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Department of the Treasury Internal Revenue Service

### **Short Form 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)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000

at the end of the year may use this form

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

OMB No 1545-1150

2011

Open to Public Inspection

One charge in september   One of importation   N_E   Vor   Explicit   Part   Replication   Demonstration number   1/3 \( \frac{1}{2} \) \\ \frac{1}{2} \) \\ \frac{1}{2} \\ \frac{1}{2} \) \\ \frac{1}{2} \\ \frac{1}{2} \) \\ \frac{1}{2} \\ \frac	A	F	or the 2		INE	30,2012			
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Group Exemption   Sepression	F	=							
A Accounting Method: □ Cash ■ Account Other (specify) ■ The Check ■ If the organization is not required to attach Schodule B   Tax-seemest status (check only one) ■ 19501((3) □ 501(c) □ 4947(a)(1) or □ 527   Formation and the gross recepts are normally not more than \$50,000. A Form \$90-12 or Formation and its gross recepts are normally not more than \$50,000. A Form \$90-12 or Formation and its gross recepts are normally not more than \$50,000. A Form \$90-12 or Formation \$90-12 or Formation \$90-12 or Forma \$90-12 or Formation \$90-12 or Format	בֿ	₹		return City or town, state or country, and ZIP + 4					
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Pa	rt II Balance Sheets. (see the instructions	for Part II \	<del></del>			
U (4)	Check if the organization used Schedule		av question in this	Part II		rs/
	Officer if the organization used ochedule	O to respond to al	ly question in this	(A) Beginning of year	<del>; ; ;</del>	(B) End of year
22	Cash, savings, and investments		}	<del>```</del>	22	<del></del>
23	Land and buildings		· · · · · · · · · · · · · · · · · · ·	296,398	23	299,477
24	Other assets (describe in Schedule O)		` ` ` ` ` }	15144	24	11 730
25	Total assets		· · · · · · }	3/1.542	25	1/ 330
26	Total liabilities (describe in Schedule O)		· · · · · · · · · · · · · · · · · · ·	<del></del>	26	3/0807
27	Net assets or fund balances (line 27 of column	(R) must agree with	lino 21)	307392	27	310,807
	till Statement of Program Service Accom	· · · · · ·	, ,		21	3/0,00/
L GI					/	Expenses
1A/h-a	Check if the organization used Schedule				(Requ	ured for section
	t is the organization's primary exempt purpose? A				4-501(c	(3) and 501(c)(4)
Desc	cribe the organization's program service accomplis	shments for each o	f its three largest p	rogram services,		(a)(1) trusts, optional
as n	neasured by expenses. In a clear and concise m	anner, describe the	e services provide	d, the number of	for ot	hers.)
	ons benefited, and other relevant information for ea				—	<del></del>
28	SCHOLARSHIPS AWARDED TO					
	WHO WILL ENTER THE HVAC	. INGINEER	ING PROFES	104		1
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29	ENERGY SEMINAR - PROVIDING				}	1
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30	MONTHLY EDUCATIONAL MEE					
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	ARE PRESENTED BY THOSE IN T					22296
04		ıncludes foreign gra	ants, check here .	<u> 🟲 📙 </u>	30a	7001
31	Other program services (describe in Schedule O)	· · · · · · · · · · · · · · · · · · ·			04-	107755
20	(Grants \$ ) If this amount  Total program service expenses (add lines 28a	includes foreign gra	ints, cneck nere .	<u>····</u>	31a	
	t IV List of Officers, Directors, Trustees, and Key				32	144,628
Lat	Check if the organization used Schedule				mstruc	nons for Part IV.)
	Check if the organization used Schedule		(c) Reportable	(d) Health benefits.	<del>``</del>	· · · <u>L</u>
	(a) Name and address	(b) Title and average hours per week	compensation	contributions to employ		
	<b>,-,</b>	devoted to position	(Forms W-2/1099-MISC (if not paid, enter -0-			ther compensation
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				<del> </del>		
		-				
			<del> </del>	<del> </del>		
		-				

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	in th	ie V	
	medications for activity of look in the organization used defielding of to respond to any question in this	rait	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS. If "Yes," provide a detailed description of each activity in Schedule O	33	163	\ <u>\</u>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		V
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~
c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		V
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions.   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 in a prior year and still outstanding at the end of the tax year covered by this return?	38a		/
39	If "Yes," complete Schedule L, Part II and enter the total amount involved			
a b 40a	Gross receipts, included on line 9, for public use of club facilities	-	!	
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► NONE; section 4912 ► NONE; section 4955 ► NONE Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
U	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		V
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		i	
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		V
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ► GENE GEYER Telephone no. ►			
b	Located at ► C/O VICO INC 448 W 36 TH ST WYNY ZIP + 4 ► 10 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)?	0 / s	Yes	No
	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.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		\ <u>\</u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	· ·	·	<b>▶</b> □
	Did the constitution will be an experience of the description of the constitution of t		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		L
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	-	V
d	Did the organization receive any payments for indoor tanning services during the year?	44c	-	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<del>                                     </del>	~
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		~

true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge GENE Sign Here Type or print name and title Print/Type preparer's name Date PTIN Check (V) if Paid GEORGE D BARON self-employed Preparer ► GEORGE Firm's EIN ▶ Firm's name **Use Only** 631-261-5105 Firm's address > DNE COLBY Phone no May the IRS discuss this return with the preparer shown above? See instructions Yes No Form **990-EZ** (2011)

#### SCHEDULE A (Form 990 or 990-EZ)

(i) Name of supported

organization

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047 2011 Open to Public

Department of the Treasury Internal Revenue Service Inspection Name of the organization NEW YORK CHAPTER OF AMERICAN **Employer** identification number SOCIETY Reason for Public Charity Status (All organizations must complete this part.) See instructions. 13-6274518 HEATING The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)

A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8

An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)

An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.

c Type III-Functionally integrated b ☐ Type II e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disgualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting 

(iv) is the organization

in col (i) listed in your

governing document?

Since August 17, 2006, has the organization accepted any gift or contribution from any of the q following persons?

(iii) Type of organization

(described on lines 1-9)

above or IRC section.

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . . . . . .

(ii) A family member of a person described in (i) above? . . . . . (iii) A 35% controlled entity of a person described in (i) or (ii) above? .

Provide the following information about the supported organization(s).

(ii) EIN

col the	(vii) Amount of support
0	

Yes

11g(ı)

11g(ií)

11g(iii)

(vi) is the

US?

organization in o

(i) organized in

No

(see instructions)) Yes Yes N (A) (B) (C) (D) (E) Total

(v) Did you notify

the organization in

col (i) of your

support?

Page 2

Part	Support Schedule for Organiza	tions Descr	ibed in Secti	ons 170(b)(1	)(A)(iv) and 1	70(b)(1)(A)(vi	)
	(Complete only if you checked th						alify under
<u> </u>	Part III. If the organization fails to	qualify unde	er the tests lis	ted below, p	lease comple	te Part III.)	
	on A. Public Support	(-) 0007	(h) 0000	(-) 0000	(# <u>0010</u>	(a) 0011	(A T-4-1
	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		,				
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
	on B. Total Support		1		1	T	
	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						· · · · · · · · · · · · · · · · · · ·
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	E					
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the	-	n's first, secon	id, third, fourth	n, or fifth tax y	ear as a section	n 501(c)(3)
	organization, check this box and stop he						🕨 🗀
	on C. Computation of Public Suppor					T T	
14	Public support percentage for 2011 (line					14	<u>%</u>
15	Public support percentage from 2010 Sci					15	%
16a	331/3% support test—2011. If the organi box and stop here. The organization qua						
b	331/3% support test—2010. If the organization qual check this box and stop here. The organization qual	nization did ne	ot check a bo	x on line 13 o	r 16a, and line		or more,
17a	·	011. If the org ets the "facts facts-and-circ	anization did n -and-circumsta umstances" te	ot check a box ances" test, ch st. The organiz	x on line 13, 16 leck this box a zation qualifies	nd <b>stop here.</b> as a publicly s	line 14 is Explain in supported
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza Explain in Part IV how the organization in supported organization	tion meets the	e "facts-and-c s-and-circums	ircumstances" stances" test.	' test, check t The organizatio	his box and ston qualifies as	t <b>op here</b> . a publicly
18	Private foundation. If the organization d	id not check a	box on line 13	3, 16a, 16b, 17	a, or 17b, chec	ck this box and	see

# Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

0 12	if the organization fails to quality	under the tes	sts listed belo	ow, please co	mplete Part I	l.)	
	on A. Public Support	( <del>- , - , - , - , - , - , - , - , - , - ,</del>				<del></del>	
_	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
1 2	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise	20,335	17,10/	19590	19675	49,150	126,431
3	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513	77445	43011	82496	84187	123674	410 813
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge				,		
6 7a	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .	97780	60112	102,066	103862	173, 424	(37, 244
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с 8	Add lines 7a and 7b	97780	6011V	102066	103862	173424	531,244
Sacti	ion B. Total Support		6011	10 2000	103000	1/3//11	<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	97780	60112	102066		173424	537244
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	7104	3318	3802	3265	3768	21257
ь	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	7104	3318	3802	3265	3768	21257
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	104884	63430		107127		
14	First five years. If the Form 990 is for the organization, check this box and stop he	еге			_	ear as a sectio	. —
Sect	ion C. Computation of Public Support						
15	Public support percentage for 2011 (line		-			15	96%
16	Public support percentage from 2010 Sc			<del></del>		16	94 %
	ion D. Computation of Investment In				(0)		11.04
17 18 19a	Investment income percentage for 2011 investment income percentage from 2010 331/3% support tests—2011. If the organ	O Schedule A,	Part III, line 17	·		17 18 nore than 331/35	6 % %, and line
b	17 is not more than 331/3%, check this box 331/3% support tests—2010. If the organization	and stop here zation did not c	. The organizat check a box on	ion qualifies as line 14 or line	a publicly supp 19a, and line 1	orted organizati 6 is more than 3	ion . ► 🗹 33¹/₃%, and
	line 18 is not more than 331/3%, check this <b>Private foundation.</b> If the organization d		_				
20	rivate iounication. Il the organization d	ia not oncor a	207 OH WIE 14	, iva, vi ibu,	CHOOK HIID DOX	and Joo mond	U.101.10

#### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

NEW YORK CHAPTER OF AMERICAN SOCIETY OF HEATING REFRIGE 13-627 AND AIR CONDITIONING ENGINEERS  PART I-LINE 10 GRANTS AND SIMILAR AMOUNTS PAID  SCHOLARSHIPS PAID: NOSETPH LED  MAID CHOWDURY  ASSESSMENT PAID TO ASRAZ REGION 1  AWARDED TO LYNN OF BELLINGER MEMORIAL FUND 2000  VENDOR RESTAURANT EMPLOYEES HOLIDAT FUND 2000	00, 00.
PART I-LINE 10 GRANTS AND SIMILAR AMOUNTS PAID  SCHOLMASHIPS PAID: NOSEPH LEO  CECIL CANNADY  MAID CHOWDURY  ASSESMENT PAID TO ASPAI REGION 1  AWARDED TO LYNN & BELLINGER MEMORIAL FUND WIG	00, 00.
SCHOLARSHIPS PAID: NOSEPH LEO  CECIL CANNADY  NAID CHOWDURY  ASSESSMENT PAID TO ASRAZ REGION 2  AWARDED TO LYNN & BELLINGER MEMORIAL FUND WO	00. 20. 39.
CECIL CANNADY 20  MAID CHOWDURY 20  ASSESMENT PAID TO ASRAI REGION I 35:  AWARDED TO LYNN & BELLINGER MEMORIAL FUND 200	00. 20. 39.
CECIL CANNADY 20  MAID CHOWDURY 20  ASSESSMENT PAID TO ASRAI REGION 2 35:  AWARDED TO LYNN & BELLINGER MEMORIAL FUND 20	39.
ASSESMENT PAID TO ASRAZ REGION 2 35: AWARDED TO LYNN & BELLINGER MEMORIAL FUND WO	39.
AWARDED TO LYNN & BELLINGER MEMORIAL FUND WO	
	00
VENDOR RESTAURANT EMPLOYEES HOLIDAY FUND 2	
	So
	40
TOTAL TO PARTI, LINE10	12,729
PART I - LINE 20 OTHER CHANGE IN FUND BALANCE	
PRIOR PERIOD ADJUSTMENTS!	
PAYMENT FOR PURCHASE OF EDUCATIONAL MATTAINES	(1313)
ADJUST ACCOUNTS RECEIVABLE-WRITE OFF	(10)
ADJULT MUTUAL FUND VALUE	(562)
ADJUST ACCOUNTS RECEIVABLE-ACCRUM	3350
ADJUT DEFENAND REVENUES	(400)
TOTAL TO PART I LINE 20	1067

riedule O (Form 990 or 990-E2) (2011) une of the organization		Page identification number
EN YORK CHAPTEN OF AMERICAN SOCIETY OF	HEATING REFRIGERATIONS	13-6274518
ANO AIR CONDITIONING ENGINETYS		
PARTI, LINE 16 OTHER EXPENSED PAID		
FOOD FOR MONTALY EDUCATIONAL MEETINGS SEMI	NAR, BOARD	
METETINGS, ADWARDS AND CENTENIAL &	VENT, HOSTING HANKAL	
HOSTING CHAPTERS REGIONAL CONFUL	WE STUDENT ACTIVIMES	112,839
CLERIUM		623
CREDIT CAMB FEET	***************************************	1364
ENTERTAINMONT AT EVENTS		9260
HOTEL		131L
FILING FEE		100
MEFTING EXPENSE		7924
PDH APPROVAL		1250
LOSS IN VALUE OF MUTUAL FUND		628
AWARD PLAQUES PINS, ETC.		3630
SUPPLIES		3/33
TRAVEL		2181
TOTAL TO PART I, LINE	16	148,648
PARTIL, LINE ZY OTHER ASSETS	Beginning of Year	End o Year
RECEIV ABLES	11,813	11, 330
PREPAID Exponses	333/	
TOTALS TO PART II, LINE	24 15144	// 3.30

Name of the organization NEW YORK CHAPTEN OF AMERICAN SOCIETY OF

PART IT LINE 31 - OTHER PROGRAM SERVICES

FOR FUTURE ENGINEERS

THE CHAPTER HAS BEEN

TOTAL TO PART III LINE 31

HEATING REFRIGERATING AIR CONDITIONING EN FINER

	, MIR COND.	ITIONING ENGINEZ	R(	ployer identification number 13 - 627 4518
9RT IV	- LIST	OF OFFICERS AND	GOVERNORS	
OFFILER	<u>د :</u>		•••••	
ML	ERHA RAI	MNARINE - PRESI	DENT	
	YEVE BA	TUM GARTNER - PRES	SIDENT-ELECT	
	OREY FL	ICK - SECRETARY		
	RAMEZ	AFIFY . VILE PA	RESIDENT	
	GENE GE	YER - TREASURED		
GOVER	NORS			
~*************	, JOE A	ZZOPARDI	FRANK	RIVERA
	Lou	RUGALO	LLOYD	TUCKERMAN
	LEANORA	PANICCIA	MITCH	CASTELL
	DAVID 1	POSPISIL	RILHARD	BATHERMAN
	ED FAL	SETT!		SCH HLIPHACK
	OM TAN	EJA	MICHAEL	- WAITE (1/1/11-
	MANDA	MAGEE		
ADDRO	35 FOR A	LL OFFICERS AND	GOVERNORS:	
	NY CH	APTER ASHRAE		······································
	40	VILO INC		
	448	WEST 36 TH ST		
	<u>~</u>	4, NY 10018		
ALL	OFFICERS	AND GOVERNOR	S ARE VOLU	NTETRS,
		NOT RECEIVE ANY		
		OYEE BENEFIT PL		_
		OUNT AND OTHER		<del></del>