



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**

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)

OMB No 1545-0047

2005

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2005 calendar year, or tax year beginning **and ending**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization HOTEL, RESTAURANT, & CLUB EMPLOYEES & BARTENDERS UNION		D Employer identification number 13-0855926
		Number and street (or P O box if mail is not delivered to street address) Room/suite 709 8TH AVENUE		E Telephone number 212-957-8000
		City or town, state or country, and ZIP + 4 NEW YORK, NY 10036		F Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

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

H(b) If "Yes," enter number of affiliates ▶ **N/A**

H(c) Are all affiliates included? **N/A** Yes No (if "No," attach a list)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number ▶ **0328**

G Website: ▶ **N/A**

J Organization type (check only one) 501(c) (**5**) (insert no) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **14,932,393.**

M Check if the organization is **not** required to attach Sch B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

		1a		1b		1c		1d		
Revenue	1 Contributions, gifts, grants, and similar amounts received									
	a Direct public support									
	b Indirect public support									
	c Government contributions (grants)									
	d Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)								0.	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)								1,435,892.	
	3 Membership dues and assessments								13,051,209.	
	4 Interest on savings and temporary cash investments								68,544.	
	5 Dividends and interest from securities								276,884.	
	6 a Gross rents									
b Less rental expenses										
c Net rental income or (loss) (subtract line 6b from line 6a)										
7 Other investment income (describe ▶ SEE STATEMENT 1)								148,236.		
Revenue	8 a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other						
	b Less cost or other basis and sales expenses									
	c Gain or (loss) (attach schedule)									
	d Net gain or (loss) (combine line 8c, columns (A) and (B))									
Revenue	9 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>									
	a Gross revenue (not including \$ _____ of contributions reported on line 1a)									
	b Less direct expenses other than fundraising expenses									
c Net income or (loss) from special events (subtract line 9b from line 9a)										
Revenue	10 a Gross sales of inventory, less returns and allowances									
	b Less cost of inventory									
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)									
Expenses	11 Other revenue (from Part VII, line 93)								<48,372.>	
	12 Total revenue (add lines 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)								14,932,393.	
	13 Program services (from line 44, column (B))									
	14 Management or general (from line 44, column (C))									
	15 Fundraising (from line 44, column (D))									
	16 Payments to affiliates (attach schedule)									
	17 Total expenses (add lines 16 and 44, column (A))								16,024,660.	
	18 Excess or (deficit) for the year (subtract line 17 from line 12)								<1,092,267.>	
	Net Assets	19 Net assets or fund balances at beginning of year (from line 73, column (A))								12,672,735.
		20 Other changes in net assets or fund balances (attach explanation)								0.
		21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)								11,580,468.

RECEIVED
 JUL 29 2006
OPEN UP

ENCLOSURE
POSTMARK DATE
JUL 29 2006

SCANNED AUG 11 2006

523001
02-03-06

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2005)

pne
23

**HOTEL, RESTAURANT, & CLUB EMPLOYEES &
BARTENDERS UNION**

Form 990 (2005)

13-0855926 Page 2

**Part II Statement of
Functional Expenses**

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24 467,010.		STATEMENT 3	
25 Compensation of officers, directors, etc.	25 1,207,454.			
26 Other salaries and wages	26 2,477,926.			
27 Pension plan contributions	27			
28 Other employee benefits	28 2,915,627.			
29 Payroll taxes	29 336,595.			
30 Professional fundraising fees	30			
31 Accounting fees	31 18,500.			
32 Legal fees	32			
33 Supplies	33			
34 Telephone	34 160,027.			
35 Postage and shipping	35 57,184.			
36 Occupancy	36			
37 Equipment rental and maintenance	37			
38 Printing and publications	38 314,539.			
39 Travel	39			
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 68,664.			
43 Other expenses not covered above (itemize):				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e _____	43e			
f _____	43f			
g SEE STATEMENT 2	43g 8,001,134.			
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 16,024,660.			

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A, (ii) the amount allocated to Program services \$ N/A,
 (iii) the amount allocated to Management and general \$ N/A, and (iv) the amount allocated to Fundraising \$ N/A.

Form 990 (2005)

HOTEL, RESTAURANT, & CLUB EMPLOYEES &
BARTENDERS UNION

Form 990 (2005)

13-0855926 Page 3

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► <u>SEE STATEMENT 4</u>	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a <u>ALL EXPENSES INCURRED ARE USED TO PROVIDE UNION MEMBERS WITH REPRESENTATION IN ACCORDANCE WITH COLLECTIVE BARGAINING AGREEMENTS NEGOTIATED WITH VARIOUS EMPLOYERS.</u>	
(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
b _____ _____ _____	
(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c _____ _____ _____	
(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d _____ _____ _____	
(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	

Form 990 (2005)

**HOTEL, RESTAURANT, & CLUB EMPLOYEES &
BARTENDERS UNION**

Form 990 (2005)

13-0855926 Page 4

Part IV Balance Sheets (See the instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year	
Assets	45	Cash - non-interest-bearing	1,073,126.	45	1,098,746.
	46	Savings and temporary cash investments	1,690,319.	46	2,396,484.
	47 a	Accounts receivable			
		b Less: allowance for doubtful accounts			47c
	48 a	Pledges receivable			
		b Less: allowance for doubtful accounts			48c
	49	Grants receivable			49
	50	Receivables from officers, directors, trustees, and key employees			50
	51 a	Other notes and loans receivable			
		b Less: allowance for doubtful accounts			51c
	52	Inventories for sale or use			52
	53	Prepaid expenses and deferred charges			53
	54	Investments - securities <input checked="" type="checkbox"/> STMT 5 <input checked="" type="checkbox"/> STMT 8 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	6,980,127.	54	6,249,135.
	55 a	Investments - land, buildings, and equipment: basis			
		b Less: accumulated depreciation			55c
56	Investments - other			56	
57 a	Land, buildings, and equipment: basis	2,264,268.			
	b Less: accumulated depreciation	1,981,791.			
58	Other assets (describe <input checked="" type="checkbox"/> SEE STATEMENT 6)	263,720.	57c	282,477.	
		3,318,768.	58	2,924,794.	
59	Total assets (must equal line 74) Add lines 45 through 58	13,326,060.	59	12,951,636.	
Liabilities	60	Accounts payable and accrued expenses		60	
	61	Grants payable		61	
	62	Deferred revenue		62	
	63	Loans from officers, directors, trustees, and key employees		63	
	64 a	Tax-exempt bond liabilities		64a	
		b Mortgages and other notes payable		64b	
	65	Other liabilities (describe <input checked="" type="checkbox"/> SEE STATEMENT 7)	653,325.	65	1,371,168.
66	Total liabilities. Add lines 60 through 65	653,325.	66	1,371,168.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted	12,196,021.	67	11,083,664.
	68	Temporarily restricted	476,714.	68	496,804.
	69	Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds		72	
	73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	12,672,735.	73	11,580,468.
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	13,326,060.	74	12,951,636.

Form 990 (2005)

**HOTEL, RESTAURANT, & CLUB EMPLOYEES &
BARTENDERS UNION**

Form 990 (2005)

13-0855926 Page 7

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
	b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III.)		
	82b		N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?		N/A
	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		N/A
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	X	
	b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		X
	c Dues, assessments, and similar amounts from members		N/A
	d Section 162(e) lobbying and political expenditures		N/A
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		N/A
	f Taxable amount of lobbying and political expenditures (line 85d less 85e)		N/A
	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A
86	501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12		N/A
	b Gross receipts, included on line 12, for public use of club facilities		N/A
87	501(c)(12) organizations Enter: a Gross income from members or shareholders		N/A
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911 ▶ <u>N/A</u> , section 4912 ▶ <u>N/A</u> , section 4955 ▶ <u>N/A</u>		
	b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		N/A
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		N/A
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization		N/A
90 a	List the states with which a copy of this return is filed ▶ <u>NONE</u>		
	b Number of employees employed in the pay period that includes March 12, 2005	90b	<u>121</u>
91 a	The books are in care of ▶ <u>HOTEL, RESTAURANT, & CLUB EMPLOYEES</u> Telephone no ▶ <u>212-957-8000</u> Located at ▶ <u>709 8TH AVENUE, NEW YORK, NY</u> ZIP + 4 ▶ <u>10036</u>		
	b 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)? If "Yes," enter the name of the foreign country ▶ <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts	91b	X
	c At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ <u>N/A</u>	91c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <input type="checkbox"/>	92	N/A

Form 990 (2005)

HOTEL, RESTAURANT, & CLUB EMPLOYEES &
BARTENDERS UNION

Form 990 (2005)

13-0855926 Page 8

Part VII Analysis of Income-Producing Activities (See the instructions)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
Note: Enter gross amounts unless otherwise indicated.					
93 Program service revenue:					
a MISCELLANEOUS INCOME					1,435,892.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					13,051,209.
95 Interest on savings and temporary cash investments			14	68,544.	
96 Dividends and interest from securities			14	276,884.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income			14	148,236.	
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a UNREALIZED DEPRECIATION			14	<48,372.>	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		445,292.	14,487,101.
105 Total (add line 104, columns (B), (D), and (E))					14,932,393.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	PROVIDE UNION MEMBERS WITH REPRESENTATION IN ACCORDANCE WITH
94	COLLECTIVE BARGAINING AGREEMENTS NEGOTIATED WITH VARIOUS EMPLOYERS.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here: 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.

Signature of officer: *Peter Ward* Date: *7/24/2006* Type or print name and title: *Peter Ward, Bus. Man/CEO*

Paid Preparer's Use Only: Preparer's signature: *Sabrine J. Curran* Date: *5/24/06* Check if self-employed: Preparer's SSN or PTIN: _____

Firm's name (or yours if self-employed), address, and ZIP + 4: **ARMAO, COSTA & RICCIARDI, CPA'S, P.C.**
76 S. CENTRAL AVE. SUITE 1D
VALLEY STREAM, NY 11580

EIN: _____ Phone no: **(516) 256-3200**

FORM 990	OTHER INVESTMENT INCOME	STATEMENT	1
DESCRIPTION		AMOUNT	
INVESTMENT IN SUBSIDIARY		19,514.	
MORTGAGE INTEREST		128,722.	
TOTAL TO FORM 990, PART I, LINE 7		148,236.	

FORM 990	OTHER EXPENSES	STATEMENT	2	
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
PER CAPITA TAX	5,990,564.			
AFFILIATIONS	68,404.			
AUTO EXPENSE	21,714.			
HOLIDAY EXPENSE	2,358.			
COMMITTEE ON POLITICAL EDUCATION	205,025.			
COMPUTER EXPENSE	146,657.			
PROFESSIONAL FEES	90,975.			
DUES AND SUBSCRIPTIONS	4,367.			
INSURANCE	79,075.			
STATIONARY & PRINTING	219,566.			
SECURITY	79,851.			
TUITION AND SEMINARS	580.			
UTILITIES	70,113.			
SAVE THE PLAZA OFFICE	1,000,000. 21,885.			
TOTAL TO FM 990, LN 43	8,001,134.			

FORM 990	BENEFITS PAID TO OR FOR MEMBERS	STATEMENT	3
DESCRIPTION		AMOUNT	
ARBITRATION FEE		17,438.	
FLOWERS AND MEMORIALS		1,798.	
HOTELS AND CARRIERS		11,051.	
LEGAL AND ARBITRATION		313,570.	
MEETINGS AND CONVENTIONS		63,280.	
REIMBURSED EXPENSES		600.	

FORM 990	OTHER ASSETS	STATEMENT	6
----------	--------------	-----------	---

DESCRIPTION	AMOUNT
OTHER RECEIVABLES	323,641.
SECURITY DEPOSITS	1,202.
INVESTMENT IN SUBSIDIARY	431,115.
MORTGAGE RECEIVABLE - HACELS INC.	2,150,155.
PREPAID EXPENSES AND OTHER ASSETS	18,681.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	2,924,794.

FORM 990	OTHER LIABILITIES	STATEMENT	7
----------	-------------------	-----------	---

DESCRIPTION	AMOUNT
ACCRUED EXPENSES AND OTHER LIABILITIES	554,570.
RETIREMENT PLAN DISTRIBUTION PAYABLE	816,598.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	1,371,168.

FORM 990	OTHER SECURITIES	STATEMENT	8
----------	------------------	-----------	---

SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
STATE OF ISRAEL BONDS	FMV	1,200,000.
FNMA	FMV	148,374.
FHLB	FMV	205,884.
FHLMC	FMV	50,235.
TO FORM 990, LINE 54, COL B		1,604,493.

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 9

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
PETER WARD 709 8TH AVE NEW YORK, NY 10036	BUSINESS MANAGER 40.00	218,073.	0.	0.
MICHAEL SIMO 709 8TH AVE NEW YORK, NY 10036	PRESIDENT 40.00	115,195.	0.	0.
JAMES DONOVAN 709 8TH AVE NEW YORK, NY 10036	SECRETARY-TREASURER 40.00	169,948.	0.	0.
VANESSA MEADE 709 8TH AVE NEW YORK, NY 10036	EXECUTIVE VICE PRESIDENT 40.00	106,215.	0.	0.
KEITH ARMSTRONG 709 8TH AVE NEW YORK, NY 10036	VICE PRESIDENT 40.00	83,388.	0.	0.
HAZEL HAZZARD 709 8TH AVE NEW YORK, NY 10036	VICE PRESIDENT 40.00	86,871.	0.	0.
OSCAR JIRAU 709 8TH AVE NEW YORK, NY 10036	VICE PRESIDENT 40.00	102,264.	0.	0.
DYLAN VALLE 709 8TH AVE NEW YORK, NY 10036	VICE PRESIDENT 40.00	102,264.	0.	0.
ROLANDO RUIZ 709 8TH AVE NEW YORK, NY 10036	VICE PRESIDENT @ LARGE 40.00	83,388.	0.	0.
BRIAN LYSELL 709 8TH AVE NEW YORK, NY 10036	VICE PRESIDENT @ LARGE 40.00	69,849.	0.	0.
STEVE MILLER 709 8TH AVE NEW YORK, NY 10036	VICE PRESIDENT @ LARGE 40.00	69,999.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		1,207,454.	0.	0.

FORM 990

IDENTIFICATION OF RELATED ORGANIZATIONS
PART VI, LINE 80B

STATEMENT 10

<u>NAME OF ORGANIZATION</u>	<u>EXEMPT</u>	<u>NONEXEMPT</u>
HACELS, INC.	X	
NEW YORK HOTEL TRADES COUNCIL	X	

FORM 990

PART V-A OFFICER COMPENSATION FROM
RELATED ORGANIZATIONS

STATEMENT 11

<u>OFFICER'S NAME</u>	<u>COMPENSATION</u>	<u>EMPLOYEE BENEFIT PLAN CONTRIBUTION</u>	<u>EXPENSE ACCOUNT</u>
PETER WARD	125,370.		

<u>NAME OF RELATED ORGANIZATION</u>	<u>EMPLOYER ID NUMBER</u>
NEW YORK HOTEL AND MOTEL TRADES COUNCIL	

NEW YORK HOTEL AND MOTEL TRADES COUNCIL

RELATIONSHIP BETWEEN ORGANIZATIONS

COMPENSATION DESCRIPTION

<u>OFFICER'S NAME</u>	<u>COMPENSATION</u>	<u>EMPLOYEE BENEFIT PLAN CONTRIBUTION</u>	<u>EXPENSE ACCOUNT</u>
MICHAEL SIMO	43,538.		

<u>NAME OF RELATED ORGANIZATION</u>	<u>EMPLOYER ID NUMBER</u>
NEW YORK HOTEL AND MOTEL TRADES COUNCIL	

NEW YORK HOTEL AND MOTEL TRADES COUNCIL

RELATIONSHIP BETWEEN ORGANIZATIONS

COMPENSATION DESCRIPTION

<u>OFFICER'S NAME</u>	<u>COMPENSATION</u>	<u>EMPLOYEE BENEFIT PLAN CONTRIBUTION</u>	<u>EXPENSE ACCOUNT</u>
JAMES DONOVAN	46,845.		

<u>NAME OF RELATED ORGANIZATION</u>	<u>EMPLOYER ID NUMBER</u>
NEW YORK HOTEL AND MOTEL TRADES COUNCIL	

RELATIONSHIP BETWEEN ORGANIZATIONS

COMPENSATION DESCRIPTION