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Form **990-EZ**

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)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than $200,000 and total assets less than $500,000 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*

OMB No 1545-1150

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning , 2010, and ending , 20

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Termination
- [ ] Amended return
- [ ] Application pending

C Name of organization
PAINTING AND DECORATING CONTRACTORS
NORTHEASTERN PENNSYLVANIA CHAPTER

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
P.O. BOX 1666

City or town, state or country, and ZIP + 4
WILKES-BARRE, PA 18703-1666

D Employer identification number
23-2791719

E Telephone number
570-824-0290

F Group Exemption Number ▶

G Accounting Method [X] Cash [ ] Accrual Other (specify) ▶

H Check ▶ [X] if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I **Website:** ▶

J Tax-exempt status (check only one) - [ ] 501(c)(3) [X] 501(c) (6) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

K Check ▶ [ ] if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $50,000 A Form 990-EZ or Form 990 return is not required through Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ $ 67,311

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I . . . . . [X]

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	64,546
	4	Investment income	4	2,765
	5a	Gross amount from sale of assets other than inventory — 5a		
	5b	Less cost or other basis and sales expenses — 5b		
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than $15,000) — 6a		
	6b	Gross income from fundraising events (not including $ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed $15,000) — 6b		
	6c	Less direct expenses gaming and fundraising events — 6c		
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances — 7a		
	7b	Less cost of goods sold — 7b		
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9	67,311
Expenses	10	Grants and similar amounts paid (list in Schedule O) SEE SCHEDULE O	10	35,230
	11	Benefits paid to or for members	11	100
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	1,250
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O) SEE SCHEDULE O	16	43,371
	17	**Total expenses.** Add lines 10 through 16 ▶	17	79,951
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-12,640
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	170,456
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶	21	157,816

Part II Balance Sheets. (see the instructions for Part II.)
Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	170,456	22	157,816
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	170,456	25	157,816
26	**Total liabilities** (describe in Schedule O)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	170,456	27	157,816

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III X

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 TRAINING AND INSTRUCTIONAL SEMINARS FOR AREA PAINTERS AND DECORATORS.

(Grants $) If this amount includes foreign grants, check here . . . . . ▶ ☐ 28a 6,971

29 DONATIONS TO LOCAL CHARITIES.

(Grants $) If this amount includes foreign grants, check here . . . . . ▶ ☐ 29a 35,230

30 FUNDING OF CHARITABLE PAINTING PROJECTS IN NORHTEASTERN PENNSYLVANIA.

(Grants $) If this amount includes foreign grants, check here . . . . . ▶ ☐ 30a 9,183

31 Other program services (describe on Schedule O) . . . . . .
(Grants $) If this amount includes foreign grants, check here . . . . . ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) . . . . . ▶ 32 51,384

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
HUGH SHAMANY	PRESIDENT			
PO BOX L, HAZLETON, PA 18201	AS REQ	0	0	0
CARL POSTUPAK SR	SEC/TREAS			
PO BOX 1666, WILKES-BARRE PA 18703	AS REQ	0	0	3,600
JOSEPH DOTZEL	VICE PRES			
121 WATER ST., WILKES-BARRE PA 18702	AS REQ	0	0	0

Part V **Other Information** (Note the statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in th is Part V ☐

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)	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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year (see instructions)?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	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 tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a 0			
b	Gross receipts, included on line 9, for public use of club facilities 39b 0			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____			
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 did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
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 ▶ 0			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0			
e	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		X
41	List the states with which a copy of this return is filed ▶ PENNSYLVANIA			
42a	The organization's books are in care of ▶ NORTHEAST PDCA Telephone no ▶ 570-824-0290			
	Located at ▶ 81 NEW FREDERICK STREET, WILKES-BARRE, PA ZIP + 4 ▶ 18702			
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)?	42b		X
	If "Yes," enter the name of the foreign county ▶ _____			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
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 ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	44d		

			Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45a		X
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this part VI ☐

			Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization a section 527 organization?	49b		

50 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 "

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over $100,000 ▶

51 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 "

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors receiving over $100,000 ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☐ Yes ☒ No

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 5-9-11

Type or print name and title Carl Postupack Soc-Treas

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
ROBERT G. LAWRENCE	Robert G. Lawrence	5/4/11		P00865583

Firm's name ▶ LAWRENCE, CABLE AND COMPANY, LLP — Firm's EIN ▶ 23-3029410

Firm's address ▶ 106 SOUTH MAIN STREET, WILKES-BARRE, PA 18701 — Phone no 570-825-0001

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

PAINTING AND DECORATING CONTRACTORS

Employer identification number

23-2791719

PART I, QUESTION 10:

GRANTS AND ALLOCATIONS:

CLASSIFICATION	DONEE'S NAME	ADDRESS	RELATIONSHIP	AMOUNT
CHARITABLE	AMERICAN CANCER SOCIETY	RT 422 & SIPE AVE. HERSHEY PA 17033	NONE	2,000
CHARITABLE	AMERICAN RED CROSS	165 SUSQUEHANNA BLVD. WEST HAZLETON PA 18202	NONE	500
CHARITABLE	BOY SCOUT TROOP 146	JACKSON TOWNSHIP, PA	NONE	450
CHARITABLE	BOY SCOUT TROOP 281	DALLAS, PA	NONE	200
CHARITABLE	CATHOLIC SOCIAL SERVICES	33 E NORTHAMPTON ST WILKES-BARRE PA 18701	NONE	1,000
CHARITABLE	CHILDREN'S SERVICE CENTER	335 S FRANKLIN ST WILKES-BARRE PA 18702	NONE	100
CHARITABLE	CUB PACK 232	DALLAS, PA	NONE	500
CHARITABLE	DEBORAH HOSPITAL FOUNDATION	20 PINE MILL ROAD BROWNS MILLS NJ 08015	NONE	300
CHARITABLE	EAST UNION TOWNSHIP SENIOR CITIZENS	SHEPPTON, PA	NONE	500
CHARITABLE	HEAD START	23 BEEKMAN STREET WILKES-BARRE PA 18703	NONE	3,000
CHARITABLE	IREM SHRINERS KIDS TRANSPORTATION FUND	397 COUNTRY CLUB RD DALLAS PA 18612	NONE	400
CHARITABLE	JAY WEAVER FUND		NONE	150
CHARITABLE	KIRBY HEALTH CENTER	71 N FRANKLIN ST WILKES-BARRE PA 18701	NONE	3,000

Name of the organization: PAINTING AND DECORATING CONTRACTORS

Employer identification number: 23-2791719

PART I, QUESTION 10:

GRANTS AND ALLOCATIONS (continued):

CLASSIFICATION	DONEE'S NAME	ADDRESS	RELATIONSHIP	AMOUNT
CHARITABLE	LACKAWANNA CTY. HISTORICAL SOCIETY	232 MONROE AVE SCRANTON PA 18510	NONE	300
CHARITABLE	MARYWOOD UNIVERSITY	2300 ADAMS AVE SCRANTON PA 18509	NONE	400
CHARITABLE	MEALS ON WHEELS	190 S SPRAGUE AVE KINGSTON PA 18704	NONE	500
CHARITABLE	MISERICORDIA UNIVERSITY	301 LAKE ST DALLAS PA 18612	NONE	500
CHARITABLE	NEPA BOY SCOUTS	1 BOB MELLOW DR MOOSIC PA 18507	NONE	480
CHARITABLE	OUR LADY OF HOPE CHURCH		NONE	3,000
CHARITABLE	ROBERT FRIEDMAN SCHOLARSHIP FUND	3913 OLD LEE HWY FAIRFAX VA 22030	NONE	100
CHARITABLE	SALVATION ARMY	17 S PENNSYLVANIA AVE WILKES-BARRE PA 18701	NONE	900
CHARITABLE	SISTERS OF MERCY		NONE	200
CHARITABLE	SOLUTIONS GROUP - AA	WILKES-BARRE, PA	NONE	200
CHARITABLE	SPCA OF LUZERNE COUNTY	524 E MAIN ST WILKES-BARRE PA 18702	NONE	100
CHARITABLE	SISTERS OF STS CYRIL & METHODIUS YOUTH GROUP	580 RAILROAD ST DANVILLE PA 17821	NONE	500
CHARITABLE	ST JOSEPH'S CHURCH	16 E OAK ST SHEPPTON PA 18248	NONE	3,000
CHARITABLE	ST MARY'S CHURCH	WILKES-BARRE, PA	NONE	2,000

Name of the organization: PAINTING AND DECORATING CONTRACTORS

Employer identification number: 23-2791719

PART I, QUESTION 10:

GRANTS AND ALLOCATIIONS (continued):

CLASSIFICATION	DONEE'S NAME	ADDRESS	RELATIONSHIP	AMOUNT
CHARITABLE	ST PAUL'S LUTHERAN CHURCH	DALLAS, PA	NONE	3,000
CHARITABLE	ST STEPHEN'S EPISCOPAL CHURCH	35 S FRANKLIN ST WILKES-BARRE PA 18701	NONE	3,000
CHARITABLE	TEMPLE ISRAEL	236 S RIVER ST WILKES-BARRE PA 18701	NONE	3,000
CHARITABLE	TOYS FOR TOTS		NONE	500
CHARITABLE	UNITED WAY OF WYOMING VALLEY	8 WEST MARKET ST WILKES-BARRE PA 18711	NONE	300
CHARITABLE	WILKES UNIVERSITY ANNUAL FUND	84 WEST SOUTH ST WILKES-BARRE PA 18701	NONE	1,000
CHARITABLE	WVW BOOSTER CLUB		NONE	150
	TOTAL			35,230

PART I, QUESTION 16:

OTHER EXPENSES:

CHARITABLE PROJECTS	9,183
MEMBER EVENTS	14,313
CONFERENCES, CONVENTIONS, MEETINGS	13,773
OFFICE EXPENSE	3,757
DUES	2,345
TOTAL OTHER EXPENSES:	43,371

Name of the organization: PAINTING AND DECORATING CONTRACTORS

Employer identification number: 23-2791719

PART III, STATEMENT OF ORGANIZATIONS' PRIMARY EXEMPT PURPOSE:

THE ORGANIZATION PROVIDES TRAINING AND INSTRUCTIONAL SEMINARS FOR AREA PAINTERS AND CONTRACTORS - ADDITIONAL FUNDS ARE USED TO MAKE DONATIONS TO VARIOUS CHARITIES AND NON-PROFIT ORGANIZATIONS IN NORTHEASTERN PENNSYLVANIA.