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Form **990**

Department of the Treasury Internal Revenue Service

A For the 2012 calendar year, or tax year beginning

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)

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

and ending

2012
Open to Public Inspection

Bo	heck if pplicable	C Name of organization		D Employer identific	ation number					
	∩Address	LOCAL NO. 1 REALTY CORP								
<u> </u>	_change Name			13-3	321278					
F	_change _Initial _return	Doing Business As Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone number						
	Termin-	47-24 27TH STREET	110011//Suite		767-7004					
	Amende		<u> </u>	G Gross receipts \$	557,576.					
	Applica-	LONG ISLAND CITY, NY 11101		H(a) Is this a group re						
	pending	F Name and address of principal officer:LEONARD LEGOTTE		for affiliates?	Yes X No					
	_	SAME AS C ABOVE		H(b) Are all affiliates incl	uded? Yes No					
		npt status: 501(c)(3) _X 501(c)(2) ◀ (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. (see instructions)					
		:▶ N/A		H(c) Group exemption						
		rganization: X Corporation Trust Association Other	L Year	of formation: 1985 M	State of legal domicile: NY					
P		Summary	COULTE	1 3 3 TO 1	- MT D MO					
9	1 B	nefly describe the organization's mission or most significant activities: TO A	COUTKE	AND HOLD T.	ITLE TO					
Activities & Governance	. –	EAL PROPERTY ON BEHALF OF LOCAL 1 ELEVA								
Veri		heck this box	sed of more	1 4	sets.					
Ĝ	I	umber of voting members of the governing body (Part VI, line 1a) umber of independent voting members of the governing body (Part VI, line 1b)		3 4	0					
•ජ ග	1	otal number of individuals employed in calendar year 2012 (Part V, line 2a)		5	0					
iţi	I	otal number of volunteers (estimate if necessary)		6	0					
Ę		otal unrelated business revenue from Part VIII, column (C), line 12	7	7a	0.					
⋖		et unrelated business taxable income from Form 9901, Jing 34_1\/1	1	7b	0.					
-		KEULIVE		Prior Year	Current Year					
ø	8 C	ontributions and grants (Part VIII, line 1h)	8/ <u> </u>	0.	0.					
nua	9 P	rogram service revenue (Part VIII, line 2g) RAY 2 2 2013	88.0 0.7	541,994.	555,646.					
Revenue		ivestifient income (rart viii, coldinii (7), lines 0,14, and 7 d)		1,637.	1,574.					
		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	- □	347.	356.					
		otal revenue - add lines 8 through 11 (must equal Part VIII).column (A), line-12)		543,978.	557,576.					
		rants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.						
	ŀ	enefits paid to or for members (Part IX, column (A), line 4)								
ses		alanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u> </u>	0.	0.					
Expenses		rofessional fundraising fees (Part IX, column (A), line 11e)	₀. ⊢	\	<u> </u>					
Ä	1	otal fundraising expenses (Part IX, column (D), line 25)		591,262.	493,590.					
	1	rther expenses (Part IX, column (A), lines 11a 11d, 11f 24e) otal expenses. Add lines 13 17 (must equal Part IX, column (A), line 25)	-	591,262.	493,590.					
		evenue less expenses. Subtract line 18 from line 12	-	-47,284.	63,986.					
es Ses	-0 11	evenue less expenses. Oubtract line 10 non line 12	Bé	eginning of Current Year	End of Year					
sets or	20 T	otal assets (Part X, line 16)		3,349,897.	3,196,758.					
t Ass	21 T	otal liabilities (Part X, line 26)		3,185,668.	2,968,543.					
캺		et assets or fund balances. Subtract line 21 from line 20		164,229.	228,215.					
		Signature Block								
Und	er penalti	es of perjury, I declare that I have examined this return, including accompanying schedule	es and statem	ents, 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 w	hich prepare	has any knowledge.	7.6					
		Constitute of officer			113					
Sig		Signature of officer		Date						
Her	е	TYPE OF PRIESTER SECRETARY-T	LEASUL	R						
_				Date Check	TI PTIN					
Dai	DANTEL A STANDED CODA MANUAL ALL CALL STOLE DOCUMENTS									
		Firm's name DANIEL A. WINTERS & COMPANY, CP Firm's address 6 DICKINSON DR STE 205		Firm's EIN	23 2300/30					
300	· '	CHADDS FORD, PA 19317		Phone no. 6	10-358-2000					
May	the IR	S discuss this return with the preparer shown above? (see instructions)		Ti none no. O.	X Yes No					
		2 alocado allo rotalit mar allo proparor chomi above: (see alocadolis)								

Form	990 (2012) LOCAL NO. 1 REALTY CORP	13-3321278	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		X
1	Briefly describe the organization's mission:		
	TO ACQUIRE AND HOLD TITLE TO REAL PROPERTY ON BEHALF OF	LOCAL 1	
	ELEVATOR CONSTRUCTORS UNION OF NEW YORK CITY AND VICINITY		3CT
	THE INCOME FROM SUCH REAL PROPERTY, TO PAY THE EXPENSES		
	AND MAINTAINING SUCH REAL PROPERTY AND TO TURN OVER AMOU		
		JAIS AS PROI	PER
2	Did the organization undertake any significant program services during the year which were not listed on		r===
	the prior Form 990 or 990-EZ?	∟ Yes	x X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	s X No
	If "Yes," describe these changes on Schedule O.		
	·		
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses,	, and
	revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$	ле \$)
	LOCAL 1 REALTY CORP'S EXEMPT PURPOSE IS TO ACQUIRE AND I	HOLD TITLE ?	ro
	REAL PROPERTY ON BEHALF OF LOCAL NO. 1 ELEVATOR CONSTRUC	CTORS UNION	OF
	NEW YORK CITY AND VICINITY, TO COLLECT THE INCOME FROM S		
	PROPERTY, TO PAY THE EXPENSES OF OPERATING AND MAINTAIN		A T
			<u> </u>
	PROPERTY AND TO TURN OVER AMOUNTS AS PROPER TO LOCAL UN	ION NO. 1.	
			
	•		
4b	(Code) (Expenses \$ including grants of \$) (Revenue)	ле \$)
			
4c	(Code) (Expenses \$ including grants of \$) (Revent	ле \$)
			
4d	Other program services (Describe in Schedule O.)		
- u			
	(Expenses \$ including grants of \$) (Revenue \$		
<u>4e</u>	Total program service expenses ▶		
		Form	990 (2012)

Form 990 (2012) LOCAL NO. 1 REALTY CORP
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		х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
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		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	•	-	
•	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
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		x
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	**	***	-
	Part VI	11a	X	
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		х
С	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		X
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		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
þ	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	441		_₩
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	10		
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		x
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		x
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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			.
20-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b	-	<u> </u>
	11 100 to mile 20a, die die erganization attach a copy of its addited financial statements to this returns	_	990	(2012)
		. 5111		(4014)

13-3321278 Page 4 Part IV Checklist of Required Schedules (continued) Yes No 21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, X column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Х Schedule J 23 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 lines 24b through 24d and complete Х Schedule K. If "No", go to line 25 24a 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, highest compensated employee, or disgualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member X of any of these persons? If "Yes," complete Schedule L, Part III 27 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 X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b 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 direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? X If "Yes," complete Schedule N, Part I 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X Schedule N, Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

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

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

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

sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O

Х Form **990** (2012)

X

X

X

33

34

35a

35b

36

37

X

Part V, line 1

	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		100						
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable								
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming								
	(gambling) winnings to prize winners?	1c	X						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a 0								
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b							
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X					
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, securities account, or other financial account)?	4a		X					
b	b If "Yes," enter the name of the foreign country ►								
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			3,4					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
b	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?								
С	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 as charitable contributions?	6a		Х					
þ	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).			-					
а	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							
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c							
d	If "Yes," indicate the number of Forms 8282 filed during the year	 7e		<u>~</u>					
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?									
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
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		<u>.</u>					
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? Sponsoring organizations maintaining donor advised funds.	8							
9 a		ا ہے ا	~	Y					
b	Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b							
10	Section 501(c)(7) organizations. Enter:		~>	4					
а	Initiation fees and capital contributions included on Part VIII, line 12			· ·					
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:								
а	Gross income from members or shareholders								
	Gross income from other sources (Do not net amounts due or paid to other sources against		,						
	amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	- 1						
	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.		× 85						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note. See the instructions for additional information the organization must report on Schedule O.			l					
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans								
c	Enter the amount of reserves on hand		> < 9.	έ,					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b							
		Form	990	(2012)					

Form 990 (2012) LOCAL NO. 1 REALTY CORP

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response or changes in Schedule O. See instructions to line 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			X					
Sec	tion 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 3								
	If there are material differences in voting rights among members of the governing body, or if the governing			1					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
b	Enter the number of voting members included in line 1a, above, who are independent 1b 0								
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		X					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х					
6	Did the organization have members or stockholders?	6	Х						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		v					
_	more members of the governing body?	7a		Х					
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			Х					
٥	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b							
8 a	The governing body?	8a	×						
	Each committee with authority to act on behalf of the governing body?	8b		X					
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		Х					
Sec	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		X					
b	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?								
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
	2a Did the organization have a written conflict of interest policy? If "No," go to line 13								
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
40	In Schedule O how this was done	12c		Х					
13	Did the organization have a written whistleblower policy?	13	Х						
14 15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	14		× **>					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		\$	`					
а	The organization's CEO, Executive Director, or top management official	15a		X					
	Other officers or key employees of the organization	15b		X					
	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		X					
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							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ►NY								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	ıvaılab	le						
	for public inspection. Indicate how you made these available. Check all that apply.								
40	Own website Another's website Upon request Other (explain in Schedule O)								
19	, , , , , , , , , , , , , , , , , , ,								
statements available to the public during the tax year.									
20	20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►								
	47-24 27TH STREET, LONG ISLAND CITY, NY 11101			-					
23200t 12-10-		Form	990	(2012)					

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

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

Check this box if neither the organization (A)	(B)	i		((C)			(D)	(E)	(F)
Name and Title	Average	Average				1		Reportable	Reportable	Estimated
	hours per	Positio (do not check mor box, unless persor			rson is both an		h an	compensation	compensation	amount of
	week	offi	cer an	d a d	krecto	or/trus	tee)	from	from related	other
	(list any	횮						the	organizations	compensation
	hours for	ä				20		organization	(W-2/1099-MISC)	from the
	related	8	stee			nsat		(W-2/1099-MISC)	, ,	organization
	organizations	Individual trustee or director	Institutional trustee		yee	Ē				and related
	below	gal	룕	<u></u>	Jd H	esto	듑			organizations
	line)	횰	Insti	Officer	Key employee	Highest compensated employee	Рог тег			
(1) LEONARD LEGOTTE	1.00									· · · ·
PRESIDENT		X						0.	199,983.	79,646
(2) MICHAEL RIEGGER	1.00									
SECRETARY-TREASURER		X				l		0.	173,779.	79,861
(3) DENNIS O'NEILL	1.00								•	•
VICE PRESIDENT		x						0.	173,337.	79,646
	-				\vdash	\vdash				,,,,,,,,
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Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and title	(B) Average hours per	(do		((Pos heck	C) ition more	l than	one	(D) Reportable compensation	(E) Reporta compens	able	ı	(F) stimate nount	
		week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer Officer		Highest compensated The moloyee		from the organization (W-2/1099-MISC)	from rela organizat (W-2/1099-	ated tions			ation ie tion ted
			_											
			_											
			-											
1b	Sub-total Sub-total		L			<u> </u>			0.	547,	099.	23	9,1	53.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	II, Section A					>		0.	547,	0. .099.	23	9,1	0 a
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d al	bove	e) wł	o r	eceived more than \$100	,000 of repor	table			(
3	Did the organization list any former officer,			e, ke	y er	nplo	yee,	or	highest compensated e	mployee on			Yes	No X
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su and related organizations greater than \$15	ım of reportab	le co							the organizati	ion	3	ñ	Â
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	accrue compe	nsat	ion f	rom	any	unr/			idual for servi	ces	5		X
Sec	tion B. Independent Contractors	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<u> </u>		<i>-</i>								
1	Complete this table for your five highest co the organization. Report compensation for										compens	ation	from	
	(A) Name and business	address	N	ONE	C				(B) Description of s	ervices	C	ompe	C) nsatio	'n
								_						
					•	_		_						
								\dashv		·				
	Total number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se lis	stec	d above) who received in	nore than	-			
	\$100,000 of compensation from the organi	zation 🕨				(0					* 3	/	

, <u>, a</u>		•••	Check if Schedule O cont		e to anv guestion	ın thıs Part VIII			
100		/		\$, , ,		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	(b c d e	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo	its, and					
Sontrib and Oth	g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f								
-	<u> </u>	<u>''</u>	Total. Add lines Ta-11	<u> </u>	Business Code	i É C			/ 38% 8 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
ĕ	2 :	а	RENTAL INCOME		531120	548,056.	548,056.	· · · · · · · · · · · · · · · · · · ·	. Matthe Mara 1960 - Alle all all
Ž a	1	b	ASSESSMENTS		900099	7,590.			
SE	١,	С					_		
eve	,	d							
Program Service Revenue	,	е	_						
ď	1	f	All other program service reve	enue					
		g	Total. Add lines 2a-2f		•	555,646.			^.
	3		Investment income (including	dividends, inte	rest, and		:		
			other similar amounts)		•	1,574.			1,574.
	4		Income from investment of ta	x-exempt bond	proceeds >				
	5		Royalties		<u> </u>				
				(i) Real	(ii) Personal	1			
	6	а	Gross rents						
	1	b	Less: rental expenses				Ĭ.		
			Rental income or (loss)				, ,		
			Net rental income or (loss)		<u> </u>	20. WA 440.			
	7 :	а	Gross amount from sales of	(i) Securities	(ii) Other				,
			assets other than inventory						* 3
	ı	b	Less: cost or other basis						
			and sales expenses		ļ		,		
	•		Gain or (loss)				. `		
			Net gain or (loss)		_	v tv 50 50 ac ox *		\$ W W C	
Other Revenue	8 :	а	Gross income from fundraisin including \$	of					*
æ			contributions reported on line	•	İ				
je.		_	Part IV, line 18		a		`s ?		· /
ŏ			Less: direct expenses		·		¥.å	. i	
			Net income or (loss) from fund	=		3%	1 N. 1 266 (20° 1 2 4 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	* '5 >	
	9 (a	Gross income from gaming ac Part IV, line 19		_}			,	
		h	Less: direct expenses		a		* · X * ; * ·		
			Net income or (loss) from garr		`L	·	destan e	langara ' S	, siks .
			Gross sales of inventory, less	-		* 4. 3 33	"/ \$ / \$ \$ \$ \$ \$ \$ \$	· · · · · · · · · · · · · · · · · · ·	^* ***
		u	and allowances		a		``````	***	
	ı	h	Less: cost of goods sold						
			Net income or (loss) from sale	-		and the same of th	2 2 4 Maria 2 4 4 4 4 2		
			Miscellaneous Revenu		Business Code	177.4	. 2	and Alexander and a	, Ži
	11 :	— а	VENDING MACHINE		900099	356.	356.	an sienie n	· 272
		b				1		-	
		c							
		d	All other revenue			<u> </u>			
		_	Total. Add lines 11a-11d		<u> </u>	356.	ž ' į .		- <u> </u>
	12		Total revenue. See instructions.	-	•	557,576.	556,002.	0.	1,574.
23200 12-10	9 -12								Form 990 (2012)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)										
	Check if Schedule O contains a respor	nse to any question in th								
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to governments and									
	organizations in the United States. See Part IV, line 21									
2	Grants and other assistance to individuals in									
	the United States. See Part IV, line 22									
3	Grants and other assistance to governments,									
	organizations, and individuals outside the									
	United States. See Part IV, lines 15 and 16			,	*					
4	Benefits paid to or for members									
5	Compensation of current officers, directors,									
	trustees, and key employees									
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									
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)									
9	Other employee benefits									
10	Payroll taxes	_								
11	Fees for services (non-employees):									
а	Management				,					
b	Legal									
C	Accounting									
d	Lobbying Professional fundraising services, See Part IV, line 17		*							
e	Professional fundraising services. See Part IV, line 17	-								
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25,			-						
g	column (A) amount, list line 11g expenses on Sch O.)									
12	Advertising and promotion									
13	Office expenses	3,067.								
14	Information technology	0,00,0								
15	Royalties									
16	Occupancy	292,294.	_							
17	Travel									
18	Payments of travel or entertainment expenses			· · · · -						
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	35.								
20	Interest	5,221.								
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	189,838.								
23	Insurance	2,562.								
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)			,						
а	VENDING MACHINE ITEMS	573.			-					
	VENDING FACILINE TIBED	3/3.								
ь										
d										
	All other expenses									
25	Total functional expenses. Add lines 1 through 24e	493,590.								
<u>23</u> 26	Joint costs. Complete this line only if the organization		<u> </u>	 						
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
	Check here ff following SOP 98-2 (ASC 958-720)									

ance Sheet				
ck if Schedule O contains a response to any	question in this Part X			
		(A) Beginning of year	,	(B) End of year
h - non-interest-bearing		504.040	1	603.630
ings and temporary cash investments		584,940.	2	603,639
lges and grants receivable, net	1		3_	
ounts receivable, net	1		4	
ns and other receivables from current and fo	1	•		
tees, key employees, and highest compensa	ted employees. Complete			~
II of Schedule L			5	
ns and other receivables from other disqualif	· ` ` ` `	,		
tion 4958(f)(1)), persons described in section				
ployers and sponsoring organizations of secti		and white the second second and the second s		or the section of the
oloyees' beneficiary organizations (see instr).	Complete Part II of Sch L		6	
es and loans receivable, net	ŀ		7	
entories for sale or use	}		. 8	
paid expenses and deferred charges		```	9	1 × 4 × 4 × 1
d, buildings, and equipment: cost or other	. 5 110 220		-	
s. Complete Part VI of Schedule D	10a 5,119,339. 10b 2,526,220.	2,764,957.		2,593,119
s: accumulated depreciation	10b 2,526,220.	2,104,337.	10c	2,393,119
estments - publicly traded securities		11	· · · · · · ·	
estments - other securities. See Part IV, line 1		12		
estments - program-related. See Part IV, line 1		13		
ngible assets		14		
er assets. See Part IV, line 11		3,349,897.	15	3,196,758
al assets. Add lines 1 through 15 (must equa	3,343,037.	16	3,130,730	
ounts payable and accrued expenses		17		
nts payable		18		
erred revenue	-	-	19	
exempt bond liabilities	hand IV of Cabandula D		20	
row or custodial account liability. Complete F	t t	· · · · · · · · · · · · · · · · · · ·	21	
ns and other payables to current and former employees, highest compensated employee:		· * ;		vias ar
employees, highest compensated employee: nplete Part II of Schedule L	s, and disqualified persons.		∆ա.∻ 22	
•	had third	1,374,647.	23	1,157,522
ured mortgages and notes payable to unrelated acured notes and loans payable to unrelated		1,3/1,01/	23	1,137,322
ecured notes and loans payable to unrelated er liabilities (including federal income tax, pay	· · · · · · · · · · · · · · · · · · ·		24	
, , ,				
ies, and other liabilities not included on lines edule D	17-2-1. Complete Fall A OI	1,811,021.	25	1,811,021
al liabilities. Add lines 17 through 25	ŀ	3,185,668.	26	2,968,543
anizations that follow SFAS 117 (ASC 958)	check here X and	3,103,000.	20	2,500,545
anizations that follow 37A3 117 (A3C 936)		` ` ` ````		
estricted net assets		164,229.	27	228,215
poranly restricted net assets	ŀ		28	
manently restricted het assets	·		29	
anizations that do not follow SFAS 117 (AS	SC 958), check here	 ··-	,	
complete lines 30 through 34.				
ortal stock or trust principal, or current funds	l		3U	
' ' '	upment fund			
	· ·			
- '	,one, or other falles	164.229	_	228,215
	• •			3,196,758
d-in or o ained o al net a	capital surplus, or land, building, or eq	capital surplus, or land, building, or equipment fund earnings, endowment, accumulated income, or other funds assets or fund balances	capital surplus, or land, building, or equipment fund earnings, endowment, accumulated income, or other funds assets or fund balances 164,229.	capital surplus, or land, building, or equipment fund earnings, endowment, accumulated income, or other funds assets or fund balances 31 164,229 • 33

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, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 **Open to Public** Inspection

Name of the organization

TOORT NO 1 DEXIMV CODD Employer identification number

Da	t La Organizatione Maintaining Dancy Advise		13-3321276							
rai	t I Organizations Maintaining Donor Advise		r Accounts. Complete if the							
	organization answered "Yes" to Form 990, Part IV, lin									
		(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	_	Tyes T	No						
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be use	ed only							
	for charitable purposes and not for the benefit of the donor		•							
	impermissible private benefit?	,	. Yes	No						
Par	······································	ganization answered "Yes" to Form 990. Part								
1	Purpose(s) of conservation easements held by the organizat		,							
•	Preservation of land for public use (e.g., recreation or e		cally important land area							
	Protection of natural habitat	Preservation of a certified								
	Preservation of open space	Freservation of a Certified	a historic structure							
_		£:								
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	a conservation easement on the las	st						
	day of the tax year.									
			Held at the End of the Tax	Year						
а	Total number of conservation easements		2a							
ь	Total acreage restricted by conservation easements		2b							
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c							
ď	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure								
	listed in the National Register		2d							
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax									
	year ▶									
4	Number of states where property subject to conservation ea	sement is located								
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of								
	violations, and enforcement of the conservation easements	rt holds?	Yes	No						
6	Staff and volunteer hours devoted to monitoring, inspecting,	, and enforcing conservation easements durir	ng the year 🕨							
7	Amount of expenses incurred in monitoring, inspecting, and	_	· · · · · · · · · · · · · · · · · · ·							
8	Does each conservation easement reported on line 2(d) about									
	and section 170(h)(4)(B)(ii)?		Yes	No						
9	In Part XIII, describe how the organization reports conservat	on easements in its revenue and expense sta								
•	include, if applicable, the text of the footnote to the organiza	•								
	conservation easements.	alon o manola statomonto alat godonboo alo	o organization o dooddrilling for							
Par	t III Organizations Maintaining Collections of	f Art. Historical Treasures, or Oth	er Similar Assets.							
L	Complete if the organization answered "Yes" to Form		o. oa. 7.000.01							
10	If the organization elected, as permitted under SFAS 116 (A		at and balance sheet works of art							
Ia				VIII						
	historical treasures, or other similar assets held for public ex		e of public service, provide, in Part	AIII,						
	the text of the footnote to its financial statements that descr									
D	If the organization elected, as permitted under SFAS 116 (AS									
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public	service, provide the following amo	unts						
	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 tre	easures, or other similar assets for financial ga	ain, provide							
	the following amounts required to be reported under SFAS 1	116 (ASC 958) relating to these items:								
а	Revenues included in Form 990, Part VIII, line 1		. \$							
b	Assets included in Form 990, Part X		▶ \$							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 12-10-12

Schedule D (Form 990) 2012

		O. 1 REALT								Page 2
Pa	rt III Organizations Maintaining C	collections of A	rt, His	torical Tr	easures,	or Othe	r Simil	ar Asse	ts(contin	ued)
3	Using the organization's acquisition, accessi (check all that apply):	on, and other recor	ds, ched	ck any of the	following the	at are a si	gnıfıcant	use of its	collection	rtems
	Public exhibition		. —	1						
a	Scholarly research	(hange progr	ams				
b	r -	•	• 🗀	Other		 				
C	Preservation for future generations	-114				.		_		
4	Provide a description of the organization's co	•		•	_			ose in Par	t XIII.	
5	During the year, did the organization solicit o					ner similar	assets		٦.,	
Da	to be sold to raise funds rather than to be mart IV Escrow and Custodial Arran					***			_ Yes	No
Er a	rt IV Escrow and Custodial Arran- reported an amount on Form 990, Par		ete if th	e organizatio	on answered	-Yes- to I	-orm 990	, Part IV,	line 9, or	
	Is the organization an agent, trustee, custodi		diany foi	r contribution	ns or other a	ssets not	incli ided			
	on Form 990, Part X?		J.G. y 10.	CONTRIBUTION	10 01 011101 4	oooto not	ioiddod		Yes	□ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	nilowina	table:		• -			_ 103	110
_	Too, orpian and analygomore are are run	and complete the n	,	tubio.					Amount	
С	Beginning balance						1c		Amount	
d	Additions during the year			-			1d			
e	Distributions during the year					•	1e		٠.	
f	Ending balance						1f			
	Did the organization include an amount on Fe	orm 990. Part X. line	212				<u> </u>		Yes	□ No
	If "Yes," explain the arrangement in Part XIII.			on has been	provided in	Part XIII			_ 103	一一"
	Endowment Funds. Complete in						0.			
L		(a) Current year		Pnor year	(c) Two year		(d) Three y	ears back	(e) Four	vears back
1a	Beginning of year balance	(4) 5 5 11 5 7 5 5 1	\		197 7	,	<u>-,</u>		10) - 00-	, , , , , , , , , , , , , , , , , , , ,
b	Contributions									
С	Net investment earnings, gains, and losses								-	
d	Grants or scholarships			_						
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance							_		
2	Provide the estimated percentage of the curr	rent vear end baland	ce (line :	1a. column (a	a)) held as:			_	<u>'</u>	
а	Board designated or quasi-endowment	,	%	· 3, · · · · · · · · ·	,,					
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	 %								
	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiz	ation th	at are held a	and administe	ered for th	ne organiz	zation		
	by:	•					J		[·	Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Sche	dule R?					3b	
4	Describe in Part XIII the intended uses of the	organization's end	owment	funds.						
Pai	rt VI Land, Buildings, and Equipm	nent. See Form 990), Part X	(, line 10.	•					
	Description of property	(a) Cost or o			or other	(c) Ac	cumulate	ed	(d) Book	value
		basis (investi	nent)	1	(other)	1 ' '	reciation		, ====	
1a	Land			69	9,000.	2:	\$ \$ % ·	7 .	699	,000.
b	Buildings				0,339.		26,2			,119.
С	Leasehold improvements									
d	Equipment									
e	Other									
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colu	mn (B), line 1	10(c).)			>	2,593	,119.

Schedule D (Form 990) 2012

232053 12-10-12

SCHEDULE J (Form 990)

Compensation Information

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

➤ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

LOCAL NO. 1 REALTY CORP

Employer identification number 13-3321278

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			1
	Tax indemnification 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 on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		·
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		
			,	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's		ľ	
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			ś
	Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee	٠,	s s	
				i
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:			
а	Receive a severance payment or change-of-control payment?	4a		X
b		4b		X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
Ĭ	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	The test to any of most the percents and provide the applicable anisother or easily terms.	′ 、		1 × 1
	Only section 501(c)(3) and 501(c)(4) organizations 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			7 843
-	contingent on the revenues of:	``		\$ 4.
а	The organization?	5a		
	Any related organization?	5b		
_	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			1
•	contingent on the net earnings of:			
а	The organization?	6a		· ·
	Any related organization?	6b		
_	If "Yes" to line 6a or 6b, describe in Part III.			*
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments		<i>-</i> -	
-	not described in lines 5 and 6? If "Yes," describe in Part III	7		1
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	Ė	\vdash	\vdash
-	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		1
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	⊢ٽ	\vdash	
3	Regulations section 53.4958-6(c)?	9		1
		1/5		\ 0040

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Schedule J (Form 990) 2012

Schedule J (Form 990) 2012 LOCAL NO. 1 REALTY CORP

Part II. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i) (iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown of W.	W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		- /->			other deferred		(B)(I)-(D)	reported as deferred
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			in prior Form 990
(1) LEONARD LEGOTTE	E E	0	0	0	0	0	0	0
PRESIDENT	<u> </u>	199,98	0	0	44,08	35,563.	279,629.	0
(2) MICHAEL RIEGGER	Ξ		0	0		0		0
SECRETARY-TREASURER	Ξ	173,779.	0	0	44,202.	35,659	253,640.	
(3) DENNIS O'NEILL	Ξ		0.	0.		0	0.	0.
VICE PRESIDENT	(iii)	173,337.	0.	0.	44,083.	35,563.	252,983.	0
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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 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization

LOCAL NO. 1 REALTY CORP

 $\begin{array}{c} \textbf{Employer identification number} \\ 13-3321278 \end{array}$

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
NEW YORK CITY AND VICINITY, TO COLLECT THE INCOME FROM SUCH REAL
PROPERTY, TO PAY THE EXPENSES OF OPERATING AND MAINTAINING SUCH REAL
PROPERTY AND TO TURN OVER AMOUNTS AS PROPER TO LOCAL UNION NO. 1.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TO LOCAL UNION NO. 1.
FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS ISSUED 3
SHARES OF STOCK, ONE SHARE IS HELD BY EACH OF THE 3 OFFICERS OF LOCAL UNION
NO. 1.
FORM 990, PART VI, SECTION A, LINE 8B: NO APPLICABLE TRANSACTIONS
OCCURRED.
FORM 990, PART VI, SECTION B, LINE 11: THE PRESIDENT AND
SECRETARY-TREASURER REVIEW THE FORM BEFORE IT IS FILED.
FORM 990, PART VI, SECTION B, LINE 15: NO COMPENSATION IS PAID BY THE
LOCAL NO. 1 REALTY CORP.
FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION MAKES FORMS 1024
AND 990 AVAILABLE UPON REQUEST IN THE UNION OFFICE.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS
GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE GENERAL
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2012) 322211 01-04-13

Department of the Treasury Internal Revenue Service **SCHEDULE R** (Form 990)

Part I

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.

2012 Open to Public Inspection OMB No 1545-0047

Employer identification number 13-3321278

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) REALTY CORP LOCAL NO. Name of the organization

(g) Section 512(b)(13) ş × × controlled entity? Direct controlling Yes Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Direct controlling End-of-year assets Y/A N/A **e** status (if section Public charity 501(c)(3)) Total income Exempt Code section ਉ 501(C)5 501(C)3 Legal domicile (state or Legal domicile (state or foreign country) foreign country) NEW YORK NEW YORK FOR SECONDARY EDUCATION. TO ADVANCE INTERESTS OF TO PROVIDE SCHOLARSHIPS Primary activity Primary activity MEMBERSHIP. 47-24 27TH STREET, LONG ISLAND, LOCAL NO. 1 ELEVATOR CONSTRUCTORS UNION OF NY CITY AND VICINITY - 13-0668627, 47-24 Name, address, and EIN (if applicable) IUBC LOCAL 1 OF NYC SCHOLARSHIP FUND 27TH STREET, LONG ISLAND, NY 11101 Name, address, and EIN of related organization of disregarded entity 13-3251442, 11101 Partil

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Schedule R (Form 990) 2012

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Schedule R (Form 990) 2012 LOCAL NO. 1 REALTY CORP

| Part III | Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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	(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) Disproportion- ate allocations? Yes No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		(j) (k) General or Percentage managing ownership partner?
Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related regardation or trust during the tax year.) (a) (b) (c) (d) (d) (e) (f) (g) (f) (g) (h) Spection	ganizations Taxable a	is a Corpo	ration or Trust (Cc /ear.)	mplete if the organizat	tion answered "Y	Yes" to Form 990	Part IV, line 3	4 because it had o	ine or more (h)	s related (i)
name, address, and Ein of related organization	<u> </u>		rimary activity	Legal domicile Diffact COntrolling (state or foreign country)		(C corp, S corp, or trust)	income	Share of the end-of-year over assets	ownership	S12(b)(13) controlled entity? Yes No
								· · · · · · · · · · · · · · · · · · ·		
										
232162 12-10-12				22] -		Schedul	e R (Form	Schedule R (Form 990) 2012

PartV

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Schedule R (Form 990) 2012 ŝ × × × × × × Yes × ₽ 19 ξ 1a 4 ဗ 9 **=** £ **;** 두 2 4 ᅙ ÷ 2 (d) Method of determining amount involved **¥** 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. During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? 0 (c) Amount involved (b) Transaction type (a-s) 23 Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) 召 Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity 1 ELEVATOR CONSTRUCTORS UNION Lease of facilities, equipment, or other assets from related organization(s) Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Lease of facilities, equipment, or other assets to related organization(s) Other transfer of cash or property from related organization(s) Gift, grant, or capital contribution from related organization(s) Reimbursement paid by related organization(s) for expenses Reimbursement paid to related organization(s) for expenses Gift, grant, or capital contribution to related organization(s) r Other transfer of cash or property to related organization(s) d Loans or loan guarantees to or for related organization(s) Sharing of paid employees with related organization(s) (a)
Name of other organization Loans or loan guarantees by related organization(s) CITY AND VICINITY Purchase of assets from related organization(s) Exchange of assets with related organization(s) Sale of assets to related organization(s) Dividends from related organization(s) LOCAL NO. (1) NEW YORK 232163 12-10-12 ۵ (2) (3) (4) (5) 혤

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Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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) (b) (c) (d) (d)	(q)	(5)		(e)	9	(B)	ε	9	9	(K)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated, excluded from tax	Are all partners sec 501(c)(3)	Share of total	Share of end-of-year	Dispropor- tonate	amount in box 20 managing ownership	General or managin partner?	Percentage g ownership
		country)	under section 512-514)	Yes No	псоте		Yes No	(Form 1065)	Yes No	
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								Schedule	R (For	Schedule R (Form 990) 2012

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t VII Supplemental Information	
Complete this part to provide additional information for responses to questions on Schedule	e R (see instructions).
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