLIANCE

Fon	m 990-BZ (2009) INC •			20-	-84821	42 Page a
	art III Statement of Program Service Accomplishme	ents (See the instructions for	Part III.)		Ex	penses
_	at is the organization's primary exempt purpose? SEE STATEMEN					r section 501(c)(3)
	scribe what was achieved in carrying out the organization's exempt pu		ise manner, descri	be		i) organizations and 7(a)(1) trusts, optiona
	services provided, the number of persons benefited, and other releva				for others)	riagny austs, options
28	SEE STATEMENT 5		<del></del>			
	(Grants \$ ) If this amount includes foreign	grants, check here .	<b>&gt;</b>		28a	41,649.
29						
	,			_		
	(Grants \$ ) if this amount includes foreign	grants, check here	<b>&gt;</b>		29a	
30						
	(Grants \$ ) If this amount includes foreign	grants, check here	•		30a	
31	Other program services (attach schedule)	grants, crisck hore		<del>'</del>		
•	(Grants \$ ) If this amount includes foreign	grants check here			31 a	
32	Total program service expenses (add lines 28a through 31a)	grants, oncor noro		<u> </u>	32	41,649.
	art W List of Officers, Directors, Trustees, and Key I	Employees, List each one m	en if not compensated.	(See the		
	prist   motors, process, tractors, and tray t		Terri not compensated.		ontributions	1
		(b) Title and average hours	(c) Compensation	, ,	employee	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter		efit plans &	account and
		position	-0)	1	leferred ipensation	other allowances
DE	ENELOPE HAZER, 6369 COLLAMER ROAD,	PRESIDENT		COII	ipensation	
_	RACUSE, NY 13057	20.00	6,667.		0.	0.
	ENNETH GARDINER, 6369 COLLAMER	TREASURER	0,007.	<del> </del>	<u> </u>	J .
	OAD, SYRACUSE, NY 13057	1.50	٥.	•	0.	0.
_	HIP JONES, 6369 COLLAMER ROAD,	CHAIRMAN	<u></u>	├	0.	<u> </u>
		1.00	0.		0.	
_	RACUSE, NY 13057 IRIS MEYER, 6369 COLLAMER ROAD,	VICE CHAIRMAN			·	0.
	RACUSE, NY 13057	1.00	0.		0.	_
	METT BURNS, 6369 COLLAMER ROAD,		0.		<u> </u>	0.
		TRUSTEE		ļ	^	_
	RACUSE, NY 13057	1.00	0.		0.	0.
	ALERIE DWYER, 6369 COLLAMER ROAD,	TRUSTEE	0		^	_
	RACUSE, NY 13057	1.00	0.		0.	0.
	AKE MCKENNA, 6369 COLLAMER ROAD,	TRUSTEE	^		^	_
	RACUSE, NY 13057	1.00	0.		0.	0.
_	M COLLINS, 6369 COLLAMER ROAD,	TRUSTEE	^		0	_
	RACUSE, NY 13057	1.00	0.		0.	0.
	OFF GRUBE, 6369 COLLAMER ROAD,	TRUSTEE			^	
	RACUSE, NY 13057	1.00	0.		0.	0.
	RACY MOORE, 6369 COLLAMER ROAD,	TRUSTEE	_		^	^
	RACUSE, NY 13057	1.00	0.	-	0.	0.
_	FF LUCK, 6369 COLLAMER ROAD,	TRUSTEE			•	•
<u> </u>	RACUSE, NY 13057	1.00	0.		0.	0.
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#### EMPIRE ST MERIT APPRENTICESHIP ALLIANCE

Form 990-EZ (2009)

INC.

20-8482142

Page 3 Part V Other Information (Note the statement requirements in the instructions for Part V.) Yes No 33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 33 34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes 34 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? 35a N/b If "Yes," has it filed a tax return on Form 990-T for this year? 35b 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," X complete applicable parts of Sch. N . .. . .. 36 0. 37a Enter amount of political expenditures, direct or indirect, as described in the instructions X b Did the organization file Form 1120-POL for this year? 37b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made Х in a prior year and still outstanding at the end of the period covered by this return? ..... 38a N/A b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b Section 501(c)(7) organizations Enter N/A a Initiation fees and capital contributions included on line 9 39a N/A 39b b Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under N/A N/A section 4911 ► , section 4912 🕨 , section 4955 🕨 b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction N/A has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L. Part I 40b c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers N/A or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the N/A organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter X transaction? If "Yes," complete Form 8886-T 40e List the states with which a copy of this return is filed. > NY Telephone no ► 315-472-9127 42a The organization's books are in care of KENNETH GARDINER. ZIP+4 ► 13202 Located at ▶ 221 S WARREN ST, SYRACUSE, NY b At any time during the calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b X If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c X If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ 43 N/A and enter the amount of tax-exempt interest received or accrued during the tax year Yes No Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of X Form 990-EZ 44

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X

completed instead of Form 990-EZ

Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be

### EMPIRE ST MERIT APPRENTICESHIP ALLIANCE

Form	990-67	120001

INC.

20-8482142

Pa	rt VI	Section 501(c)(3) organizations and se organizations and section 4947(a)(1) nonexempt c and 51.								
46	Did th	ne organization engage in direct or indirect political campaign	activities on	behalf of or in opposition t	o candidates for	public			Yes	No
		? If "Yes," complete Schedule C, Part I	•				4	16		
47		ne organization engage in lobbying activities? If "Yes," comp					· —	17	]	
48		e organization a school as described in section 170(b)(1)(A)(ii	-				· —	18		
		ne organization make any transfers to an exempt non-charitat	ole related or	ganization?			-	9a		
50	Comp	s," was the related organization a section 527 organization? plete this table for the organization's five highest compensate \$100,000 of compensation from the organization. If there is n			ors, trustees and	i key employees) v		9b   h rec	erved r	nore
		(a) Name and address of each employee paid more than \$100,000 N/A		(b) Title and average hour per week devoted to position	c) Compen	(d) Contribute to emplose benefit plus deferr compens	oyee ans & ed	àc	) Expe count r allow	and
f 51	Comp	number of other employees paid over \$100,000  plete this table for the organization's five highest compensated inzation. If there is none, enter "None".  N/A.  (a) Name and address of each independent contractor in the second contractor in the se				\$100,000 of com			om the	
d	Total	number of other independent contractors each receiving over	r \$100,000	-	<b> </b>					
Sign Here		Under pendure of pendury, recease that have examined this return, is correct, and complete Docianation of preparer (other than officer) is be signature of officer  KENNETH C. GARDINER, CPA	mi	Cy WAT I re	nents, and to the being knowledge	bate of my knowledge a	5	10	)	
Paid Prepa Use (		Preparer's signature			heck if self- nployed	Preparer's identify	ving numb	per (Se	ee instr	)
,,,,, (	···· <del>'</del>	Firm's name (or yours if self-employed), address, and ZIP + 4				Phone ► no				
May t	he IRS	S discuss this return with the preparer shown above? See inst	tructions				► X	Yes	n-F7 (	No 2009\

FORM 990-EZ	OTHER EXPENSES		STATEMENT	1
DESCRIPTION			AMOUNT	
INSURANCE	•		1,9	85.
BAD DEBT EXPENSE			1,3	
DEPRECIATION	`		1,2	
TRAVEL EXPENSES				50.
CONFERENCE, CONVENTION, MEETI MISCELLANEOUS	INGS			25. 61.
MISCELLANEOUS				<del></del>
TOTAL TO FORM 990-EZ, LINE 16	;		6,6	87.
FORM 990-EZ	OTHER ASSETS		STATEMENT	2
DESCRIPTION		BEG. OF YEAR	END OF YE	 AR
ACCOUNTS RECEIVABLES		3,051.	8,0	
PREPAID INSURANCE ACCUMULATED DEPRECIATION - VE	HICLES	1,559. 0.	2,49 -1,2	
VEHICLES	MICELLO	0.	38,2	
TOTAL TO FORM 990-EZ, LINE 24	:	4,610.	47,5	36.
FORM 990-EZ	OTHER LIABILITIES		STATEMENT	3
	OTHER BIABILITIES	<del></del>	- STATEMENT	
DESCRIPTION		BEG. OF YEAR	END OF YEA	AR
ACCOUNTS PAYABLE AND ACCRUED	EXPENSES	8,872.	4,7	18.
MEMBERSHIP DUES ADVANCES		0.	2,50	00.
NOTE PAYABLE		0.	38,42	22.
TOTAL TO FORM 990-EZ, LINE 26		8,872.	45,64	40.

FORM 990-	ORM 990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS		STATEMEN'			4
DIRECT	E ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, LY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL CONTRACT?	[	]	YES	[X]	NO .
	ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, LY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? .	. [	]	YES	[X]	NO

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STATEMENT

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THE ORGANIZATION OFFERS TRAINING IN THE SKILLED CONSTRUCTION CRAFT LABORER TRADE UNDER THE DIRECT SUPERVISION OF ITS PRESIDENT AND BOARD OF TRUSTEES. THE ORGANIZATION SEEKS TO ENSURE THAT ALL OF ITS EXISTING TRAINING PROGRAMS ARE PRODUCTIVE AND FULLY COMPLIANT WITH APPLICABLE LAWS AND REGULATIONS. THE ORGANIZATION RECRUITS QUALIFIED CONTRACTOR-MEMBERS TO JOIN THE ORGANIZATION AND SHARE THEIR KNOWLEDGE AND EXPERIENCES IN AN EFFORT TO SHARE INFORMATION AND PROMOTE THE INDUSTRY. THE ORGANIZATION EVALUATES, MONITORS, AND ENCOURAGES THE PERFORMANCE AND PROGRESS OF ALL QUALIFIED APPRENTICES IN AN EFFORT TO MONITOR EMPLOYMENT TRENDS WITHIN THE CONSTRUCTION INDUSTRY. THE ORGANIZATION OFFERS GUIDANCE TO ITS CONTRACTOR-MEMBERS ON IMPROVING BUSINESS STANDARDS AND CONDUCTING WORK USING UNIFORM CONSTRUCTION-BUSINESS PRACTICES.

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STATEMENT

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THE ORGANIZATIONS EXEMPT PURPOSE IS TO PROMOTE EDUCATION AND TRAINING OF BUILDING CONSTRUCTION APPRENTICES IN NEW YORK STATE PRIMARILY BY PROVIDING INDUSTRY-LEADING REGISTERED APPRENTICESHIP TRAINING PROGRAMS.