

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-EZ**

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Short Form
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)

Sponsonng organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

The organization with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form. ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A	For th	e 2009 ca	endar year, or tax year beginning and ending			
В	Check if	le Please	C Name of organization	D Emp	loyer	dentification number
F	Addres change Name	use IRS label or	PAINTERS LOCAL UNION NO. 265	2,	5_2	374720
<u>_</u>	Name change Initial return	print or type		n/surte E Tele	_	
F	Temı	in- Specific	5526 W. 131ST STREET			385-4202
F	— ated Amen	nded tions	City or town, state or country, and ZIP + 4			mption
F	retum Applica pendin	ation	CRESTWOOD, IL 60445		ber D	
				Accounting me		
			Schedule A (Form 990 or 990-EZ).	Other (specify		
		te: ► <u>N /</u>		Check 🕨 🖸	K if 1	the organization is not
			· · · · · · · · · · · · · · · · · · ·			Jule B (Form 990, 990-EZ, or 990-PF)
K	Check I		the organization is not a section 509(a)(3) supporting organization and its gross receipts are norn		han \$	25,000 A Form 990-EZ or
_			orm 990 return is not required, but if the organization chooses to file a return, be sure to file a com			260 670
			nd 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 99 nue, Expenses, and Changes in Net Assets or Fund Balances (See t		► \$	
P	art I	·		ine instructions	101 Pa	111
	1		ns, gifts, grants, and similar amounts received ervice revenue including government fees and contracts		2	
	3	•	p dues and assessments		3	263,159.
	4	Investment			4	6,511.
	5a		unt from sale of assets other than inventory 5a			
	Ь		or other basis and sales expenses 5b			
	C	Gain or (los	ss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
ne	6	Special eve	nts and activities (complete applicable parts of Schedule G). If any amount is from gaming, check	k here ▶ 🔲		
Revenue	а	Gross reve	nue (not including \$ of contributions			
R	1	reported or	line 1) 6a			
	b	Less direc	t expenses other than fundraising expenses 6b			
			or (loss) from special events and activities (Subtract line 6b from line 6a)	ļ	6c	
	1		of inventory, less returns and allowances 7a			
			of goods sold 7b		_	
	1		t or (loss) from sales of inventory (Subtract line 7b from line 7a)	, }	7c	
	8 9		nue (describe	' }	<u>8</u> 9	269,670.
<u>_</u>	1		nue Add lines 1, 2, 3, 4, 5c, 6c, 10 and 5 IVED STMT 5 ST	гмт 3	10	155,738.
99.48° 2010	11		Comment of the Commen		11	13377000
\mathbb{Z}_{s}	12 Salaries other compensation and diffellinger tensities 5 2010 [9]					93,258.
\$	13		al fees and other payments to independent contractors	•	12 13	4,528.
Sal	14			ENT 4	14	1,960.
E V	15	Printing, pu	, rent, utilities, and maintenance GOEN, UT SEE STATEME iblications, postage, and shipping		15	1,819.
	16	Other expe	nses (describe ► SEE STATEME	ENT 1	16	36,974.
NG BARRINED	17		nses. Add lines 10 through 16	•	17	294,277.
孟	18		deficit) for the year (Subtract line 17 from line 9)		18	<24,607.
# X	19		or fund balances at beginning of year (from line 27, column (A))			205 015
8			e with end-of-year figure reported on prior year's return)		19	285,915.
Ž	20		ges in net assets or fund balances (attach explanation)		20 21	261,308.
Б	art II		or fund balances at end of year Combine lines 18 through 20 ce Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 inste	ead of Form 990		201,300.
	artn	Dalaii		inning of year	T	(B) End of year
22	. Cas	h savinos :	1	283,953	• 22	261,249.
23		id and buildi			23	,
24		er assets (d		2,677	-	59.
25	Tota	al assets	2	286,630	_	261,308.
26	Tota	al liabilities	(describe ► WITHHELD PAYROLL TAXES)	715		0.
27		assets or fu	and balances (line 27 of column (B) must agree with line 21)	285,915	• 27	261,308.
932	171	I HA F	or Privacy Act and Panerwork Reduction Act Notice see the senarate instructions.			Form 990-EZ (2009)

orr	n 996-EZ (2009) PAINTERS LOCAL UNION NO.	265		36-	23747	20 Page 2
	art III Statement of Program Service Accomplishmen		Part III)		Ex	penses
۷ha	at is the organization's primary exempt purpose SEE BELOW				(Required fo	r section 501(c)(3)
	scribe what was achieved in carrying out the organization's exempt purp	poses. In a clear and conc	ise manner, descri	ıbe) organizations and 7(a)(1) trusts, optional
	services provided, the number of persons benefited, and other relevant				for others)	/(a)(1) trusts, optional
_	TO ORGANIZE WORKERS FOR THE MORAL,		SOCIAL			
	ADVANCEMENT OF THEIR CONDITION AND					
					1 1	
	(Grants \$) If this amount includes foreign g	rante check here			28a	
g	Grants \$ / It this amount includes foreign g	iants, check here			200	
.9						
	(Grants \$) If this amount includes foreign g	rants, check here			29a	
10					1 1	
	(Grants \$) If this amount includes foreign g	rants, check here			30a	
31	Other program services (attach schedule)	· · · · · · · · · · · · · · · · · · ·		-		
	(Grants \$) If this amount includes foreign g	rants, check here	•		31a	
	Total program service expenses (add lines 28a through 31a)			<u> </u>	32	
	art IV List of Officers, Directors, Trustees, and Key E	mplovees, List each one as	en if not compensated	(See the		or Part IV.)
F.6	art for Elat of Officers, Directors, Tractocs, and Rey E	Tipioy Coo. List each one et	et il not compensated		ntributions	· · · · · · · · · · · · · · · · · · ·
		(b) Title and average hours	(c) Compensation		mployee	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter		fit plans &	account and
		position	-0)	1	eferred	other allowances
	<u> </u>			com	pensation	
		PRESIDENT				
ΚI	LPATRICK, MIDLOTHIAN, IL 60445	2.00	7,425.		0.	0.
SA	ALVADOR NAVARETTE	TREASURER		1		
14	54 W. 183RD, HOMEWOOD, IL 60430	5.00	13,073.		0.	0.
		FIN SECRETARY				
	813 S. KEELER, OAK LAWN, IL 60453	5.00	25,146.	1	0.	0.
		REC SECRETARY				
_	26 W. 131ST ST, CRESTWOOD, IL 60445	1	19,261.		0.	0.
		VICE PRES	17/2010	 		
		1	2 652	Ì	0.	0
	ARK, IL 60477	.2.00	3,653.	-		0.
		TRUSTEE	1		^	
	03 HOMESTEAD, CRESTWOOD, IL 60445	1.00	1,691.	ļ	0.	0.
		WARDEN				
	0-W CIRCLE, NEW LENNOX, IL 60451	1.00	2,597.		0.	0.
		TRUSTEE		1		
ΓI	INLEY PARK, IL 60477	1.00	2,731.		0.	0.
RC	OSS KRUEGER, 16607 S. 76TH AVE,	TRUSTEE				
ΓI	INLEY PARK, IL 60477	1.00	1,691.	}	0.	0.
		TRUSTEE		 		
	DLOTHIAN, IL 60445	1.00	1,691.		0.	0.
		DELEGATE	1,031.	 		<u> </u>
	19 W. BURNS ROAD, MONEE, IL 60449	1.00	1,804.	1	0.	0.
			1,004.		<u> </u>	- ·
		TRUSTEE/DEL	11 262		^	
DF	RIVE, MOKENA, IL 60448	2.00	11,263.	ļ	0.	0.
_						
_						
				1		1
-				1		
		1				
_				 		
			<u> </u>			
_				 		
		i	i	1		i

932172 02-08-10

	Hadret (2009) PAINTERS LOCAL UNION NO. 265	120		Page 3
Pa	Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
	reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,			
	and proxy tax requirements?	35a		<u>X</u>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	Α
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			•
	complete applicable parts of Sch. N	36_		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still outstanding at the end of the period covered by this return?	38a		<u> </u>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A]		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911 \blacktriangleright N/A , section 4912 \blacktriangleright N/A , section 4955 \blacktriangleright N/A			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
	year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction	1		
	has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	N/	A
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers.			
	or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
	organization N/A			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		<u> X</u>
41	List the states with which a copy of this return is filed NONE			
42 a	The organization's books are in care of ► THE TREASURER Telephone no ► 708-38			
		044	5	
þ	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		Yes	
	account)?	42b		X
	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.			v
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	N/A		
	and enter the amount of tax-exempt interest received or accrued during the tax year	TA\ W		
			Vac	Na
	Did the experience mountain any depay advised funds 0 if EVer Flarm 000 must be assembled instead of		Yes	IAO
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	44		Х
AF	Form 990-EZ Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be			
45	completed instead of Form 990-EZ	45	t 	Х
	Offinition indicate of Form 500 EE		L	

Form **990-EZ** (2009)

PAINTERS LOCAL UNION NO. 265

organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51. Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public Yes No 46 office? If "Yes," complete Schedule C, Part I 46 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 47 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 49a 49a Did the organization make any transfers to an exempt non-charitable related organization? 49b b If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" (d) Contributions (b) Title and average hours (c) Compensation (e) Expense to employee account and (a) Name and address of each employee paid more per week devoted to benefit plans & than \$100,000 other allowances position deferred N/A compensation f Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization If there is none, enter "None N/A (c) Compensation (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service d Total number of other independent contractors each receiving over \$100,000 penalties of penury, 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, it, and compute to Declaration of preparer (other man officer) is based on all information of which preparer has any knowledge Sign Here Recording SecreTary Date 3 /27 /10 Check if self-Paid Preparer's identifying number (See instr) Preparer's employed 🕨 Use Only BANSLEY AND KIENER, LLP EIN > Firm's name (or yours 8745 WEST HIGGINS ROAD, SUITE 200 Phone > if self-employed), CHICAGO, ILLINOIS 60631-2704 312-263-2700 X Yes May the IRS discuss this return with the preparer shown above? See instructions

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3)

Form 990-EZ (2009)

2009 DEPRECIATION AND AMORTIZATION REPORT FORM $990-EZ\ PAGE\ 1$

990-EZ

Current Year Deduction	547.	ulzation Deductior
Current Sec 179	Ď	mercial Revita
Accumulated Depreciation	3,739.	* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction
Basis For Depreciation	3,739.	, Section 179, Salv
Reduction in Basis	0	* ITC
Bus % Excl		:
Unadjusted Cost Or Basis	3,739.	(D) - Asset disposed
Š	16	·(<u>0</u>)
Life	7.00	
Method	SL	
Date Acquired	1 070102SL	
Description	20FFICE EQUIPMENT * TOTAL 990-EZ PG] DEPR	
Asset No	7	928102 06-24-09

FORM 990-EZ	OTHER	EXPENSES		STATEMENT	1
DESCRIPTION				AMOUNT	
PAYROLL TAXES				7.1	35.
OFFICE SUPPLIES					24.
TRAVEL				2,3	98.
CONFERENCES, CONVENTIONS, AND	MEETINGS			13,3	
WORKING CARDS					243.
MISCELLANEOUS					18.
MEMBERSHIP FEES					50.
LODGING				5,4	98.
BANK FEES: DEPOSIT BOX					30.
PROMOTIONS/MERCHANDISE EXPENS REGISTRATION FEES	E			6	0. .00
TOTAL TO FORM 990-EZ, LINE 16	i			36,9	74.
FORM 990-EZ	OTHE	R ASSETS		STATEMENT	2
DESCRIPTION			BEG. OF YEAR	END OF YE	EAR
			2 122		<u> </u>
PREPAID EXPENSES AND DEFERRED OTHER DEPRECIABLE ASSETS	CHARGES		2,130. 547.		59. 0.
TOTAL TO FORM 990-EZ, LINE 24	<u> </u>		2,677.		59.

FORM 990-EZ PAYMENTS T	STATEMENT	3	
AFFILIATE'S NAME	AFFILIATES ADDRESS		
INTERNATIONAL UNION OF PAINTERS AND	1750 NEW YORK AVENUE,	N.W.	
ALLIED TRADES	WASHINGTON, DC 20006		
PURPOSE OF PAYMENT		AMOUNT	
PER CAPITA PAYMENTS		148,40)6.
AFFILIATE'S NAME	AFFILIATES ADDRESS		
IUPAT CENTRAL REGIONAL CONFERENCE	3813 ILLINOIS AVE. ST CHARLES, IL 60174		
PURPOSE OF PAYMENT		AMOUNT	
PER CAPITA TAX PAYMENTS		2,02	29.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		150,43	35.
FORM 990-EZ OCCUPANCY, RENT, UTILI	TIES AND MAINTENANCE	STATEMENT	4
DESCRIPTION		AMOUNT	
DEPRECIATION			47.
OTHER EXPENSES		1,41	
TOTAL TO FORM 990-EZ, LINE 14		1,96	50.

FORM 990-EZ CASH GRANTS AND ALLOCA	TIONS	STATEMENT	5
CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT	
CHARITABLE DONATIONS	NONE	2,260).
FLOWERS AND OTHER GIFTS	NONE	3,043	3.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		5,303	3.