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Form 990 Return of Organization Exempt From Income Tax

OMB No 1545-0047

2011

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

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

D Employer identification number
23-0725260

E Telephone number
(410)953-6150

G Gross receipts $ 10,811,444

F Name and address of principal officer
FRANK CHRISTENSEN
7154 COLUMBIA GATEWAY DRIVE
COLUMBIA, MD 21046

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) **Are all affiliates included?** ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶ 0680

I Tax-exempt status ☐ 501(c)(3) ☑ 501(c) (5) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J **Website:** ▶ WWW IUEC ORG

K Form of organization ☐ Corporation ☐ Trust ☑ Association ☐ 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 ADVANTAGES FOR ITS MEMBERS, AND TO PROVIDE EDUCATIONAL ADVANCEMENT AND TRAINING FOR OFFICERS, EMPLOYEES AND MEMBERS

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net 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	7
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	31
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	0	0
	9	Program service revenue (Part VIII, line 2g)	10,466,985	10,643,657
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	144,061	82,773
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	241,260	83,205
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,852,306	10,809,635
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	51,750	45,000
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	213,768
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	6,332,089	6,189,272
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,562,705	5,085,993
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	9,946,544	11,534,033
	19	Revenue less expenses Subtract line 18 from line 12	905,762	-724,398
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	23,857,026	20,515,512
	21	Total liabilities (Part X, line 26)	324,560	4,085,225
	22	Net assets or fund balances Subtract line 21 from line 20	23,532,466	16,430,287

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

****** 2013-05-14
Signature of officer Date

LARRY MCGANN GENERAL SECRETARY- TREASURER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ CRAIG D WINTERS CPA
Date 2013-05-14
Check if self-employed ▶ ☐
Preparer's taxpayer identification number (see instructions) P00154131

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 ▶ 23-2586736

Phone no ▶ (610) 358-2000

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III . . . . ☐

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 organization's program service accomplishments for each of its three largest program services, as measured 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 THIS IS ESSENTIALLY THE ONLY PROGRAM SERVICE OF THE ORGANIZATION AND ALL OF THE REVENUES AND EXPENSES ARE CONSIDERED TO BE FOR THIS PURPOSE

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** ▶$

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1		No
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b	Yes	
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 U S ? *If "Yes," complete Schedule F, Part II and IV*	15	Yes	
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 U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	28c	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V . . . . ☐

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	19			
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	Yes	
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	**2a**	31			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?			**4a**	Yes	
b	If "Yes," enter the name of the foreign country ▶CA See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
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					
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?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI . . . . ☑

Section A. Governing Body and Management

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	11			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	7			
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?			2	Yes	
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?			3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		No
6	Did the organization have members or stockholders?			6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following					
a	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a		No
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made 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 made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

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

LARRY MCGANN
7154 COLUMBIA GATEWAY DRIVE
COLUMBIA, MD 21046
(410) 953-6150

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or 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 neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
See Additional Data Table										

		(D)	(E)	(F)
1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	3,516,547	0	1,457,170

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶19

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		No
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? *If "Yes," complete Schedule J for such individual*	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		No

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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
KELLY PRESS INC 1701 CABIN BRANCH DRIVE CHEVERLY, MD 20785	PRINTING	649,752
O'DONOGHUE & O'DONOGHUE 4748 WISCONSIN AVENUE NW WASHINGTION, DC 20016	LEGAL	516,433
DANIEL A WINTERS & COMPANY 6 DICKINSON DRIVE SUITE 205 CHADDS FORD, PA 19317	AUDITORS	239,254
K & R INDUSTRIES PO BOX 220690 CHANTILLY, VA 20153	MERCHANDISING	202,263
CONVENTION SERVICES UNLIMITED 1701 CABIN BRANCH DRIVE CHEVERLY, MD 20785	CONVENTION	198,837

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶5

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						
1a	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		Business Code				
2a	PER CAPITA TAX, INITIA	900099	10,424,081	10,424,081		
b	RENTAL INCOME FROM AFF	532000	98,539	98,539		
c	RECOVERY OF LEGAL FEES	900099	63,037	63,037		
d	CONVENTION INCOME	900099	58,000	58,000		
e						
f	All other program service revenue					
g	**Total.** Add lines 2a–2f . . . . ▶		10,643,657			
Other Revenue						
3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶		84,407			84,407
4	Income from investment of tax-exempt bond proceeds . . ▶					
5	Royalties . . . . ▶		80,466			80,466

		(i) Real	(ii) Personal
6a	Gross rents		
b	Less rental expenses		
c	Rental income or (loss)		
d	Net rental income or (loss) . . . . ▶		

		(i) Securities	(ii) Other
7a	Gross amount from sales of assets other than inventory		175
b	Less cost or other basis and sales expenses		1,809
c	Gain or (loss)		-1,634

			(A)	(B)	(C)	(D)
7d	Net gain or (loss) . . . . ▶		-1,634			-1,634
8a	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 . . ▶					
9a	Gross income from gaming activities See Part IV, line 19 . . . a					
b	Less direct expenses . . . b					
c	Net income or (loss) from gaming activities . . . ▶					
10a	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				
11a	REIMBURSEMENTS	900099	1,973			1,973
b	OTHER INCOME	900099	766			766
c						
d	All other revenue					
e	**Total.** Add lines 11a–11d . . . . . . ▶		2,739			
12	**Total revenue.** See Instructions . . . ▶		10,809,635	10,643,657	0	165,978

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX . . . . ☐

Do not include amounts reported on lines 6b, 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 United States See Part IV, line 21				
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	45,000			
4 Benefits paid to or for members	213,768			
5 Compensation of current officers, directors, trustees, and key employees	5,070,072			
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	575,281			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	137,889			
9 Other employee benefits	180,994			
10 Payroll taxes	225,036			
11 Fees for services (non-employees)				
a Management				
b Legal	643,914			
c Accounting	239,254			
d Lobbying				
e Professional fundraising *See Part IV, line 17*				
f Investment management fees	15,424			
g Other	51,309			
12 Advertising and promotion	679,541			
13 Office expenses	158,304			
14 Information technology	58,528			
15 Royalties				
16 Occupancy	127,008			
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,756,149			
20 Interest				
21 Payments to affiliates	412,626			
22 Depreciation, depletion, and amortization	150,895			
23 Insurance	68,853			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a ORGANIZATION EXPENSES	603,633			
b CONTRIBUTIONS, FLORAL P	71,174			
c FOREIGN CURRENCY TRANSL	49,381			
d				
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	11,534,033			
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X **Balance Sheet**

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		2,681,338	1	2,283,316
	2	Savings and temporary cash investments		14,464,162	2	13,447,739
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		992,971	4	1,040,075
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 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		67,884	8	79,294
	9	Prepaid expenses and deferred charges		68,737	9	44,752
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 5,096,641			
	b	Less accumulated depreciation	10b 1,476,305	3,718,788	10c	3,620,336
	11	Investments—publicly traded securities			11	
	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		1,863,146	15	0
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		23,857,026	16	20,515,512
Liabilities	17	Accounts payable and accrued expenses		231,248	17	233,128
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial 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		93,312	23	134,410
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		0	25	3,717,687
	26	**Total liabilities.** Add lines 17 through 25		324,560	26	4,085,225
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		23,532,466	27	16,430,287
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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		23,532,466	33	16,430,287
	34	Total liabilities and net assets/fund balances		23,857,026	34	20,515,512

Part XI **Reconcilliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	10,809,635
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,534,033
3	Revenue less expenses Subtract line 2 from line 1	3	-724,398
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	23,532,466
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-6,377,781
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	16,430,287

Part XII **Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other ________ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c		No
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
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?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b		

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name 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? ☐ Yes ☐ 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 for any other purpose conferring impermissible private benefit ☐ Yes ☐ 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)

☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ 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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 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 ▶ $ ________

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 **Escrow and Custodial Arrangements.** Complete if the 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 the 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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		565,694		565,694
b Buildings		3,665,746	825,014	2,840,732
c Leasehold improvements				
d Equipment		671,276	602,653	68,623
e Other		193,925	48,638	145,287
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				3,620,336

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
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (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. *(Column (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.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
PENSION LIABILITY	3,717,687
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	3,717,687

2. Fin 48 (ASC 740) Footnote 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 (ASC740)

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	10,809,635
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	11,534,033
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-724,398
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-6,377,781
9	Total adjustments (net) Add lines 4 - 8	9	-6,377,781
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-7,102,179

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	10,811,269
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
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	0
3	Subtract line **2e** from line **1**			3	10,811,269
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	-1,634		
c	Add lines **4a** and **4b**			4c	-1,634
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	10,809,635

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

1	Total expenses and losses per audited financial statements			1	11,535,667
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	Other losses	2c			
d	Other (Describe in Part XIV)	2d	1,634		
e	Add lines **2a** through **2d**			2e	1,634
3	Subtract line **2e** from line **1**			3	11,534,033
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	11,534,033

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 Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	ASC TOPIC 740, INCOME TAXES, ADDRESSES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ORGANIZATION'S FINANCIAL STATEMENTS AND PRESCRIBES A THRESHOLD AND MEASUREMENT ATTRIBUTE FOR FINANCIAL STATEMENT RECOGNITION REGARDING TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN, INCLUDING THE ENTITY'S STATUS AS A TAX-EXEMPT ENTITY THE UNION HAS DETERMINED THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN INCLUDED IN THE UNION'S FINANCIAL STATEMENTS
		PART X THE PENSION LIABILITY AMOUNT IS DUE TO GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, ACCOUNTING STANDARDS CODIFICATION TOPIC 715, REQUIRING AN EMPLOYER TO RECOGNIZE THE UNDER FUNDED STATUS OF A DEFINED BENEFIT POSTRETIREMENT PLAN AS A LIABILITY IN ITS STATEMENT OF FINANCIAL POSITION AND TO RECOGNIZE CHANGES IN THAT FUNDED STATUS IN THE 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 THE AMOUNT OF THE CHANGE IN THE FUNDED STATUS OF THE PLAN REFEERED TO ABOVE FOR PART X PART XII, LINE 4B THE AMOUNT IS THE LOSS ON DISPOSAL OF FIXED ASSETS DURING THE FISCAL YEAR PART XIII, LINE 2D THE AMOUNT IS THE LOSS ON DISPOSAL OF FIXED ASSETS DURING THE FISCAL YEAR

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SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2011

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 V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Part V if additional space is needed)

	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, 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 for region/investments in region
	MEXICO	0	0	MEXICO ORGANIZATIONAL PROJECT	THE IUEC IS ATTEMPTING TO ORGANIZE LOCALS IN MEXICO	45,000
	CANADA	0	0	PER CAPITA TAX	THE IUEC COLLECTS PER CAPITA TAX FROM ITS CANADIAN LOCALS ON BEHALF OF THEIR MEMBERS	19,000
3a	Sub-total	0	0			64,000
b	Total from continuation sheets to Part I	0	0			0
c	**Totals** (add lines 3a and 3b)	0	0			64,000

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . ▶ ☐
Use Part V if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MEXICO	MEXICO ORGANIZATIONAL PROJECT	45,000	WIRE TRANSFER			FMV

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶

3 Enter total number of other organizations or entities . . . . ▶ 1

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. Use Part V if additional space is needed.

(a) Type of grant or assistance	**(b)** Region	**(c)** Number of recipients	**(d)** Amount of cash grant	**(e)** Manner of cash disbursement	**(f)** Amount of non-cash assistance	**(g)** Description of non-cash assistance	**(h)** Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*	☐ Yes	☑ No

Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U S		SCHEDULE F, PART I, LINE 2 THE INTERNATIONAL UNION OF ELEVATOR CONSTRUCTORS GIVES ASSISTANCE TO THE MEXICO ORGANIZATIONAL PROJECT WHICH IS ATTEMPTING TO SET UP A LOCAL IN MEXICO THE ASSISTANCE IS APPROVED BY THE INTERNATIONAL UNION OF ELEVATOR CONSTRUCTORS BASED ON ASSESSING THE ORGANIZING OPPORTUNITIES AND THE RECIPIENT OF THE ASSISTANCE ALSO, THE INTERNATIONAL HAS LOCALS LOCATED IN CANADA

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization	Employer identification number
INTERNATIONAL UNION OF ELEVATOR CONSTRUCTORS	23-0725260

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 ☐ First-class or charter travel ☑ Housing allowance or residence for personal use ☑ Travel for companions ☑ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
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?	**2**		No
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 ☑ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
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	**4c**		No
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
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?	**5a**		
b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III	**5b**		
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?	**6a**		
b	Any related organization? If "Yes," to line 6a or 6b, describe in Part III	**6b**		
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	**7**		
8	Were any amounts reported in Form 990, Part VII, paid or accured 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	**8**		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table								

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

Identifier	Return Reference	Explanation
	PART I, LINE 1A	THE BOX FOR "TRAVEL FOR COMPANIONS" IS MARKED POLICIES OF THE IUEC PROVIDE CERTAIN OFFICERS, EMPLOYEES AND MEMBERS MAY BE AUTHORIZED TO REPRESENT THE UNION AT CERTAIN FUNCTIONS AND FOR THEM TO HAVE THEIR SPOUSE OR GUEST ACCOMPANY THEM AT THE EXPENSE OF THE IUEC DURING THE YEAR CERTAIN SUCH EXPENSES WERE INCURRED RELATED TO COMPANIONS AND FAMILY MEMBERS FOR BONA FIDE BUSINESS PURPOSES OF THE IUEC
	PART I, LINE 1A	RESOLUTIONS FROM THE IUEC THIRTIETH CONVENTION RESULTED IN CHANGING THE PROVISION OF HOUSING ALLOWANCE TO THE FOLLOWING DURING THE YEAR A SIX MONTH HOUSING SUBSIDY FOR NEW GENERAL OFFICERS IN THE AMOUNT OF $1,000 PER MONTH AND ONE TIME MOVING EXPENSE FOR NEW GENERAL OFFICERS WILL BE PROVIDED AND SHOULD BE BASED ON HOUSING AND MOVING EXPENSES THAT ARE A REASONABLE REFLECTION OF COSTS IN THE GEOGRAPHICAL REGION WHERE THE EXPENSE IS INCURRED
	PART I, LINE 1A	THE REGIONAL DIRECTORS AND ORGANIZERS OF THE IUEC RECEIVE A $75 ALLOWANCE PER WEEK DURING THE YEAR FOR BUSINESS USE OF THEIR PERSONAL RESIDENCE THE ALLOWANCE FOR BUSINESS USE OF THEIR PERSONAL RESIDENCE IS DESCRIBED IN THE EXPENSE POLICY OF THE IUEC, PARAGRAPH 4, MISCELLANEOUS AND EXTROARDINARY EXPENSES
	PART I, LINE 3	AS PART OF THE IUEC THIRTIETH CONVENTION A COMMITTEE EVALUATED THE COMPENSATION OF PAID OFFICERS AND CERTAIN EMPLOYEES OF THE IUEC AND ASSESSED ALTERNATIVE SCENARIOS THE COMMITTEE PROVIDED RECOMMENDATIONS WHICH RESULTED IN CHANGING THE COMPENSATION OF THE GENERAL OFFICERS AND CERTAIN EMPLOYEES AS DESCRIBED BELOW
	PART I, LINE 3	DURING THE YEAR THE COMPENSATION OF PAID OFFICERS AND CERTAIN EMPLOYEES OF THE IUEC WAS CHANGED BASED ON AN ANALYSIS OF THE COMPENSATION OF THE GENERAL PRESIDENTS OF OTHER FUNCTIONALLY COMPARABLE AND SIMILARLY SITUATED INTERNTATIONAL LABOR ORGANIZATIONS
	PART I, LINE 3	THE LABOR COMMITTEE ESTABLISHED APPROVED THE SALARY RESOLUTIONS DURING THE CONVENTION THE LABOR COMMITTEE CONSISTS OF THE GENERAL PRESIDENT, THE GENERAL SECRETARY-TREASURER, THE ASSISTANT GENERAL PRESIDENT, AND THE SIX LABOR COMMITTEE MEMBERS
	PART I, LINE 3	DURING THE YEAR THE DELEGATES TO THE IUEC THIRTIETH CONVENTION APPROVED RESOLUTIONS BASED ON THE ASSESSMENT OF A COMMITTEE TO THE CONVENTION THAT EVALUATED THE COMPENSATION OF PAID OFFICERS AND CERTAIN EMPLOYEES OF THE IUEC THE RESOLUTIONS CHANGED THE COMPENSATION OF THE GENERAL PRESIDENT AND CERTAIN OTHER OFFICERS AND EMPLOYEES

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 23-0725260
Name: INTERNATIONAL UNION OF ELEVATOR CONSTRUCTORS

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
DANA A BRIGHAM	(i)	259,804	0	4,562	76,352	21,892	362,610	0
	(ii)	0	0	0	0	0	0	0
JAMES J HIGGINS JR	(i)	241,286	0	14,396	71,540	21,892	349,114	0
	(ii)	0	0	0	0	0	0	0
LARRY MCGANN	(i)	202,311	0	680	61,412	21,892	286,295	0
	(ii)	0	0	0	0	0	0	0
KEVIN P STRINGER	(i)	180,965	0	48,309	53,655	16,419	299,348	0
	(ii)	0	0	0	0	0	0	0
ED CHRISTENSEN	(i)	178,847	0	3,900	55,315	21,892	259,954	0
	(ii)	0	0	0	0	0	0	0
MICHAEL LANGER	(i)	178,847	0	3,900	55,315	21,892	259,954	0
	(ii)	0	0	0	0	0	0	0
JOHN MCNERNEY	(i)	178,847	0	3,900	55,315	21,892	259,954	0
	(ii)	0	0	0	0	0	0	0
LEWIS AVERY	(i)	178,847	0	3,900	55,315	21,892	259,954	0
	(ii)	0	0	0	0	0	0	0
JAMES BENDER	(i)	178,847	0	3,900	55,315	21,892	259,954	0
	(ii)	0	0	0	0	0	0	0
DALE COALMER	(i)	178,847	0	3,900	55,315	21,892	259,954	0
	(ii)	0	0	0	0	0	0	0
BOB EDDY	(i)	178,847	0	3,900	55,315	21,892	259,954	0
	(ii)	0	0	0	0	0	0	0
STEVE SAMPSON	(i)	178,847	0	3,900	55,315	21,892	259,954	0
	(ii)	0	0	0	0	0	0	0
WILLIAM STANLEY	(i)	178,847	0	3,900	55,315	21,892	259,954	0
	(ii)	0	0	0	0	0	0	0
JAMES BIAGINI	(i)	178,847	0	3,900	55,315	21,892	259,954	0
	(ii)	0	0	0	0	0	0	0
TERENCE CARR	(i)	152,244	0	3,900	48,402	21,892	226,438	0
	(ii)	0	0	0	0	0	0	0
JERRY CLUFF	(i)	141,255	0	3,900	45,546	21,892	212,593	0
	(ii)	0	0	0	0	0	0	0
GIL DUNCAN	(i)	141,255	0	3,900	45,546	21,892	212,593	0
	(ii)	0	0	0	0	0	0	0
CLINT MATTHEWS	(i)	141,255	0	3,900	45,546	21,892	212,593	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
JAMES CHAPMAN III	(i)	141,255	0	3,900	45,546	21,892	212,593	0
	(ii)	0	0	0	0	0	0	0

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization 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.
▶ Attach to Form 990 or Form 990-EZ. ▶See separate instructions.

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2011
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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).

Complete if the organization 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.

Complete if the organization 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? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Total . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization 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.
Complete if the organization answered "Yes" on Form 990, Part IV, line 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
(1) IUEC OFFICER & EMPLOYEES PENSION PLAN	PLAN SPONSOR	1,003,052	PAYMENTS FOR THE OFFICERS & EMPLOYEES PENSION PLAN		No
(2) SHANNON RICHESON	FAMILY MEMBER OF GENERAL PRESIDENT	124,120	COMPENSATION AS DEFINED FOR FORM 990 WHICH INCLUDES OTHER FRINGE BENEFITS INCLUDING EDUCATION, DEFERRED COMPENSATION AND NONTAXABLE EMPLOYEE BENEFITS PAY AND BENEFITS ARE PROVIDED BASED ON THE INTERNATIONAL UNION OF ELEVATOR CONSTRUCTORS POLICIES FOR A FULL TIME EMPLOYEE		No
(3) ED CHRISTENSEN	FAMILY MEMBER OF A VICE PRESIDENT	193,950	COMPENSATION AS DEFINED FOR FORM 990 WHICH INCLUDES DEFERREED COMPENSATION AND NONTAXABLE EMPLOYEE BENEFITS PAY AND BENEFITS ARE PROVIDED BASED ON THE INTERNATIONAL UNION OF ELEVATOR CONSTRUCTORS POLICIES FOR A FULL TIME EMPLOYEE THE AMOUNT DIFFERS FROM PART VII, SECTION A, IN ACCORDANCE WITH INSTRUCTIONS TO FORM 990		No
(4) ELEVATOR CONSTRUCTORS ANNUITY AND 401(K) RETIREMENT PLAN	BENEFIT PLAN	233,099	CONTRIBUTIONS FOR THE OFFICERS & EMPLOYEES TO THE ELEVATOR CONSTRUCTORS ANNUITY AND 401(K) RETIREMENT PLAN		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
INTERNATIONAL UNION OF ELEVATOR CONSTRUCTORS

Employer identification number
23-0725260

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	EDWARD CHRISTENSEN, REGIONAL DIRECTOR, AND FRANK CHRISTENSEN, VICE PRESIDENT AND BUSINESS MANAGER OF LOCAL 2 ARE RELATED THROUGH "FAMILY RELATIONSHIP"
	FORM 990, PART VI, SECTION A, LINE 4	DELEGATES OF THE THIRTIETH GENERAL CONVENTION OF THE IUEC APPROVED AMENDMENTS TO THE CONSTITUTION AND BY-LAWS AS WELL AS PRACTICES AND POLICIES OF THE IUEC FOR THE FOLLOWING ABILITY FOR LOCAL UNIONS TO ADJUST NUMBER OF BUSINESS REPRESENTATIVES, MEMBERS RETURNING FROM EXPULSION, PERMANENT TRANSFERS, HOUSING SUBSIDY, ALTERNATES TO CONVENTION, GENERAL OFFICER'S HOUSING EXPENSE, MID CONTRACT CHANGES TO EXISTING AGREEMENTS, WITHDRAWAL CARDS, LABOR COMMITTEE, OFFICER'S SALARIES, EQUIPMENT REFERECNES IN CONSTITUTION AND BY-LAWS, ADDITIONAL PUNISHABLE OFFENSES, GENERAL LAW 20 ELIMINATED, LOCAL UNION OFFICERS AS AUTOMATIC DELEGATES, TERM OF OFFICE FOR PAID OFFICERS FOR CANADIAN IUEC LOCALS, GENERAL OFFICER EMERITUS STATUS, HOURS REQUIUREMENT FOR BUSINESS REPRESENTATIVES, BASE WAGE RATE OF THE REGIONAL DIRECTORS AND ORGANIZERS, EFFECTIVE DATE OF AMENDMENTS, PER CAPITA TAX REVENUE, MAINTAINING PROPER RECORDKEEPING AND WORK FATALITIES
	FORM 990, PART VI, SECTION A, LINE 6	THE INTERNATIONAL UNION OF ELEVATOR CONSTRUCTORS CONSISTS OF 25,847 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
	FORM 990, PART VI, SECTION B, LINE 11	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 LARRY MCGANN, GENERAL SECRETARY- TREASURER, BEFORE MAILING THE FORM TO THE IRS
	FORM 990, PART VI, SECTION C, LINE 18	UPON REQUEST
	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
ESTIMATED HOURS DEDICATED TO RELATED ORGANIZATIONS	FORM 990, PART VII, LINE 1A	THE INDIVIDUALS LISTED ON FORM 990, PART VII, LINE 1A, SECTION A (A) DEDICATE THE FOLLOWING ESTIMATED AVERAGE NUMBER OF HOURS PER WEEK TO THE RELATED ORGANIZATIONS LISTED ON SCHEDULE R 6 HOURS DANA A BRIGHAM 6 HOURS JAMES J HIGGINS, JR 6 HOURS LARRY MCGANN 6 HOURS KEVIN P STRINGER 0 5 HOURS DONALD MITCHELL 0 5 HOURS THADDEUS TOMEI 0 5 HOURS FRANK CHRISTENSEN 0 5 HOURS JACK CLOWER 0 5 HOURS MICHAEL CONKIN 0 5 HOURS PATRICK MCGARVEY 0 5 HOURS KEVIN MCGETTIGAN 0 5 HOURS LEONARD LEGOTTE 0 5 HOURS WAYNE SIMS 0 5 HOURS STEVEN BRUNO 0 5 HOURS JOSEPH DUPONT 0 5 HOURS BEN MCINTYRE
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	CHANGE IN THE FUNDED STATUS OF THE DEFINED BENEFIT POSTRETIREMENT PLAN -6,377,781 TOTAL TO FORM 990, PART XI, LINE 5 -6,377,781

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

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Name of the organization
INTERNATIONAL UNION OF ELEVATOR CONSTRUCTORS

Employer identification number
23-0725260

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(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
(1) IUEC REAL ESTATE LLC 7154 COLUMBIA GATEWAY DRIVE COLUMBIA, MD 21046 52-2309344	HOLD TITLE TO REAL ESTATE	MD	0	565,694	INTERNATIONAL UNION OF ELEVATOR CONSTRUCTORS

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(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	(g) Section 512(b)(13) controlled organization Yes	No
(1) ELEVATOR INDUSTRY WORK PRESERVATION FUND 7154 COLUMBIA GATEWAY DRIVE COLUMBIA, MD 21046 52-2051811	IMPROVE LABOR-MANAGEMENT RELATIONS	MD	501(C)(5)		INTERNATIONAL UNION OF ELEVATOR CONSTRUCTORS	Yes	
(2) IUEC OFFICER & EMPLOYEES PENSION PLAN 7154 COLUMBIA GATEWAY DRIVE COLUMBIA, MD 21046 23-0725260	TO PROVIDE PAYMENTS FOR THE OFFICERS & EMPLOYEES PENSION PLAN	MD	401(A)		INTERNATIONAL UNION OF ELEVATOR CONSTRUCTORS		No
(3) NATIONAL ELEVATOR CONSTRUCTOR POLITICAL ACTION COMMITTEE 7154 COLUMBIA GATEWAY DRIVE COLUMBIA, MD 21046 04-3726515	TO PROVIDE SUPPORT FOR POLITICAL CAMPAIGNS	MD	527		INTERNATIONAL UNION OF ELEVATOR CONSTRUCTORS		No

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

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

			Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	**1a**		No
b	Gift, grant, or capital contribution to related organization(s)	**1b**		No
c	Gift, grant, or capital contribution from related organization(s)	**1c**		No
d	Loans or loan guarantees to or for related organization(s)	**1d**		No
e	Loans or loan guarantees by related organization(s)	**1e**		No
f	Sale of assets to related organization(s)	**1f**		No
g	Purchase of assets from related organization(s)	**1g**		No
h	Exchange of assets with related organization(s)	**1h**		No
i	Lease of facilities, equipment, or other assets to related organization(s)	**1i**	Yes	
j	Lease of facilities, equipment, or other assets from related organization(s)	**1j**		No
k	Performance of services or membership or fundraising solicitations for related organization(s)	**1k**		No
l	Performance of services or membership or fundraising solicitations by related organization(s)	**1l**		No
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	**1m**	Yes	
n	Sharing of paid employees with related organization(s)	**1n**		No
o	Reimbursement paid to related organization(s) for expenses	**1o**		No
p	Reimbursement paid by related organization(s) for expenses	**1p**		No
q	Other transfer of cash or property to related organization(s)	**1q**	Yes	
r	Other transfer of cash or property from related organization(s)	**1r**		No

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	**(b)** Transaction type(a-r)	**(c)** Amount involved	**(d)** Method of determining amount involved
(1) ELEVATOR INDUSTRY WORK PRESERVATION FUND	I	98,539	FMV
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	**(b)** Primary activity	**(c)** Legal domicile (state or foreign country)	**(d)** Predominant income(related, unrelated, excluded from tax under sections 512-514)	**(e)** Are all partners section 501(c)(3) organizations?		**(f)** Share of total income	**(g)** Share of end-of-year assets	**(h)** Disproprtionate allocations?		**(i)** Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	**(j)** General or managing partner?		**(k)** Percentage ownership
				Yes	**No**			**Yes**	**No**		**Yes**	**No**	

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 23-0725260
Name: INTERNATIONAL UNION OF ELEVATOR CONSTRUCTORS

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
DANA A BRIGHAM GENERAL PRESIDENT	40 00			X				264,366	0	98,244
JAMES J HIGGINS JR ASSISTANT GENERAL PRESIDENT	40 00			X				255,682	0	93,432
LARRY MCGANN GENERAL SECRETARY-TREASURER/REGIONAL DIRECTOR	40 00			X				202,991	0	83,304
KEVIN P STRINGER GENERAL SECRETARY- TREASURER	40 00			X				229,274	0	70,074
DONALD MITCHELL VICE PRESIDENT	2 00			X				0	0	0
THADDEUS TOMEI 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
PATRICK MCGARVEY VICE PRESIDENT	2 00			X				0	0	0
KEVIN MCGETTIGAN VICE PRESIDENT	2 00			X				0	0	0
LEONARD LEGOTTE VICE PRESIDENT	2 00			X				0	0	0
WAYNE SIMS VICE PRESIDENT	2 00			X				0	0	0
STEVEN BRUNO VICE PRESIDENT	2 00			X				0	0	0
JOSEPH DUPONT VICE PRESIDENT	2 00			X				0	0	0
BEN MCINTYRE VICE PRESIDENT	2 00			X				0	0	0
ED CHRISTENSEN REGIONAL DIRECTOR	40 00				X			182,747	0	77,207
MICHAEL LANGER REGIONAL DIRECTOR	40 00				X			182,747	0	77,207
JOHN MCNERNEY REGIONAL DIRECTOR	40 00				X			182,747	0	77,207
LEWIS AVERY REGIONAL DIRECTOR	40 00				X			182,747	0	77,207
JAMES BENDER REGIONAL DIRECTOR	40 00				X			182,747	0	77,207
DALE COALMER REGIONAL DIRECTOR	40 00				X			182,747	0	77,207
BOB EDDY REGIONAL DIRECTOR/ORGANIZER	40 00				X			182,747	0	77,207
STEVE SAMPSON REGIONAL DIRECTOR/ORGANIZER	40 00				X			182,747	0	77,207
WILLIAM STANLEY DIRECTOR OF ORGANIZING	40 00				X			182,747	0	77,207

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
JAMES BIAGINI REGIONAL DIRECTOR/ORGANIZER	40 00				X			182,747	0	77,207
TERENCE CARR REGIONAL DIRECTOR/ORGANIZER	40 00				X			156,144	0	70,294
JERRY CLUFF ORGANIZER	40 00					X		145,155	0	67,438
GIL DUNCAN ORGANIZER	40 00					X		145,155	0	67,438
CLINT MATTHEWS ORGANIZER	40 00					X		145,155	0	67,438
JAMES CHAPMAN III ORGANIZER	40 00					X		145,155	0	67,438