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Form **990**Department of the Treasury
Internal Revenue Service**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

2008Open to Public
Inspection

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

A For the 2008 calendar year, or tax year beginning **JUL 1, 2008** and ending **JUN 30, 2009****B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please use IRS label or print or type

See Specific Instructions

C Name of organization**PAINTERS DISTRICT COUNCIL #58**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

940 CALIFORNIA

Room/suite

City or town, state or country, and ZIP + 4

COLLINSVILLE, IL 62234**F** Name and address of principal officer **GREGG SMITH****SAME AS C ABOVE****D** Employer identification number**37-6064177****E** Telephone number**618-345-6646****G** Gross receipts \$**1,915,791.****H(a)** Is this a group return

for affiliates?

☐ Yes☒ No**H(b)** Are all affiliates included?☐ Yes☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status ☒ 501(c) (**5**) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **DC58IUPAT.NET****K** Type of organization: ☐ Corporation ☐ Trust ☒ Association ☐ Other ▶**L** Year of formation: **1966****M** State of legal domicile: **IL****Part I Summary****1** Briefly describe the organization's mission or most significant activities: **LABOR UNION DISTRICT COUNCIL****2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets.**3** Number of voting members of the governing body (Part VI, line 1a)**3****16****4** Number of independent voting members of the governing body (Part VI, line 1b)**4****8****5** Total number of employees (Part V, line 2a)**5****12****6** Total number of volunteers (estimate if necessary)**6****0****7a** Total gross unrelated business revenue from Part VIII, line 2 (do not include)**7a****0.****b** Net unrelated business taxable income from Form 990-T, line 34**7b****0.**

Activities & Governance

8 Contributions and grants (Part VIII, line 1h)**9** Program service revenue (Part VIII, line 2g)**10** Investment income (Part VIII, column (A), lines 3, 4, and 7d)**11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)**12** Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Prior Year

Current Year

1,629,771.**1,812,749.****23,903.****23,345.****60,713.****79,697.****1,714,387.****1,915,791.****13** Grants and similar amounts paid (Part IX, column (A), lines 1-3)**14** Benefits paid to or for members (Part IX, column (A), line 4)**15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)**16a** Professional fundraising fees (Part IX, column (A), line 11e)**b** Total fundraising expenses (Part IX, column (D), line 25) ▶**17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)**18** Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)**19** Revenue less expenses Subtract line 18 from line 12**559,820.****581,443.****1,589,135.****1,912,205.****125,252.****3,586.**

Net Assets or Fund Balances

20 Total assets (Part X, line 16)**21** Total liabilities (Part X, line 26)**22** Net assets or fund balances Subtract line 21 from line 20

Beginning of Year

End of Year

1,480,541.**1,574,888.****139,667.****230,428.****1,340,874.****1,344,460.****Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign
Here

Signature of officer

Date

GREGG SMITH, BUSINESS MANAGER/SEC. TREASURER

Type or print name and title

Paid
Preparer's
Use Only

Preparer's signature

Date

Check if self-employed ☐

Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4

ROMOLO & ASSOCIATES**2428 N NORTH****PEORIA, IL 61604**

EIN ▶

Phone no. ▶ **309-682-2001**

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes☐ No

SCANNED MAR 05 2010

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Part III Statement of Program Service Accomplishments (see instructions)**1** Briefly describe the organization's mission:TO PROVIDE ASSISTANCE TO MEMBER LOCALS WITH ALL UNION RELATED
ACTIVITIES**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 exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$)
TO PROVIDE ASSISTANCE TO MEMBER LOCALS WITH ALL UNION RELATED
ACTIVITIES

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 ► \$ (Must equal Part IX, Line 25, column (B).)

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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)? <i>If "Yes," complete Schedule A</i>		X
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		X
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? <i>If "Yes," complete Schedule F, Part II</i>		X
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? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>		X
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 questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
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>		X
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>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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>		X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	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)?		X
b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions 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?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter: N/A		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter: N/A		
a	Gross income from members or shareholders		
b	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?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A		

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Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**Section A. Governing Body and Management**

	Yes	No
<i>For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.</i>		
1a Enter the number of voting members of the governing body	16	
1b Enter the number of voting members that are independent	8	
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?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?	X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9a Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990		X
11 Is there any officer, director or 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		X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13		X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		
13 Does the organization have a written whistleblower policy?		X
14 Does the organization have a written document retention and destruction policy?		X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision.		
a The organization's CEO, Executive Director, or top management official?		X
b Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)		X
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?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **GREGG SMITH - 618-345-6646**
940 CALIFORNIA, COLLINSVILLE, IL 62234

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
CYRUS AUSTIN EXECUTIVE BOARD/BUS REP	44.00	X						65,148.	0.	33,748.
EDWARD BILLMAN EXECUTIVE BOARD/BUS REP	44.00	X						70,960.	0.	35,694.
WILLIAM FRANCISCO EXECUTIVE BOARD/BUS REP	44.00	X						68,580.	0.	34,292.
TED HELFRICH EXECUTIVE BOARD/BUS REP	44.00	X						69,162.	0.	35,694.
ANTHONY KARA EXECUTIVE BOARD/BUS REP	44.00	X						68,958.	0.	31,298.
ALLAN LAUHER EXECUTIVE BOARD/BUS REP	44.00	X						65,638.	0.	33,748.
CHRIS RAGAN EXECUTIVE BOARD/BUS REP	44.00	X						70,365.	0.	35,694.
ROBERT DOUGHERTY EXECUTIVE BOARD	1.00	X						90.	0.	0.
ROBERT SMITH EXECUTIVE BOARD	1.00	X						90.	0.	0.
ROBERT MCKINNEY WARDEN	1.00	X						210.	0.	0.
TAMMY HOWARD EXECUTIVE BOARD	1.00	X						120.	0.	0.
JAMES KENNY EXECUTIVE BOARD	1.00	X						0.	0.	0.
CHAD ANDERSON EXECUTIVE BOARD/BUS REP	1.00	X						0.	0.	0.
STEVE WEEK EXECUTIVE BOARD	1.00	X						0.	0.	0.
GREGG SMITH TREASURER/BUS MANAGER	60.00			X				97,959.	0.	44,096.
TED GEGGUS PRESIDENT	1.00			X				680.	0.	0.
RICHARD WILLIAMS VICE PRESIDENT	1.00			X				180.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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			
BRANDON JOHNSON ORGANIZER	44.00					X		67,780.	0.	34,177.
1b Total								645,920.	0.	318,441.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization

7

- 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

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. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization

0

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a	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	2 a	DUES & ASSESSMENTS	Business Code 900099	1,487,386.	1,487,386.		
	b	INTERNATIONAL GRANT	900099	134,400.	134,400.		
	c	INTERNATIONAL ORGANIZI	900099	86,024.	86,024.		
	d	DEATH FUND	900099	52,084.	52,084.		
	e	INITIATION FEES	900099	46,814.	46,814.		
	f	All other program service revenue	900099	6,041.	6,041.		
	g	Total. Add lines 2a-2f		1,812,749.			
	3	Investment income (including dividends, interest, and other similar amounts)		23,345.			23,345.
4	Income from investment of tax-exempt bond proceeds						
5	Royalties						
Other Revenue	6 a	Gross Rents	(i) Real (ii) Personal				
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
	8 a	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					
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10 a	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			
	11 a	RENT INCOME	900099	44,654.	44,654.		
	b	REIMBURSED EXPENSES	900099	17,004.	17,004.		
c	DONATIONS	900099	14,919.	14,919.			
d	All other revenue	900099	3,120.	3,120.			
e	Total. Add lines 11a-11d		79,697.				
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 8d, 7d, 8c, 9c, 10c, and 11e		1,915,791.	1,892,446.	0.	23,345.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

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 U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members	34,500.			
5 Compensation of current officers, directors, trustees, and key employees	606,556.			
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	224,573.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	288,868.			
9 Other employee benefits	109,780.			
10 Payroll taxes	66,485.			
11 Fees for services (non-employees):				
a Management				
b Legal	33,183.			
c Accounting	12,850.			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	10,283.			
13 Office expenses	58,062.			
14 Information technology				
15 Royalties				
16 Occupancy	142,210.			
17 Travel	93,369.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	13,727.			
21 Payments to affiliates	18,593.			
22 Depreciation, depletion, and amortization	101,764.			
23 Insurance	22,470.			
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a LOCAL UNION DUES	23,971.			
b PURCHASE HATS & T-SHIRT	16,202.			
c CONTRIBUTIONS	12,455.			
d ADMINISTRATIVE FEES	10,000.			
e REFUNDS	7,294.			
f All other expenses	5,010.			
25 Total functional expenses. Add lines 1 through 24f	1,912,205.			
26 Joint Costs. Check here ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	417.	1	100.
	2 Savings and temporary cash investments	914,910.	2	1,088,693.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost basis	10a 845,163.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 359,068.		
		565,214.	10c	486,095.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,480,541.	16	1,574,888.	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	139,547.	23	229,831.
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	120.	25	597.
	26 Total liabilities. Add lines 17 through 25	139,667.	26	230,428.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,340,874.	27	1,344,460.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,340,874.	33	1,344,460.
	34 Total liabilities and net assets/fund balances	1,480,541.	34	1,574,888.

Part XI Financial Statements and Reporting

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☐ Accrual ☒ Other
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to lines 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?
- 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?
- b If "Yes," did the organization undergo the required audit or audits?

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that
answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008
Open to Public
Inspection

Name of the organization

PAINTERS DISTRICT COUNCIL #58

Employer identification number

37-6064177

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the
organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		☐ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e g , recreation or pleasure)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of certified historic structure
☐ Preservation of open space	

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items.

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply).

- a ☐ Public exhibition
 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 XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

- 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 XIV

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ► _____ %
 b Permanent endowment ► _____ %
 c Term endowment ► _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by.

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		33,000.		33,000.
b Buildings		338,700.	121,850.	216,850.
c Leasehold improvements		121,443.	44,412.	77,031.
d Equipment		352,020.	192,806.	159,214.
e Other				0.
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				486,095.

Schedule D (Form 990) 2008

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	412.
DUE TO AFFILIATES	185.
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.) ▶	
	597.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

PAINTERS DISTRICT COUNCIL #58

Employer identification number

37-6064177

FORM 990, PART VI, SECTION A, LINE 6: MEMBERS ELECT THE MEMBERS OF THE
GOVERNING BODY OR THEIR DELEGATES

FORM 990, PART VI, SECTION A, LINE 7A: ELECTIONS ARE DONE BY THE FOLLOWING
THE BYLAWS AND CONSTITUTION

FORM 990, PART VI, SECTION A, LINE 10: ACCOUNTANT PREPARES THE FORM AND IT
IS THEN REVIEWED BY THE BUSINESS MANAGER/SECRETARY TREASURER BEFORE FILING.

FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST

PART XI LINE 1

MODIFIED CASH BASIS

Part V Transactions With Related Organizations**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV.**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 (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to other organization(s)**c** Gift, grant, or capital contribution from other organization(s)**d** Loans or loan guarantees to or for other organization(s)**e** Loans or loan guarantees by other organization(s)**f** Sale of assets to other organization(s)**g** Purchase of assets from other organization(s)**h** Exchange of assets**i** Lease of facilities, equipment, or other assets to other organization(s)**j** Lease of facilities, equipment, or other assets from other organization(s)**k** Performance of services or membership or fundraising solicitations for other organization(s)**l** Performance of services or membership or fundraising solicitations by other organization(s)**m** Sharing of facilities, equipment, mailing lists, or other assets**n** Sharing of paid employees**o** Reimbursement paid to other organization for expenses**p** Reimbursement paid by other organization for expenses**q** Other transfer of cash or property to other organization(s)**r** Other transfer of cash or property from other organization(s)**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(s)	(B) Transaction type (a-r)	(C) Amount involved	
			Yes	No
(1)				X
(2)				X
(3)				X
(4)				X
(5)				X
(6)				X

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	DECATUR BUILDING LAND	103100L		.000		13,000.			13,000.			0.
2	DECATUR BUILDING	103100SL		20.00	17	191,380.			191,380.	71,768.		9,569.
3	LHI DCATUR BLDG	083101SL		20.00	17	8,513.			8,513.	2,769.		425.
4	TABLES & CHAIRS	071697SL		5.00	17	439.			439.	439.		0.
5	NOTEBOOK LAPTOP	071697SL		5.00	17	1,677.			1,677.	1,677.		0.
6	CHAIRS	071697SL		5.00	17	429.			429.	429.		0.
7	DESKTOP COMPUTER	071697SL		5.00	17	1,256.			1,256.	1,256.		0.
8	REFRIGERATOR	080697SL		5.00	17	536.			536.	536.		0.
9	BALANCE COMPUTER	081597SL		5.00	17	2,206.			2,206.	2,206.		0.
10	PROJECTOR	120997SL		5.00	17	267.			267.	267.		0.
11	PENT 200 NEW COMPUTER	121297SL		5.00	17	2,024.			2,024.	2,024.		0.
12	OFFICE PRO SOFTWARE	121697SL		5.00	16	697.			697.	697.		0.
13	NETWORK	122297SL		5.00	16	295.			295.	295.		0.
14	233 MMX	022698SL		5.00	17	2,575.			2,575.	2,575.		0.
15	OFFICE ROLODEX FOR LAPTOP	040698SL		5.00	17	193.			193.	193.		0.
16	FAX MACHINE	062998SL		5.00	17	251.			251.	251.		0.
17	PHONE SYSTEM 6 LINE STATION W/16	073198SL		5.00	17	3,371.			3,371.	3,371.		0.
18	TWO STORAGE CABINETS	082798SL		5.00	17	412.			412.	412.		0.

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
19	OFFICE WORKSTATIONS	093098SL		5.00	17	7,962.			7,962.	7,962.		0.
20	COMPUTER SYSTEM	051099SL		5.00	17	2,459.			2,459.	2,459.		0.
21	LU MGMT SOFTWARE	073199SL		3.00	16	6,000.			6,000.	6,000.		0.
22	SOFTWARE	073199SL		3.00	16	311.			311.	311.		0.
23	LUMS SOFTWARE	083199SL		3.00	16	3,075.			3,075.	3,075.		0.
24	COMPUTER UPGRADES	083199SL		5.00	17	2,070.			2,070.	2,070.		0.
25	SOFTWARE	083199SL		3.00	16	7,360.			7,360.	7,360.		0.
26	SOFTWARE	093099SL		3.00	16	630.			630.	630.		0.
27	SHOP VAC	120199SL		5.00	17	96.			96.	96.		0.
28	OFFICE PICTURES	121599SL		5.00	17	361.			361.	361.		0.
29	CHAIR CADDYS	013100SL		5.00	17	767.			767.	767.		0.
30	VACUUM	022900SL		5.00	17	411.			411.	411.		0.
31	COM LANDMODEM	022900SL		5.00	17	332.			332.	332.		0.
32	FURNITURE	022900SL		5.00	17	8,954.			8,954.	8,954.		0.
33	SIGN	043000SL		5.00	17	790.			790.	790.		0.
34	FURNITURE	043000SL		5.00	17	1,333.			1,333.	1,333.		0.
35	P/A SYSTEM	043000SL		5.00	17	1,037.			1,037.	1,037.		0.
36	COMPUTER	102400SL		5.00	17	1,029.			1,029.	1,029.		0.

828102
04-25-08

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

20.2

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
37	LAPTOP	122200	SL	5.00	17	2,526.			2,526.	2,526.		0.
38	FURNITURE	051501	SL	7.00	17	4,258.			4,258.	4,258.		0.
39	PRINTER, MONITOR	090701	SL	5.00	17	820.			820.	820.		0.
40	FURNITURE-LU 288	110101	SL	7.00	17	2,048.		614.	1,434.	1,288.		146.
41	SOFTWARE	111601	SL	3.00	16	512.		154.	358.	358.		0.
42	COMPUTER	022602	SL	5.00	17	898.		269.	629.	629.		0.
43	FAX	041102	SL	5.00	17	741.		222.	519.	519.		0.
44	COMPUTER MONITOR	050802	SL	5.00	17	215.		65.	150.	150.		0.
45	COMPUTER	052502	SL	5.00	17	1,109.		333.	776.	776.		0.
46	SOFTWARE	062503	SL	3.00	16	300.		150.	150.	150.		0.
47	COMPUTER	113003	SL	5.00	17	3,625.		1,813.	1,812.	1,450.		362.
48	LEASEHOLD IMPROVEMENTS	013100	SL	20.00	17	55,423.			55,423.	23,055.		2,815.
49	LHI	090701	SL	20.00	17	12,231.			12,231.	3,976.		611.
50	2003 CHEVY IMPALA 2G1WH55K739437880	122403	SL	5.00	17	21,211.		10,606.	10,605.	8,484.		2,121.
51	COLLINSVILLE BUILDING	033104	SL	20.00	17	147,319.		73,660.	73,659.			7,366.
52	COLLINSVILLE LAND	033104	L	.000		20,000.			20,000.			0.
53	DISPLAY CASE	040605	SL	5.00	17	1,500.			1,500.	1,050.		300.
54	DISPLAY CASE	042805	SL	5.00	17	1,200.			1,200.	840.		240.

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
55	FURNACE & EVAP COIL	091604SL		20.00	17	7,942.			7,942.	1,390.		397.
56	SUMP PUMP	011205SL		5.00	17	3,471.			3,471.	2,429.		695.
57	DRAINAGE PIPE	031605SL		20.00	17	7,850.			7,850.	1,374.		392.
58	ELECTRICAL WORK	042205SL		20.00	17	2,642.			2,642.	462.		132.
59	FURNACE	092205SL		20.00	17	9,876.			9,876.	1,235.		494.
60	SERVER	032706SL		5.00	17	5,151.			5,151.	2,575.		1,030.
61	3 COMPUTERS	042607SL		5.00	16	3,753.			3,753.	876.		751.
62	HVAC	061307SL		20.00	17	5,250.			5,250.	295.		263.
63	FURNACE	071207SL		15.00	16	5,750.			5,750.	383.		383.
64	ALARM	092707SL		10.00	16	2,495.			2,495.	187.		250.
65	2008 CHEVY IMPALA	062408SL		3.00	21	22,195.			22,195.	925.		7,398.
66	2008 CHEVY IMPALA	062408SL		3.00	21	21,097.			21,097.	879.		7,032.
67	2008 CHEVY IMPALA	062408SL		3.00	21	21,105.			21,105.	879.		7,035.
68	2008 CHEVY IMPALA	062408SL		3.00	21	21,115.			21,115.	880.		7,038.
69	2008 CHEVY IMPALA	062508SL		3.00	21	16,536.			16,536.	689.		5,512.
70	2008 CHEVY IMPALA	062508SL		3.00	21	21,078.			21,078.	878.		7,026.
71	2008 CHEVY IMPALA	062508SL		3.00	21	22,195.			22,195.	925.		7,398.
72	2008 CHEVY SILVERADO	062608SL		3.00	21	26,775.			26,775.	1,116.		8,925.

829102
04-25-08

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

20.4

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
732	2004 CHEVY IMPALA 732G1WF52K949463067	092707SL		3.00	21	13,125.			13,125.	3,060.		4,736.
742	2008 CHEVY IMPALA 742G1WC583689203238	041008SL		3.00	21	25,117.		10,960.	14,157.			4,800.
75	GPS TRACKING-DOUG	030808SL		5.00	16	182.			182.	12.		36.
76	GPS TRACKING-BRANDON	030808SL		5.00	16	183.			183.	12.		37.
77	CELL PHONES-ALL EE	041708SL		5.00	16	1,053.			1,053.	35.		211.
78	DIGITAL CAMERA	080707SL		5.00	16	430.			430.	79.		86.
79	GPS REPLACED FROM BUR	090707SL		5.00	16	409.			409.	68.		82.
80	LAPTOP PRINTER	110707SL		5.00	16	1,276.			1,276.	170.		255.
81	LAPTOP	121407SL		5.00	16	931.			931.	109.		186.
82	COMPUTER	080907SL		5.00	16	2,170.			2,170.	398.		434.
83	COMPUTER	122007SL		5.00	16	931.			931.	93.		186.
84	IDEA PADS	080508SL		5.00	16	3,329.			3,329.			610.
85	IDEA PADS	040809		5.00	16	2,711.			2,711.			136.
86	MAILING MACHINE	042109SL		5.00	16	1,030.			1,030.			34.
87	MOWER	062609SL		5.00	16	2,600.			2,600.			0.
88	2006 WHITE IMPALA	073108SL		3.00	21	12,975.			12,975.			3,965.
	* TOTAL 990 PAGE 10 DEPR					845,162.		98,846.	746,316.	198,971.	0.	101,900.

Form **4562**Department of the Treasury
Internal Revenue Service (99)**Depreciation and Amortization** 990
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2008Attachment
Sequence No 67

Name(s) shown on return

Business or activity to which this form relates

Identifying number

PAINTERS DISTRICT COUNCIL #58**FORM 990 PAGE 10****37-6064177****Part I** Election To Expense Certain Property Under Section 179 *Note: If you have any listed property, complete Part V before you complete Part I.*

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II** Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	3,677.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	27,358.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		27.5 yrs.	MM	S/L	
	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	51,901.
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	82,936.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

FORM 4562, PART V LISTED PROPERTY INFORMATION-MORE THAN 50% STATEMENT 1

(A) DESCRIPTION	(B) DATE	(C) BUS. %	(D) COST	(E) BASIS	(F) LIFE	(G) MTH/CV	(H) DEDUCTION	(I) 179 ELECTED
(J) AUTO NO	(K) TOTAL MILES	(L) BUSINESS MILES	(M) COMMUTING MILES	(N) PERSONAL MILES	(O) WAS VEH. AVAIL.? Y N	(P) > 5% OWNER? Y N	(Q) ANOTHER VEH. AVAILABLE? Y N	
2008 CHEVY IMPALA 2G1WH52KX49	06/24/08	100.00	22,195.	22,195.	3.00 SL	-HY	4,800.	
2008 CHEVY IMPALA 2G1WB58K589	06/24/08	100.00	21,097.	21,097.	3.00 SL	-HY	4,800.	
2008 CHEVY IMPALA 2G1WB58K981	06/24/08	100.00	21,105.	21,105.	3.00 SL	-HY	4,800.	
2008 CHEVY IMPALA 2G1WB58K881	06/24/08	100.00	21,115.	21,115.	3.00 SL	-HY	4,800.	
2008 CHEVY IMPALA 2G1WB58K781	06/25/08	100.00	16,536.	16,536.	3.00 SL	-HY	4,800.	
2008 CHEVY IMPALA 2G1WB58K481	06/25/08	100.00	21,078.	21,078.	3.00 SL	-HY	4,800.	
2008 CHEVY IMPALA 2G1WB58KX81	06/25/08	100.00	22,195.	22,195.	3.00 SL	-HY	4,800.	
2008 CHEVY SILVERADO 3GCEK133486	06/26/08	100.00	26,775.	26,775.	3.00 SL	-HY	4,800.	
2004 CHEVY IMPALA 2G1WF52K949	09/27/07	100.00	13,125.	13,125.	3.00 SL	-MQ	4,736.	
2008 CHEVY IMPALA 2G1WC583689	04/10/08	100.00	25,117.	14,157.	3.00 SL	-MQ	4,800.	

2006 WHITE - 07/31/08

IMPALA . 100.00 12,975. 12,975. 3.00 SL -HY 3,965.

TOTAL TO FORM 4562, PART V, LINE 26

51,901.

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization		Employer identification number
	PAINTERS DISTRICT COUNCIL #58		37-6064177
	Number, street, and room or suite no. If a P.O. box, see instructions		
	940 CALIFORNIA AVENUE		
		City, town or post office, state, and ZIP code. For a foreign address, see instructions	
		COLLINSVILLE IL 62234	

Check type of return to be filed (file a separate application for each return)

☒ Form 990	☐ Form 990-T (corporation)	☐ Form 4720
☐ Form 990-BL	☐ Form 990-T (sec. 401(a) or 408(a) trust)	☐ Form 5227
☐ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 6069
☐ Form 990-PF	☐ Form 1041-A	☐ Form 8870

- The books are in the care of ► _____

Telephone No. ► 618-345-6646

FAX No ► 618-345-5962

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☐ calendar year _____ or
 ► ☒ tax year beginning JULY 1, 2008, and ending JUNE 30, 2009

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)

ROMOLO & ASSOCIATES
 CERTIFIED PUBLIC ACCOUNTANTS
 2428 N. NORTH ST.
 PEORIA, IL 61604

1/14/09