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Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>	OMB No 1545-0047 <div> <div>2012</div> <div>Open to Public Inspection</div> </div>
	▶ The organization may have to use a copy of this return to satisfy state reporting requirements	

**A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013**

<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization INTERNATIONAL UNION OF ELEVATOR CONSTRUCTORS		<b>D</b> Employer identification number  23-0725260
	Doing Business As		
	Number and street (or P O box if mail is not delivered to street address) 7154 COLUMBIA GATEWAY DRIVE	Room/suite	E Telephone number  (410) 953-6150
	City or town, state or country, and ZIP + 4 COLUMBIA, MD 21046		<b>G</b> Gross receipts \$ 12,182,879
	<b>F</b> Name and address of principal officer FRANK CHRISTENSEN 7154 COLUMBIA GATEWAY DRIVE COLUMBIA, MD 21046		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
<b>I</b> Tax-exempt status <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 5 ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ▶ 0680	
<b>J Website:</b> ▶ WWW.IUEC.ORG			

<b>K</b> Form of organization <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation 1901	<b>M</b> State of legal domicile MD
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## 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 <input type="checkbox"/> 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)	13		
	4	Number of independent voting members of the governing body (Part VI, line 1b)	10		
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	31		
Activities & Governance	6	Total number of volunteers (estimate if necessary)	0		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0		
	7b	Net unrelated business taxable income from Form 990-T, line 34	0		
	Revenue	8	Contributions and grants (Part VIII, line 1h)	0	0
		9	Program service revenue (Part VIII, line 2g)	10,643,657	11,742,299
		10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	82,773	35,946
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	83,205	404,634	
12		Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,809,635	12,182,879	
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	45,000	787,000
	14	Benefits paid to or for members (Part IX, column (A), line 4)	213,768	404,936	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	6,189,272	8,152,129	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0	
	b	Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0			
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	5,085,993	4,548,704	
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	11,534,033	13,892,769	
	19	Revenue less expenses Subtract line 18 from line 12	-724,398	-1,709,890	
	Net Assets or Fund Balances		Beginning of Current Year	End of Year	
20		Total assets (Part X, line 16)	20,515,512	19,635,025	
21		Total liabilities (Part X, line 26)	4,085,225	814,387	
22		Net assets or fund balances Subtract line 21 from line 20	16,430,287	18,820,638	

## 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.

<b>Sign Here</b>	***** Signature of officer			2014-04-10 Date	
	LARRY MCGANN GENERAL SECRETARY- TREASURER Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name CRAIG D WINTERS CPA		Preparer's signature		Date 2014-05-02
	Check <input type="checkbox"/> if self-employed			PTIN P00154131	
	Firm's name <b>▶</b> DANIEL A WINTERS & COMPANY CPAS			Firm's EIN <b>▶</b> 23-2586736	
	Firm's address <b>▶</b> 6 DICKINSON DR STE 205 CHADDS FORD, PA 19317			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 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

Form 990 (2012)

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 <b>Section 501(c)(3) organizations.</b> 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 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	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, line 10? 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 and XII  . . . . .	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 and XII 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, Parts I and IV  . . . . .	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 United States? If "Yes," complete Schedule F, Parts 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 United States? If "Yes," complete Schedule F, Parts 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 (see instructions) . . . . .	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 hospital facilities? If "Yes," complete Schedule H . . . . .	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22		No
23	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? <i>If "Yes," complete Schedule J</i> . . . . .	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> . . . . .	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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	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 of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	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 direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	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? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> 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.	83	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		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.	31	
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			No
3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		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?			No
5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
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?			No
6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
7 Organizations that may receive deductible contributions under section 170(c).			
7a 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?			No
7b If "Yes," did the organization notify the donor of the value of the goods or services provided?			
7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			No
7d If "Yes," indicate the number of Forms 8282 filed during the year.			
7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
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?			
9 Sponsoring organizations maintaining donor advised funds.			
9a Did the organization make any taxable distributions under section 4966?			
9b Did the organization make a distribution to a donor, donor advisor, or related person?			
10 Section 501(c)(7) organizations. Enter			
10a Initiation fees and capital contributions included on Part VIII, line 12.			
10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.			
11 Section 501(c)(12) organizations. Enter			
11a Gross income from members or shareholders.			
11b 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?			
12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
13a Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
13b 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.			
13c Enter the amount of reserves on hand.			
14a Did the organization receive any payments for indoor tanning services during the tax year?			No
14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.			

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	13	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
1b	Enter the number of voting members included in line 1a, above, who are independent	10	
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
7b	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		
8a	The governing body?	8a	Yes
8b	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
10b	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
11b Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	No
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	
12c	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?		
15a	The organization's CEO, Executive Director, or top management official	15a	No
15b	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
16b	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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
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 during the tax year
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 (410) 953-6150

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Form **990** (2012)



## Part VII

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								4,192,151	0	2,554,991

**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 ▶21

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b>	No
<b>4</b>	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>4</b>	Yes
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	<b>5</b>	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	538,249
O'DONOGHUE & O'DONOGHUE 4748 WISCONSIN AVENUE NW WASHINGTON DC 20016	LEGAL	500,799
DANIEL A WINTERS & COMPANY 6 DICKINSON DRIVE SUITE 205 CHADDS FORD PA 19317	AUDITORS	191,971

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 ►3

Part VIII

Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	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	2a	PER CAPITA TAX, INITIATION FEES,	Business Code				
			900099	10,874,970	10,874,970		
	b	GRIEVANCE SETTLEMENT	541100	765,000	765,000		
	c	RENTAL INCOME FROM AFFILIATE	532000	100,751	100,751		
	d	RECOVERY OF AUDIT FEES	900099	1,578	1,578		
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .		11,742,299			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		35,233		35,233	
	4	Income from investment of tax-exempt bond proceeds . . . . .					
	5	Royalties . . . . .		105,221		105,221	
	6a	Gross rents	(i) Real	(ii) Personal			
		b	Less rental expenses				
		c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . .					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
				713			
		b	Less cost or other basis and sales expenses		0		
		c	Gain or (loss)		713		
	d	Net gain or (loss) . . . . .		713		713	
	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	DONATION INCOME	900099	124,606			124,606	
b	REIMBURSEMENTS	900099	106,005			106,005	
c	FOREIGN CURRENCY TRANSLATION GAIN	900099	46,874			46,874	
d	All other revenue . . . . .		21,928			21,928	
e	Total. Add lines 11a-11d . . . . .		299,413				
12	Total revenue. See Instructions . . . . .		12,182,879	11,742,299	0	440,580	

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).

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.	787,000			
4	Benefits paid to or for members.	404,936			
5	Compensation of current officers, directors, trustees, and key employees.	6,296,010			
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.	928,555			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	408,297			
9	Other employee benefits.	258,066			
10	Payroll taxes.	261,201			
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	904,638			
c	Accounting.	206,896			
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	16,346			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	46,273			
12	Advertising and promotion.	680,788			
13	Office expenses.	201,364			
14	Information technology.	121,548			
15	Royalties.				
16	Occupancy.	132,486			
17	Travel.				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	918,488			
20	Interest.				
21	Payments to affiliates.	401,076			
22	Depreciation, depletion, and amortization.	160,969			
23	Insurance.	89,708			
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).				
a	ORGANIZATION EXPENSES	466,666			
b	CONTRIBUTIONS, FLORAL P	181,458			
c	SETTLEMENTS	20,000			
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	13,892,769			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

Check if Schedule O contains a response to any question in this Part X

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		2,283,316	1	1,337,235
	2	Savings and temporary cash investments		13,447,739	2	9,317,820
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		1,040,075	4	1,292,668
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		79,294	8	56,311
	9	Prepaid expenses and deferred charges		44,752	9	101,978
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a5,142,081			
	b	Less accumulated depreciation	10b1,586,006	3,620,336	10c	3,556,075
	11	Investments—publicly traded securities			11	3,965,220
	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		0	15	7,718
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)		20,515,512	16	19,635,025
Liabilities	17	Accounts payable and accrued expenses		233,128	17	288,523
	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	Loans and other 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		134,410	23	51,682
	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		3,717,687	25	474,182
	26	<b>Total liabilities.</b> Add lines 17 through 25		4,085,225	26	814,387
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>					
	27	Unrestricted net assets		16,430,287	27	18,820,638
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>					
	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	<b>Total net assets or fund balances</b>		16,430,287	33	18,820,638
	34	<b>Total liabilities and net assets/fund balances</b>		20,515,512	34	19,635,025

Part XI Reconciliation 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	12,182,879
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	13,892,769
3	Revenue less expenses Subtract line 2 from line 1 . . . . .	3	-1,709,890
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	16,430,287
5	Net unrealized gains (losses) on investments . . . . .	5	-86,802
6	Donated services and use of facilities . . . . .	6	
7	Investment expenses . . . . .	7	
8	Prior period adjustments . . . . .	8	
9	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	9	4,187,043
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	18,820,638

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 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		No
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?		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		

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 (list any hours for related organizations below dotted line)	(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			
DAN VINETTE TRUSTEE	2 00	X						0	0	0
STEVE SIMPSON TRUSTEE	2 00	X						0	0	0
MICHAEL GARFOLD TRUSTEE	2 00	X						0	0	0
FRANK CHRISTENSEN GENERAL PRESIDENT/VICE PRESIDENT	34 00 6 00			X				96,270	0	54,855
JAMES BENDER II ASSISTANT GENERAL PRESIDENT/REGIONAL DIRECTOR	34 00 6 00			X				233,273	0	142,176
LARRY MCGANN GENERAL SECRETARY-TREASURE	34 00 6 00			X				308,432	0	172,383
DANA A BRIGHAM GENERAL PRESIDENT	34 00 6 00			X				219,483	0	123,071
JAMES J HIGGINS JR REGIONAL DIRECTOR/ASSISTANT GENERAL PRESIDENT	34 00 6 00			X				282,888	0	164,546
KEVIN MCGETTIGAN VICE PRESIDENT	1 50 50			X				0	0	0
LEONARD LEGOTTE VICE PRESIDENT	1 50 50			X				0	0	0
BEN MCINTYRE VICE PRESIDENT	1 50 50			X				0	0	0
THOMAS METZGER VICE PRESIDENT	1 50 50			X				0	0	0
JOHN ORR VICE PRESIDENT	1 50 50			X				0	0	0
TONY GAZZANIGA VICE PRESIDENT	1 50 50			X				0	0	0
EDWARD PRESLY VICE PRESIDENT	1 50 50			X				0	0	0
MIKE FUNK VICE PRESIDENT	1 50 50			X				0	0	0
EDWARD LOOMIS VICE PRESIDENT	1 50 50			X				0	0	0
DANIEL BAUMANN VICE PRESIDENT	1 50 50			X				0	0	0
JOSEPH DUPONT VICE PRESIDENT	1 50 50			X				0	0	0
STEVEN BRUNO VICE PRESIDENT	1 50 50			X				0	0	0
WAYNE SIMS VICE PRESIDENT	1 50 50			X				0	0	0
PATRICK MCGARVEY VICE PRESIDENT	1 50 50			X				0	0	0
BOB EDDY REGIONAL DIRECTOR/ORGANIZER	40 00				X			217,677	0	133,508
DALE COALMER REGIONAL DIRECTOR	40 00				X			217,677	0	133,508
EDWARD CHRISTENSEN REGIONAL DIRECTOR	40 00				X			217,677	0	133,508

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 (list any hours for related organizations below dotted line)	(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			
JAMES BIAGINI REGIONAL DIRECTOR/ORGANIZER	40 00				X			217,677	0	133,508
JOHN MCNERNEY REGIONAL DIRECTOR	40 00				X			217,677	0	133,508
LEWIS AVERY REGIONAL DIRECTOR	40 00				X			217,677	0	133,508
MIKE LANGER REGIONAL DIRECTOR	40 00				X			217,677	0	133,508
STEVE SAMPSON REGIONAL DIRECTOR/ORGANIZER	40 00				X			217,677	0	133,508
TERENCE CARR REGIONAL DIRECTOR	40 00				X			217,677	0	133,508
WILLIAM STANLEY DIRECTOR OF ORGANIZING	40 00				X			217,677	0	133,508
CLINT MATTHEWS ORGANIZER	40 00				X			183,007	0	112,576
JAMES CHAPMAN III ORGANIZER	40 00				X			173,007	0	112,576
EDWARD KRULL ORGANIZER	40 00				X			173,007	0	112,576
GIL DUNCAN ORGANIZER	40 00				X			173,007	0	112,576
JERRY CLUFF ORGANIZER	40 00				X			173,007	0	112,576

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

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? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	

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 education)☐ Preservation of an historically important land area☐ Protection of natural habitat☐ Preservation of a certified historic structure☐ Preservation of open space

2

Complete lines 2a through 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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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 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 section 170(h)(4)(B)(ii)?

☐ Yes☐ No

9

In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶\$ \_\_\_\_\_

b

Assets included in Form 990, Part X

▶\$ \_\_\_\_\_

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

Cat No 52283D

Schedule D (Form 990) 2012



Part III

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

3

Using the organization's acquisition, 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

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

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 XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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 XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance				
b	Contributions				
c	Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

Yes

No

4

Describe in Part XIII 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	916,658	2,749,088
c Leasehold improvements				
d Equipment		705,968	629,797	76,171
e Other		204,673	39,551	165,122
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				3,556,075

Schedule D (Form 990) 2012



<b>Part XI</b> Reconciliation of Revenue per Audited Financial Statements With Revenue per Return					
1	Total revenue, gains, and other support per audited financial statements . . . . .			1	12,182,879
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 XIII ) . . . . .	2d			
e	Add lines 2a through 2d . . . . .			2e	0
3	Subtract line 2e from line 1 . . . . .			3	12,182,879
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 XIII ) . . . . .	4b			
c	Add lines 4a and 4b . . . . .		4c		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 ) . . . . .			5	12,182,879
<b>Part XII</b> Reconciliation of Expenses per Audited Financial Statements With Expenses per Return					
1	Total expenses and losses per audited financial statements . . . . .			1	13,979,571
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 XIII ) . . . . .	2d	86,802		
e	Add lines 2a through 2d . . . . .			2e	86,802
3	Subtract line 2e from line 1 . . . . .			3	13,892,769
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 XIII ) . . . . .	4b			
c	Add lines 4a and 4b . . . . .		4c		
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . .			5	13,892,769

**Part XIII** 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, line 2, Part XI, lines 2d and 4b, and Part XII, 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, LINE 2	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 XII, LINE 2D - OTHER ADJUSTMENTS		NET UNREALIZED LOSS ON INVESTMENTS
		PART X: THE PENSION LIABILITY AMOUNT IS DUE TO GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, ACCOUNTING STANDARDS CODIFICATION TOPIC 715, REQUIRING AN EMPLOYER TO RECOGNIZE THE UNDERFUNDED 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 XII, LINE 2D: THE AMOUNT IS THE NET UNREALIZED LOSS ON INVESTMENTS DURING THE FISCAL YEAR.

SCHEDULE F  
(Form 990)

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

2012

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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 (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(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 and investments in region
MEXICO - NORTH AMERICA	0	0	PROGRAM SERVICE - MEXICO ORGANIZATIONAL PROJECT	THE IUEC IS ATTEMPTING TO ORGANIZE LOCALS IN MEXICO	37,000
CANADA - NORTH AMERICA	0	0	PROGRAM SERVICE - PER CAPITA TAX	THE IUEC COLLECTS PER CAPITA TAX FROM ITS CANADIAN LOCALS ON BEHALF OF THEIR MEMBERS	121,000
3a Sub-total	0	0			158,000
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			158,000

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. Part II can be duplicated 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 - NORTH AMERICA	MEXICO ORGANIZATIONAL PROJECT	37,000	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.  
Part III can be duplicated if additional space is needed.

[illegible]

**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, Return by a U.S. Transferor of Property to a Foreign Corporation (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, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (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

**Supplemental Information**  
Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

[illegible]



Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

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Open to Public Inspection

Name of the organization  
INTERNATIONAL UNION OF ELEVATOR CONSTRUCTORS

Employer identification number  
23-0725260

Part 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. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div><div><input checked="" type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>			
b	If any of the boxes in 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	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 filing organization used to establish the compensation of the organization's 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. <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>			
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: <div><div>a Receive a severance payment or change-of-control payment?</div><div>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div><div>c Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4a		No
		4b		No
		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: <div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," to line 5a or 5b, describe in Part III.	5a		
		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: <div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," to line 6a or 6b, describe in Part III.	6a		
		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 accrued pursuant to a contract that was subject to the initial contract exception described in Regulations 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 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.

(A) Name and Title		(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 as deferred in prior Form 990
		(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, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. 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	THE POLICIES OF THE UNION PROVIDE A NEWLY ELECTED OR NEWLY APPOINTED GENERAL OFFICER SHALL BE ENTITLED TO PAYMENT OR REIMBURSEMENT OF ACTUAL AND REASONABLE EXPENSES FOR LODGING, MEALS, AND OTHER MISCELLANEOUS TRAVEL EXPENSES INCURRED WHILE PERFORMING HIS/HER DUTIES AT THE INTERNATIONAL OFFICE, AND FOR TRANSPORTATION BETWEEN THE INTERNATIONAL OFFICE AND HIS/HER HOME AT THE TIME OF ELECTION OR APPOINTMENT, FOR A REASONABLE PERIOD (NOT TO EXCEED SIX (6) MONTHS) FROM THE DATE OF ELECTION OR APPOINTMENT UNTIL HE/SHE LOCATES AND OCCUPIES A NEW PERMANENT RESIDENCE IN THE VICINITY OF THE INTERNATIONAL OFFICE. THE NEWLY ELECTED OR APPOINTED GENERAL OFFICER IN QUESTION WILL ALSO BE ENTITLED TO ACTUAL AND REASONABLE MOVING EXPENSES INCURRED IN MOVING HIS/HER HOUSEHOLD TO THE NEW PERMANENT RESIDENCE IN THE VICINITY OF THE INTERNATIONAL OFFICE. IF THE NEW PERMANENT RESIDENCE IS OCCUPIED BEFORE THE SIX (6) MONTH PERIOD, THE UNION WILL PAY A \$1,000 HOUSING ALLOWANCE UNTIL THE SIX (6) MONTH DEADLINE. ALL AMOUNTS CONSIDERED TAXABLE PER IRS RULES AND REQUIREMENTS WILL BE PROPERLY REPORTED.
	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 EXTROADINARY EXPENSES.
	PART I, LINE 3	AS PART OF THE IUEC CONVENTIONS A COMMITTEE EVALUATES THE COMPENSATION OF PAID OFFICERS AND CERTAIN EMPLOYEES OF THE IUEC AND ASSESSES ALTERNATIVE SCENARIOS. THE COMMITTEE PROVIDES RECOMMENDATIONS WHICH COULD RESULT IN CHANGING THE COMPENSATION OF THE GENERAL OFFICERS AND CERTAIN EMPLOYEES AS DESCRIBED BELOW.
	PART I, LINE 3	THE COMPENSATION OF PAID OFFICERS AND CERTAIN EMPLOYEES OF THE IUEC IS DETERMINED BASED ON AN ANALYSIS OF THE COMPENSATION OF THE GENERAL PRESIDENTS OF OTHER FUNCTIONALLY COMPARABLE AND SIMILARLY SITUATED INTERNATIONAL LABOR ORGANIZATIONS.

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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			(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				
FRANK CHRISTENSEN	(i) (ii)	95,721 0	0 0	549 0	47,975 0	6,880 0	151,125 0	0 0
JAMES BENDER II	(i) (ii)	232,273 0	0 0	1,000 0	119,244 0	22,932 0	375,449 0	0 0
LARRY MCGANN	(i) (ii)	296,735 0	0 0	11,697 0	149,451 0	22,932 0	480,815 0	0 0
DANA A BRIGHAM	(i) (ii)	214,758 0	0 0	4,725 0	107,636 0	15,435 0	342,554 0	0 0
JAMES J HIGGINS JR	(i) (ii)	280,011 0	0 0	2,877 0	141,614 0	22,932 0	447,434 0	0 0
BOB EDDY	(i) (ii)	213,777 0	0 0	3,900 0	110,576 0	22,932 0	351,185 0	0 0
DALE COALMER	(i) (ii)	213,777 0	0 0	3,900 0	110,576 0	22,932 0	351,185 0	0 0
EDWARD CHRISTENSEN	(i) (ii)	213,777 0	0 0	3,900 0	110,576 0	22,932 0	351,185 0	0 0
JAMES BIAGINI	(i) (ii)	213,777 0	0 0	3,900 0	110,576 0	22,932 0	351,185 0	0 0
JOHN MCNERNEY	(i) (ii)	213,777 0	0 0	3,900 0	110,576 0	22,932 0	351,185 0	0 0
LEWIS AVERY	(i) (ii)	213,777 0	0 0	3,900 0	110,576 0	22,932 0	351,185 0	0 0
MIKE LANGER	(i) (ii)	213,777 0	0 0	3,900 0	110,576 0	22,932 0	351,185 0	0 0
STEVE SAMPSON	(i) (ii)	213,777 0	0 0	3,900 0	110,576 0	22,932 0	351,185 0	0 0
TERENCE CARR	(i) (ii)	213,777 0	0 0	3,900 0	110,576 0	22,932 0	351,185 0	0 0
WILLIAM STANLEY	(i) (ii)	213,777 0	0 0	3,900 0	110,576 0	22,932 0	351,185 0	0 0
CLINT MATTHEWS	(i) (ii)	169,107 0	10,000 0	3,900 0	89,644 0	22,932 0	295,583 0	0 0
JAMES CHAPMAN III	(i) (ii)	169,107 0	0 0	3,900 0	89,644 0	22,932 0	285,583 0	0 0
EDWARD KRULL	(i) (ii)	169,107 0	0 0	3,900 0	89,644 0	22,932 0	285,583 0	0 0
GIL DUNCAN	(i) (ii)	169,107 0	0 0	3,900 0	89,644 0	22,932 0	285,583 0	0 0
JERRY CLUFF	(i) (ii)	169,107 0	0 0	3,900 0	89,644 0	22,932 0	285,583 0	0 0

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, line 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

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Employer identification number  
  
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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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?	(i) Written agreement?	
			To	From			Yes	No		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 assistance	(d) Type of assistance	(e) Purpose 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	2,143,538	PAYMENTS FOR THE OFFICERS & EMPLOYEES PENSION PLAN		No
(2) SHANNON RICHESON	FAMILY MEMBER OF FORMER GENERAL PRESIDENT	128,315	COMPENSATION AS DEFINED FOR FORM 990 WHICH INCLUDES 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 GENERAL PRESIDENT	358,731	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 REPORTED ON SCHEDULE L, PART IV 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	269,707	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.

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Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	FRANK CHRISTENSEN, GENERAL PRESIDENT AND EDWARD CHRISTENSEN, REGIONAL DIRECTOR, ARE RELATED THROUGH "FAMILY RELATIONSHIP "
	FORM 990, PART VI, SECTION A, LINE 4	THE INTERNATIONAL UNION OF ELEVATOR CONSTRUCTORS MADE THE FOLLOWING CHANGES DURING THE FIS CAL YEAR TO ITS PRACTICES AND PROCEDURES AS SPELLED OUT IN ITS CONSTITUTION AND BYLAWS TH E POLICIES OF THE UNION PROVIDE A NEWLY ELECTED OR NEWLY APPOINTED GENERAL OFFICER SHALL B E ENTITLED TO PAYMENT OR REIMBURSEMENT OF ACTUAL AND REASONABLE EXPENSES FOR LODGING, MEAL S, AND OTHER MISCELLANEOUS TRAVEL EXPENSES INCURRED WHILE PERFORMING HIS/HER DUTIES AT THE INTERNATIONAL OFFICE, AND FOR TRANSPORTATION BETWEEN THE INTERNATIONAL OFFICE AND HIS/HER HOME AT THE TIME OF ELECTION OR APPOINTMENT, FOR A REASONABLE PERIOD (NOT TO EXCEED SIX ( 6) MONTHS) FROM THE DATE OF ELECTION OR APPOINTMENT UNTIL HE/SHE LOCATES AND OCCUPIES A NE W PERMANENT RESIDENCE IN THE VICINITY OF THE INTERNATIONAL OFFICE THE NEWLY ELECTED OR AP POINTED GENERAL OFFICER IN QUESTION WILL ALSO BE ENTITLED TO ACTUAL AND REASONABLE MOVING EXPENSES INCURRED IN MOVING HIS/HER HOUSEHOLD TO THE NEW PERMANENT RESIDENCE IN THE VICINI TY OF THE INTERNATIONAL OFFICE IF THE NEW PERMANENT RESIDENCE IS OCCUPIED BEFORE THE SIX (6) MONTH PERIOD, THE UNION WILL PAY A \$1,000 HOUSING ALLOWANCE UNTIL THE SIX (6) MONTH DE ADLINE ALL AMOUNTS CONSIDERED TAXABLE PER IRS RULES AND REQUIREMENTS WILL BE PROPERLY REP ORTED THERE SHALL BE THREE (3) INTERNATIONAL TRUSTEES ELECTED FROM AND BY THE DELEGATES P RESENT AT THE CONVENTION, WHO DO NOT HOLD ANY OTHER INTERNATIONAL OFFICE OR DO NOT SERVE A S A REGIONAL DIRECTOR, ORGANIZER OR OTHER PAID EMPLOYEE OR APPOINTEE OF THE INTERNATIONAL OR EMPLOYEE OF THE ELEVATOR INDUSTRY WORK PRESERVATION FUND, ONE OF WHOM SHALL BE A CANADI AN, WHOSE DUTIES WILL BE TO EXAMINE THE BOOKS AND RECORDS OF THE IUEC AT LEAST TWICE A YEA R END AND TO REPORT THEIR FINDINGS TO THE GENERAL EXECUTIVE BOARD THE OFFICERS OF THIS IN TERNATIONAL UNION SHALL CONSIST OF THE GENERAL PRESIDENT (WHO SHALL ALSO BE THE CHIEF ORGA NIZER), ASSISTANT GENERAL PRESIDENT, GENERAL SECRETARY - TREASURER AND TEN (10) VICE PRESIDE NTS, ALL OF WHOM SHALL HAVE AN EQUAL VOTE, ALL OF WHOM SHALL BE KNOWN AS THE GENERAL EXECU TIVE BOARD AND SHALL ALSO BE ORGANIZERS
	FORM 990, PART VI, SECTION A, LINE 6	THE INTERNATIONAL UNION OF ELEVATOR CONSTRUCTORS CONSISTS OF 24,975 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 SE ND DELEGATES TO VOTE THE NUMBER OF DELEGATES ALLOWED TO SEND DEPENDS ON THE NUMBER OF MEM BERS 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 LO CAL 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 F ORM 990 IS REVIEWED BY THE GENERAL SECRETARY - TREASURER, WHO AUTHORIZES THE FORM TO BE FIL ED WITH 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 T HROUGH THE IUEC WEBSITE AT WWW IUEC ORG ALSO, THE IUEC MAKES THEIR FINANCIAL STATEMENTS A VAILABLE BY PLACING THEM IN THE IUEC MAGAZINE DISTRIBUTED TO THE MEMBERS
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 FOLLOWIN G ESTIMATED AVERAGE NUMBER OF HOURS PER WEEK TO THE RELATED ORGANIZATIONS ON SCHEDULE R 6 HOURS FRANK CHRISTENSEN 6 HOURS JAMES BENDER III 6 HOURS LARRY MCGANN 6 HOURS DANA A BRI GHAM 6 HOURS JAMES J HIGGINS, JR 0 5 HOURS KEVIN MCGETTIGAN 0 5 HOURS LEONARD LEGOTTE 0 5 HOURS BEN MCINTYRE 0 5 HOURS THOMAS METZGER 0 5 HOURS JOHN ORR 0 5 HOURS TONY GAZZANIGA 0 5 HOURS EDWARD PRESLY 0 5 HOURS MIKE FUNK 0 5 HOURS EDWARD LOOMIS 0 5 HOURS DANIEL BAUMA NN 0 5 HOURS JOSEPH DUPONT 0 5 HOURS STEVEN BRUNO 0 5 HOURS WAYNE SIMS 0 5 HOURS PATRICK M CGARVEY
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	CHANGE IN THE FUNDED STATUS OF THE DEFINED BENEFIT POSTRETIREMENT PLAN 4,187,043

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

2012

Open to Public Inspection

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" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) 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" to 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 entity?	
						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" 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 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) Disproportionate 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" to 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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V

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

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

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

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l 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)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

No

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

No

1l

No

1m

No

1n

Yes

1o

No

1p

No

1q

No

1r

Yes

1s

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-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ELEVATOR INDUSTRY WORK PRESERVATION FUND	J	100,751	FMV

Schedule R (Form 990) 2012

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

[illegible]

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

**Part VII** Supplemental Information

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

Identifier	Return Reference	Explanation	
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