

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



# Form **990**

**Return of Organization Exempt From Income Tax** 

2004 €

2012

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

2012, and ending For the 2012 calendar year, or tax year beginning 20 D Employer identification number C Name of organization International Union of Painters & Allied Trades D.C. 53 Check if applicable Doing Business As Address change 02-0533725 Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change Initial return 010 Lewis Street 304-343-8250 City, town or post office state, and ZIP code Terminated Amended return Charleston, WV 25301 G Gross receipts \$ 2.374.490 Application pending F Name and address of principal officer H(a) is this a group return for affiliates? Yes No 1010 Lewis Street, Charleston, WV 25301 H(b) Are all affiliates included? Yes No If "No." attach a list (see instructions) √ 501(c) ( 5 ) 
√ (insert no ) 
√ 4947(a)(1) or 501(c)(3) Tax-exempt status Website<sup>,</sup> ▶ www.paintersuniondistrict53.org H(c) Group exemption number ▶ Form of organization ☐ Corporation ☐ Trust ☐ Association ☑ Other ► L Year of formation M State of legal domicile Labor Org. Summary Part I Briefly describe the organization's mission or most significant activities. Maintain and improve the working and living standard of its members Activities & Governance 2 Check this box ► If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . . . 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 23 6 Total number of volunteers (estimate if necessary) 6 . . . . 0 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 7b 0 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 8 2,250,586 2,294,118 Program service revenue (Part VIII, line 29) 0 investment income (Part VIII, column (A) Thes 314. agc 37 2013 10 80,157 4,172 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 118 11 70.667 76,200 Total revenue - add lines 8 through 11 (rhust equal Part VIII, column (A), line 12) 12 2,401,410 2,374,490 Grants and similar amounts paid (Part IX. column A. Tirles 1 13 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,256,543 1,537,489 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-24e) 986,913 1,055,092 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,243,456 2,592,581 19 Revenue less expenses Subtract line 18 from line 12 157.954 (218,091)Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 3.323.487 3,118,889 21 Total liabilities (Part X, line 26) . 30,315 30,364 Net assets or fund balances Subtract line 21 from line 20 3,293,172 3,088,525 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 Signature of office BMS Here aniel Type or print name and title Print/Type preparer's name Paid Check III if the self-employed Steven W Dearien, CPA P01203006 Preparer ▶ Dearien & Company, A.C. Firm's name Firm's EIN ▶ 20-0025425 Use Only Firm's address ► 405 Capitol St., Suite 605 Charleston, WV 25301 304-344-2281 Phone no

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

Part I	Checklist of Required Schedules			9
•			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1		V
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<u> </u>	<b>  √</b>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V .	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е		11e		<del>                                     </del>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	
b		12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	146		<b>√</b>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	14b		\ \ \ \
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV.	15		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	16		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		<b>√</b>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	-	<b>V</b>
00	If "Yes," complete Schedule G, Part III	19	-	1
20 a		20a	+	<b>√</b>
Ø	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	1	1

Part				age -
•			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		✓
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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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? If "Yes," complete Schedule L, Part I	24d 25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	1	
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		<b>√</b>
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? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	1	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		<b>√</b>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		/
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	1	

Form 99	v0 (2012)			Page :
Part	Statements Regarding Other IRS Filings and Tax Compliance			, age (
`	Check if Schedule O contains a response to any question in this Part V			. $\sqsubset$
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		į	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	-	-	
20	reportable gaming (gambling) winnings to prize winners?	1c	<b>✓</b>	-
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
<b>.</b>	Statements, filed for the calendar year ending with or within the year covered by this return  2a 23		, -	
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 (see instructions)	2b	<b>✓</b>	-
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b		-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	- OD		-
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	-	1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
•	organization solicit any contributions that were not tax deductible as charitable contributions? .	6a	ļ	✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
7	gifts were not tax deductible?	6b		-
7 a	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	70~		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		-
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	, ,		1
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		-
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	_	ŀ	
Ω	organization, have excess business holdings at any time during the year?	8		<del> </del>
9 a	Sponsoring organizations maintaining donor advised funds.  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?	9a 9b		
10	Section 501(c)(7) organizations. Enter:	30	-	+
а	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 . 10b	1		
11	Section 501(c)(12) organizations. Enter:		1	
а	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?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year .			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>	<del> </del>	<del> </del>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<del> </del>	1
b	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which		•	

the organization is licensed to issue qualified health plans

Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

**c** Enter the amount of reserves on hand . . . .

14a

14b

13b

13c

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee ins		ons.
Section	on A. Governing Body and Management	• •	•	<u>√</u>
<del>occu,</del>	on A. doverning body and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . 1a 7			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			· !
b 2	Enter the number of voting members included in line 1a, above, who are independent  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?	•		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		<b>√</b>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<b>✓</b>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1
6	Did the organization have members or stockholders?	6	✓	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	✓	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	✓	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	✓	<u> </u>
р	Each committee with authority to act on behalf of the governing body?	8b	<b>√</b>	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<b>√</b>	
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	oae.) Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	1	-
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	<b>▼</b>	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	<del> </del>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b		<b>✓</b>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		✓
14 15	Did the organization have a written document retention and destruction policy?	14		<b>√</b>
а	The organization's CEO, Executive Director, or top management official	15a	1	
b	Other officers or key employees of the organization	15b	1	1
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
b	with a taxable entity during the year?	16a		<b>✓</b>
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		-
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed None  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501	(c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	of inte	rest p	oolicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	<del>)</del>	

orm	990	$(20^{\circ}$	12)	

Page 7

Part VII	Compensation of Officers, Dir	rectors, Trustees, K	Key Employees, Highest	Compensated Employees, ar	10
•	Independent Contractors				

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- 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 neither the organization no	r any relate	d orga	anız	atıo	n c	ompe	nsa	ited any curren	it officer, director	, or trustee
				_	<b>C)</b>					· .
(A) Name and Title	(B) Average hours per	box, i	unles	eck s pe	rson	than on the thick the thic	an	(D)  Reportable compensation	(E) Reportable	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Kevin Jett										
Trustee	0	✓						0	0	0
(2) Brad Shafer										
Trustee	0	✓						0	0	0
(3) Dave Bland	<u> </u>					}				
Trustee	0	<b>✓</b>						25,509	0	15,245
(4) Cecil Ferguson			ĺ	١,			1			
Warden	40		<u> </u>	✓	ļ		ļ	54,109	0	35,905
(5) Denver Abicht	ļ	ļ		١.						
Vice President	40	ļ	<u> </u>	✓	ļ		ļ	34,884	0	24,489
(6) Daniel Poling	ļ					ļ				
President	40		<u> </u>	1	_	1	<u> </u>	52,571	0	38,414
(7) Richard Hackney				١,						
Business Manager	60		-	1	-	-	-	92,230	0	55,547
(8)	<b></b>	-								
(9)										
(10)			-							
(11)										
(12)										· · · · · · · · · · · · · · · · · · ·
(13)								-		
(14)										

(A) Name and title		(B) Average hours per week (list any	officer and a director/t					an tee)	(D)  Reportable compensation from	(E) Reportable compensation fre		
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	compens	ation he ation ated
(15)							ā					
(16)												
(17)												
(18)												
(19)			_							_		
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1b c	Sub-total  Total from continuation sheets to Part	VII, Sectio	n A			ı	_	<b>&gt;</b>	259,303		0	169,600
d 2	Total (add lines 1b and 1c).  Total number of individuals (including bureportable compensation from the organization).			ose	list	ed	above	<b>▶</b> ∋) w	259,303 ho received m		0 ,000 of	169,600
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc	tor, c					emp	bloyee, or high	est compens		es No
4	For any individual listed on line 1a, is the organization and related organizations individual											7
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or indiv		
	on B. Independent Contractors											
1	Complete this table for your five highest compensation from the organization. Repyear											s tax
	(A) Name and business add	iress							(B) Description of s	ervices	(C) Compensation	on
					<del></del>							
				-				-				
2	Total number of independent contractor	ro (maludir										

Part	VIII							
		Check if Schedule O	contains a respo	nse to any quest	tion in this Part Vi	(B)	(C)	
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
s, Grants Amounts	1a b c	Federated campaigns Membership dues Fundraising events	1b	2,255,707				
Contributions, Gifts, Grants and Other Similar Amounts	d e f	Related organizations Government grants (con: All other contributions, gi	tributions) 1e fts, grants,	38,411				
	g h	and similar amounts not inc Noncash contributions includ <b>Total.</b> Add lines 1a–11	led in lines 1a-1f <sup>.</sup> \$	▶	2,294,118			
Program Service Revenue	2a b			Business Code		<u>-</u>	-	
am Service	c d e							
Progr	f g	All other program services and the services and the services and the services are services as a service and the services are services and the services are services as a service and the services are services are services as a service and the services are services are services as a service and the services are services are services are services are services as a service and the services are services are services are services as a service and the services are services		<b>•</b>				
	3	Investment income ( and other similar amo Income from investment	(including dividents)	<b>&gt;</b>	4,172			
	5 6a	Royalties	 (i) Real 55,000	(ii) Personal				
	b c d	Less rental expenses Rental income or (loss) Net rental income or ( Gross amount from sales of	55,000 loss) (i) Securities	<b>&gt;</b>	55,000		- <b>-</b> -	
	7a b	assets other than inventory Less: cost or other basis and sales expenses	() Goddinios	(ii) Other				
	c d	Gain or (loss) Net gain or (loss) .			-			
Other Revenue	8a	Gross income from fu events (not including \$ of contributions reported	ed on line 1c).					
Other	С	See Part IV, line 18 . Less: direct expenses Net income or (loss) fi Gross income from ga	b rom fundraising	events . ►			-	-
	b		· · · a					
	10a	Gross sales of in returns and allowance Less cost of goods s	iventory, less					
	c c	Net income or (loss) fi	rom sales of inve	L		-		
	11a b				-			
	d e	All other revenue  Total. Add lines 11a-		900099	21,200 21,200			

Statement of	

Sectio.	n 501(c)(3) and 501(c)(4) organizations must con	plete all columns. A	ll other organizatio	ns must complete co	olumn (A).
	Check if Schedule O contains a respon	se to any question i	in this Part IX		
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
•	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members  Compensation of current officers, directors,				
	trustees, and key employees	259,303			
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	598,716			
8	Pension plan accruals and contributions (include	0.00,7.10			
	section 401(k) and 403(b) employer contributions)	319,041			
9	Other employee benefits	263,995			
10	Payroll taxes	96,434	· <del>· · · · · · · · · · · · · · · · · · </del>		
11	Fees for services (non-employees)				
<b>a</b>	Management				
b	Legal	4,216		-	
C C	Accounting	70,905		ļ,	
d e	Lobbying			,	<u> </u>
f	Investment management fees			<del> </del>	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion .	5,370			
13	Office expenses	91,586			
14	Information technology				
15	Royalties				
16	Occupancy	105,361		<u> </u>	
17	Travel	31,299			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	2,335			
20	Interest	134	<del></del>		
21	Payments to affiliates	425,169		ļ	
22	Depreciation, depletion, and amortization	119,058	·		
23	Insurance	46,867	· · · · · · · · · · · · · · · · · · ·		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Repairs	5,165	······································		
b	Contributions	6,400			
С	Dues & Memberships/Local Union Expense	10,717			
d	Organizing/Auto	118,667			
	All other expenses	11,843		ļ	
25	Total functional expenses. Add lines 1 through 24e	2,592,581			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here following SOP 98-2 (ASC 958-720)				

orm 990 (201	2)			Pag	e 11
Part X	Balance Sheet				
•	Check if Schedule O contains a response to any question in this Part X	 	 		

	Check if Schedule O contains a response to any question in this Part X	(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	89,668	1	153,489
2	2 Savings and temporary cash investments	1,311,836	2	995,595
3	B Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	26,18
	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees  Complete Part II of Schedule L		5	-
	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	-
Assets	Notes and loans receivable, net		7	
₹   ₹	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10	Da Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 1,591,071			
	b Less: accumulated depreciation 10b 356,084	1,213,488	10c	1,234,987
1.	Investments—publicly traded securities	708,495	11	708,635
12	2 Investments—other securities See Part IV, line 11		12	
10	Investments-program-related See Part IV, line 11		13	
14	1 Intangible assets		14	
15			15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	3,323,487	16	3,118,889
17	· ' '		17	
18			18	
19	<u> </u>		19	
20	<b>_</b>		20	
2			21	
	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	-	22	
ž   2:	3 Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	parties, and other liabilities not included on lines 17-24). Complete Part X			
1	of Schedule D	30,315	25	30,364
26		30,315	26	30,364
Ses	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.			
27	7 Unrestricted net assets		27	
B 28	· · · · · · · · · · · · · · · · · · ·		28	
29	L.	·-·	29	
Net Assets of rund balances 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.	Organizations that do not follow SFAS 117 (ASC 958), check here ► ✓ and complete lines 30 through 34.			
2 30	Capital stock or trust principal, or current funds		30	
ğ   3.	Paid-in or capital surplus, or land, building, or equipment fund .		31	
₹   32	Retained earnings, endowment, accumulated income, or other funds .	3,293,172	32	3,088,525
	<u>L</u>	3,293,172	33	3,088,525
34	Total liabilities and net assets/fund balances	3,323,487	34	3,118,889

_	4	•
Page	ı	_

orm	990	(2012)

Part	XI Reconciliation of Net Assets						
<b>.</b>	Check if Schedule O contains a response to any question in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,3	74,490		
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,5	92,581		
3	Revenue less expenses. Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4		3,2	3,293,172		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8			13,444		
9	Other changes in net assets or fund balances (explain in Schedule O)	9					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	33, column (B))	10		3,0	88,525		
Part	XII Financial Statements and Reporting				_		
	Check if Schedule O contains a response to any question in this Part XII.			<del></del>	<u> </u>		
			<del></del>	Yes	No		
1	Accounting method used to prepare the Form 990:   Cash Accrual Other Modified Cash		_	*	1		
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O	plain	in	2	,		
				-	-ر الأ		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were com		2a	+	✓		
	reviewed on a separate basis, consolidated basis, or both:	olled (	or	-			
	Separate basis Consolidated basis Both consolidated and separate basis		,		1		
<b>h</b>	Were the organization's financial statements audited by an independent accountant?		. 2b	1	-		
D	If "Yes," check a box below to indicate whether the financial statements for the year were audited by an independent accountant?	ed on		+	+		
	separate basis, consolidated basis, or both:	,u 011	"	*	]		
	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			,	<b>'</b>		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	/ersia	ht	İ	-		
Ŭ	of the audit, review, or compilation of its financial statements and selection of an independent account			1			
	If the organization changed either its oversight process or selection process during the tax year, ex	plain		+			
	Schedule O	•		1	-1		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	ın 📗	1			
	the Single Audit Act and OMB Circular A-133?		3a		1		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	rgo ti	ne	T	1		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits	3b				
				QQ	0 (2012)		

### **SCHEDULE D** (Form 990)

**Supplemental Financial Statements** 

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Inspection

vame o	the organization	Employer Identification number
nterna	ntional Union of Painters & Allied Trades D.C. 53	02-0533725
Par	t I Organizations Maintaining Donor Advised Funds or Other Similar Fun	ds 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 h	ald in donor advised
5	funds are the organization's property, subject to the organization's exclusive legal control	-10
6	Did the organization inform all grantees, donors, and donor advisors in writing that grantees	
U	only for charitable purposes and not for the benefit of the donor or donor advisor, or f	
		* *
Dave		Yes No
Par	· · · · · · · · · · · · · · · · · · ·	to Form 990, Part IV, line 7
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	- · ·
	<u> </u>	f a certified historic structure
_	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution	on in the form of a conservation
	easement on the last day of the tax year	
		Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	
С	Number of conservation easements on a certified historic structure included in (a)	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not	
	historic structure listed in the National Register	L== 1 .
3	Number of conservation easements modified, transferred, released, extinguished, or terr	minated by the organization during the
	tax year ►	
4	Number of states where property subject to conservation easement is located >	
5	Does the organization have a written policy regarding the periodic monitoring, ins	·
_	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation	easements during the year
_	<b>-</b>	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation ease	ements during the year
_	<b>&gt;</b> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements	, , , , ,
	(i) and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue	
	balance sheet, and include, if applicable, the text of the footnote to the organization's fir	nancial statements that describes the
	organization's accounting for conservation easements	
Part		Other Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its	
	works of art, historical treasures, or other similar assets held for public exhibition, ed	
	public service, provide, in Part XIII, the text of the footnote to its financial statements that	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its	
	works of art, historical treasures, or other similar assets held for public exhibition, ed	ducation, 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	<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X	<b>&gt;</b> \$
2	If the organization received or held works of art, historical treasures, or other similar	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these i	tems:
а	Revenues included in Form 990, Part VIII, line 1	<b>&gt;</b> \$
ь	Assets included in Form 990, Part X	• \$

Part	Organizations Maintaining	Collections of	Art, His	torical T	reasures,	or Ot	ther Similar A	ssets (co	ontinued)
. 3	Using the organization's acquisition, collection items (check all that apply)	accession, and c							
а	☐ Public exhibition		d	☐ Loan	or exchang	e prog	rams		
b	☐ Scholarly research								
С	☐ Preservation for future generation	s							
4	Provide a description of the organiza XIII		and expla	ain how ti	ney further	the org	ganization's exe	mpt purp	ose in Part
5	During the year, did the organization assets to be sold to raise funds rathe								es 🗌 No
Part	IV Escrow and Custodial Arra								
	line 9, or reported an amoun				amzanom e			0	, ι αιτιν,
1a	Is the organization an agent, trustee included on Form 990, Part X?	, custodian or ot	her intern	nediary fo	or contributi	ions oi	r other assets r		es □ No
b	If "Yes," explain the arrangement in F							Amount	
С	Beginning balance					10			
d	Additions during the year			•		10	<del></del>		-
е	Distributions during the year					16			
f	Ending balance					11			
2a	Did the organization include an amou			212				Пү	es 🗌 No
b	If "Yes," explain the arrangement in F				n has been	provid	ed in Part XIII	. – .	
	t V Endowment Funds. Comp								<u></u>
		(a) Current year	<b>(b)</b> Pri	or year	(c) Two years	s back	(d) Three years ba	ck (e) Fou	r years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships .								
е	Other expenditures for facilities and programs		,			•			
f	Administrative expenses								
g	End of year balance			-					
2	Provide the estimated percentage of			e (line 1g	, column (a)	)) held	as:		
а	Board designated or quasi-endowme	nt ▶	%						
b	Permanent endowment ▶	%							
С	Temporarily restricted endowment ▶								
	The percentages in lines 2a, 2b, and								
3a	Are there endowment funds not in the	e possession of t	the organi	zation tha	at are held a	and ad	lmınıstered for t	he	
	organization by.								Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations.							3a(ii)	
þ	If "Yes" to 3a(II), are the related organ							_3b	
4	Describe in Part XIII the intended use								
Part	VI Land, Buildings, and Equip	<b>oment.</b> See Fori	m 990, P	art X, line	e 10.				
	Description of property	(a) Cost or o		, ,	r other basis ther)		Accumulated epreciation	(d) Boo	ok value
1a	Land				84,000				84,000
b	Buildings				967,264		83,625		883,639
С	Leasehold improvements .				158,840		48,315		110,525
d	Equipment				148,019		83,412	_	64,607
е	Other				232,948		140,732		92,216
Total	Add lines 1a through 1e. (Column (d) i	nust equal Form (	OON Part	Y column	(R) line 10	(0) 1			1 224 007

Part VII	Investments - Other Securities	. See Form 990, Part X, I	ine 12.	
. (	Description of security or category     (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year m	
(1) Financia	al derivatives			
	held equity interests			
(3) Other				<del></del>
(A)				
(B)				
(C)				
(D)				
(E) (F)	·			
(G)				
(H)				
<del>(1)</del>				·
	(b) must equal Form 990, Part X, col (B) line 12)			<del> </del>
Part VIII	Investments—Program Related	I. See Form 990 Part X	ine 13	
T GIT VIII	(a) Description of investment type	(b) Book value	(c) Method of va	luation
	(a) Decomplies of investment type	(b) Book value	Cost or end-of-year m	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	(b) must equal Form 990, Part X. col (B) line 13)	1 2 1 15		
Part IX	Other Assets. See Form 990, Pa			(b) Book value
	(	a) Description		(b) Book value
(1)	<del></del>		<del></del>	
(2)				
(3)		<del></del>		
<u>(4)</u> (5)				
(6)	· · · · · · · · · · · · · · · · · · ·			
(7)				
(8)				
(9)				
(10)		······································		
	umn (b) must equal Form 990, Part X, c	ol (B) line 15.) .		
Part X	Other Liabilities. See Form 990.	Part X, line 25.		
1.	(a) Description of liability	(b) Book value		
(1) Federa	Il income taxes			
	le to Affiliates	3,287		
	ax Payable	102		
	Payable	6,435	4	
	Payable	30		
	Unemployment Payable	326		
141	Withholdings Payable	8,344	1	
	Liabilities	11,840	4	
(9)			4	
(10)			-	
(11)	All must organi Form 000 Part V and Inthese 05 to		-	
	(b) must equal Form 990, Part X, col. (B) line 25 ) SC 740) Footnote. In Part XIII, provide the	30,364		t ronarte the organization!
	uncertain tax positions under FIN 48 (ASC 1			

Part	XI Reconciliation of Revenue per Audited Financial Stateme	ents \	With Revenue per	Return	
1	Total revenue, gains, and other support per audited financial statements			1	2,374,490
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b		1	
С	Recoveries of prior year grants	2c		1	
d	Other (Describe in Part XIII.)	2d		1	
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	2,374,490
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1			2,0,4,400
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b		1	
C	Add lines <b>4a</b> and <b>4b</b>			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)		5	2,374,490
Part					2,374,430
1	Total expenses and losses per audited financial statements			1	2,592,581
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				2,002,00
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b		1	
c	Other losses	2c		1	
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	•		3	2,592,581
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1	· · ·		2,392,361
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		h	
b	Other (Describe in Part XIII.)	4b			
C	Add lines 4a and 4b	70		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	18)		5	2 502 504
Part		10.)	· · · · · · · · · · · · · · · · · · ·	<u> </u>	2,592,581
Part V	lete this part to provide the descriptions required for Part II, lines 3, 5, and , line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b ation.				

orm 990) 2012	Page <b>5</b>
Supplemental Information (continued)	
	·
	••••••
	Supplemental Information (continued)

### SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Transactions With Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open To Public

Name of the organization

Employer identification number

	onal Union of Painte	ers & Allied Trac	ies D.C. 53							02-0	)53372	25		
Part I	Excess Bene Complete if the	fit Transaction	ns (section 501 answered "Ye	(c)(3)	and sect	ion 501(c)(4	4) org	anizations only). Sa or 25b, or Foi	m qq	0-F7	Part \	V line	40h	
			(b) Relationship be				116 20	0 255, 0 1 0		J-LZ,	rant	v, III IE	(d) Con	ected?
1	(a) Name of disqualified	person		organiz		person and		(c) Description	n of trar	nsaction	1		Yes	No
(1)						·								
(2)	-													
(3)														
(4)	<u> </u>													
(5)														
(6)		- 6 1	1 1 11				L.,	<del></del>						
	Enter the amount under section 4958		by the organ	nizatio	on manag	gers or dis	qualif	ied persons du	ring ti	ne ye:	ar			
			· · · ·	· ·		 		•			\$			
3	Enter the amount o	i tax, ii any, on	iiile 2, above,	reimic	oursea by	r the organi	izatioi	n		. •	▶ \$	·——		
Part I	Loans to and	or From Inter	ested Person	S.									-	
	Complete if the	ne organization	answered "Ye	s" on	Form 99	0-EZ, Part	V, line	38a or Form 99	90, Pa	rt IV, I	line 2	6; or i	f the	
	organization re	eported an amo	ount on Form 9	990, P	Part X, line	e 5, 6, or 2	2							
(a) Nam	ne of interested person	(b) Relationship	(c) Purpose of	(d) L	oan to or	(e) Origin	nai	(f) Balance due	(n) In c	default?	(h) An	proved	m w	ntten
` .	·	with organization	loan	fre	om the	principal an		(,, ===================================	(3)	2010011	by bo	ard or	agree	
				orga	inization?					,	comm	nittee?		
				То	From				Yes	No	Yes	No	Yes	No
(1)				ļ					-					
(2)					<del></del>				ļ					
(3) (4)														
(5)					-									
(6)	· · · · · · · · · · · · · · · · · · ·				<del> </del>							-		
(7)					<del> </del>				+					
(8)									1					
(9)														
(10)														
Total							. ▶	\$	Ĺ					
Part II		sistance Benet ne organization				0, Part IV, I	ine 27	7				·		
(a) Na	ame of interested persor		ship between inter		(c) Amount	of assistance	(	(d) Type of assistance	e	(e)	Purpo	se of a	ssistan	се
(1)											-			
(2)														
(3)														
(4)														
_(5)														
(6)										<u> </u>				
(7)							ļ						_	
(8)													_	
(9)		.					ļ							
(10)							L							

	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sh organi reve	nues
				Yes	+
Richard Hackney	Common Boards		Rental Property		,
Daniel Poling	Common Boards		Rental Property		+
Denver Abicht	Common Boards	55,000	Rental Property		١,
				-	╁
<del></del>					╁
	<del></del>	·		+	╁
				+	t
					$^{\dagger}$
					T
V Supplemental Information				<u> </u>	
			·		

### **SCHEDULE 0** (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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.

Open to Public Inspection

International Union of Painters & Allied Trades D.C. 53	02-0533725
Part VI 6 The organization has members.	
Part VI 7a 7b - Officers are elected every three years by its members.	
Part VI 11b The Form 990 is given to the Business Manager for review.	
Part VI 15a. & 15b The By-Laws state that the Business Manager/Secretary Treasurer shall receive w	vages and fringe benefits no greater
than the highest negotiated wage and benefit package in any District Council collective bargain	ing agreement. He/She shall also be
paid expenses as deemed necessary for the performance of their duties.	
The President, Vice President and Warden shall receive \$30 per District Council meeting attended	ed. If any such officer is a full time
employee of the District Council then they shall serve pro bono	
Each of the Trustees shall receive \$100 each time the quarterly audit's review is completed and	reported to the District Council
Delegates. Trustees shall also receive reasonable travel expenses to be set by the District Cour	ncil Business Manager/Secretary
Treasurer.	
Part VI 19 The organization makes its governing documents and financial statements available to the	e public upon request through its
Business Manager. The organization does not have a formal conflict of interest policy	·····
Part XII 1 The organization uses the modified cash basis of accounting, which is a comprehensive be	pasis of accounting other than
generally accepted accounting principles. The revenue and other income are recognized when	received rather than when earned,
expenses are recognized when paid rather than when incurred. Depreciation expense is being r	ecognized on a straight-line basis
over the estimated useful lives of depreciable assets, and liabilities are being recognized for un	remitted employee FICA, tax and
related payroll withholdings.	
	······

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization	Employer identification number
International Union of Painters & Allied Trades D.C. 53	02-0533725
•	
•••	
•	•••••
•••••••••••••••••••••••••••••••••••••••	
	••••••
	***************************************
***************************************	
•	
***************************************	

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

International Union of Painters & Allied Trades D.C. 53

Part I

Related Organizations and Unrelated Partnerships

► See separate instructions. ► Attach to Form 990.

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

1545-0047	(
å	(
ш	(
õ	

Open to Public Inspection 2012

**Employer identification number** 

02-0533725

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity		(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(6)		!				
(4)						
(5)						
(9)						
Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	is (Complete if the the tax year.)	organization ar	swered "Yes" to	Form 990, Part	IV, line 34 beca	luse it had
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(9) Section 512(b)(13) controlled entity?
						Yes No
(1) Int'l Union of Painters & Allied Trades D.C. 53 JATC 1010 Lewis Street, Charleston, WV 25301 30-0079868 Appr	Apprenticeship Prgm WV	Λ	501(c)(3)		9 N/A	>
(2) International Union of Painters & Allied Trades 7234 Parkway Drive, Hanover, MD 21076 35-0198600 Intern		MD	501(c)(5)	N	N/A N/A	<b>&gt;</b>
(4)						
(5)						
(9)				3-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		
(2)						
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat	Cat No 50135Y		Schedule	Schedule R (Form 990) 201

Page 2

Schedule R (Form 990) 2012

because it had on	because it had one or more related organizations t	ganizations		artnership	during the	tax year.)			reated as a partnership during the tax year.)			•
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under		(f) Share of total Sincome	(g) Share of end-of- year assets	(h) Disproportionate	() Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		(f) General or managing partner?	(k) Percentage ownership
								Yes No	0	Yes	No	
(1)	T. V.									!		
(2)												
(3)												
(4)		ì										
(5)												
(9)												
(7)												
Part IV Identification of Figure 14	<b>Identification of Related Organizations Taxable as a Corporation or Trust</b> (Complete if the organization are line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	ons Taxable lated organiz	as a Corpora	as a corp	rust (Comp	lete if the rust during	organization organization organization	on answe ear.)	as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, ations treated as a corporation or trust during the tax year.)	orm 95	90, Par	t IV,
(a) Name, address, and EIN of related organization	ed organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)		(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		(i) Section 512(b)(13) controlled entity?
											Yes	s No
(1)												
(2)		,										
(6)												
(4)												
(5)												
(9)												
(7)												
				_			<u>.</u>		Ğ	chedule	R (Forn	Schedule R (Form 990) 2012

Page 3

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.) Schedule R (Form 990) 2012

Part V Transactic

Note. Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule				Yes	ŝ
1 During the tax year, did the organization engage in any of the following transactions with	following transactions with one or more related organizations listed in Parts II-IV?	anizations listed in Part	is II–IV?		` ~
o Consist of (i) interest (ii) annuities (iii) revelties or (iv) real from a controlled entity			-	,	,
			-	, ,	
c Gift, grant, or capital contribution from related organization(s)				0	>
<b>d</b> Loans or loan guarantees to or for related organization(s)			<u>PF</u>		>
e I pans or loan guarantees by related organization(s)		•		3	,
			·		
6 Dividends from related execution(s)			-		,
Dividerius ironi related organization(s)	• • • • • • • • • • • • • • • • • • • •		-   · · · ·		
g Sale of assets to related organization(s)		•		<b>&gt;</b>	
h Purchase of assets from related organization(s)				<u>،</u>	<b>、</b>
i Exchange of assets with related organization(s)				<u> </u>	>
j Lease of facilities, equipment, or other assets to related organization(s)				) \	
k Lease of facilities, equipment, or other assets from related organization(s)	•			<b>^</b>	<b>\</b>
I Performance of services or membership or fundraising solicitations for related organization(s)	ation(s)				>
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)	ation(s)			٠ د	>
	(5)	•	<b>-</b>	>	<b>\</b>
		•			
o snaring of paid employees with related organization(s) .			<u>-</u>	<b>&gt;</b>	
					,
<b>p</b> Heimbursement paid to related organization(s) for expenses			<u>-</u>	,	
q Reimbursement paid by related organization(s) for expenses				>	
r Other transfer of cash or property to related organization(s)	•			_ _	<b>\</b>
s Other transfer of cash or property from related 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.	must complete this line, inc	luding covered relation	nships and transaction t	hresholds.	ا م
	3	3	(6)		
(af) Name of other organization	Transaction type (a–s)	Amount involved	Nethod of determining amount involved	ount involved	ъ
(1) International Union of Painters & Alled Trades D.C. 53. IATC		925,000	55.000 FMV Received		
(2) International Union of Painters & Allied Trades D.C. 53 JATC	0	32,989	32,989 FMV Received		
(3) International Union of Painters & Allied Trades D.C. 53 JATC	ь	12,061	12,061 FMV Received		
(4) International Union of Painters & Allied Trades	b	5,184	5,184 FMV Received		
(5)					
·					
(9)			Schedule R (Form 990) 2012	orm 990) 20	012

# Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.) Part VI

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

			2		-	ł		1		
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile	(d) Predominant	(e) Are all partners	(f) Share of	(g) Share of	(h) Disproportionate			(k) Percentage
		(state or foreign country)	income (related, unrelated, excluded	section 501(c)(3)	total income		allocations?	ᅙᇘ	managing partner?	ownership
			from tax under	organizations?			-	(Form 1065)		
			300000000000000000000000000000000000000	Yes No			Yes No		Yes No	
(1)										
(2)										
(3)										
(4)										
(5)										
(9)										
(7)										
(8)										
(6)										
(10)										
(11)										
(12)										
(13)										
(14)									-	
(15)										
(16)				-						
								Sche	Schedule R (Form 990) 2012	n 990) 2012

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

# Form **8868**

(Rev January 2013)

Department of the Treasury internal Revenue Service

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

▶ File a separate application for each return.

OMB No 1545-1709

• If you a	are filing for an Automatic 3-Month Extension	n, complete o	niy Part I and	check this box .			. ▶ 🗸
	are filing for an Additional (Not Automatic) 3		•	• • •			
Do not e	complete Part II unless you have already be	en granted an a	utomatic 3-mo	onth extension on a prev	ously file	ed Form 8	3868.
a corpoi 8868 to Return	nic filing (e-file). You can electronically file For ration required to file Form 990-T), or an addi- request an extension of time to file any of to for Transfers Associated With Certain Pers- ions) For more details on the electronic filing	tional (not auto he forms listed onal Benefit C	matic) 3-month in Part I or Pa ontracts, whic	n extension of time. You art II with the exception in must be sent to the	of Form IRS in	tronically 8870, In paper fo	file Form formation rmat (see
Part I	Automatic 3-Month Extension of T	ime. Only sub	mit original (r	no copies needed).			
A corpo	oration required to file Form 990-T and re				this box	and cor	nplete
Part I or	nly						. ▶ 🗆
All other	r corporations (including 1120-C filers), partne	erships, REMIC	s, and trusts n	nust use Form 7004 to r	equest a	n extensi	on of time
to file in	come tax returns.						
				Enter filer's identify			structions
Type or	Name of exempt organization or other filer, s	ee instructions		Employer identificat	on numbe	er (EIN) or	
print	International Union of Painters and Allied				2-053372	5	
File by the	Number, street, and room or suite no. If a P	O. box, see instru	uctions	Social security numi	per (SSN)		
due date f							
return Se	n See Oity, town or post office, state, and an order of a foreign address. See instructions						
Instructions Charleston, WV 25301							
Enter th	e Return code for the return that this applicat	ion is for (file a	separate appli	cation for each return)			0 1
Applic		Return	Application			FDV//OF	
Is For	auon	Code	Is For	INTERNAL REVE	SCISTA	EKVIUE	Code
Is For         Code         Is For         W & I - FIELD ASSISTANCE         Code           Form 990 or Form 990-EZ         01         Form 990-T (corporation RLESTON, V 25301)         07							
Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 MAY 0 9 2013 09							
	990-PF	04	Form 5227	WITH U	2013		_ 10
	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	PROOF OF DEL	WER	ONL	Y 11
	990-T (trust other than above)	06	Form 8870	THIS IS NOT AN OF			
	,			2140			
• The b	ooks are in the care of Mr Daniel Poling, B	usiness Manage	er				
Telep	hone No. ► 304-343-8250	F	AX No. ▶	304-343-8260			
	organization does not have an office or place						
	is for a Group Return, enter the organization'	_	•	· · · · <del></del>		If this	
	- ·		t of the group,	check this box .	. ▶ [	and atta	ach
	th the names and EINs of all members the ex						
	I request an automatic 3-month (6 months for	•		•		<b>-</b>	
	until August 15 , 20 13 , to file the	exempt organi	zation return to	or the organization name	d above.	i ne exte	nsion is
	for the organization's return for.						
	► ☑ calendar year 20 12 or						
	► T tay year beginning	20	and an	idina		20	
2	► ☐ tax year beginning  If the tax year entered in line 1 is for less than    The tax year entered in line 1 is for less than the tax year entered in line 1 is for less than the tax year.    The tax year beginning   The tax year beginning	12 months, ch	ock reason:	Initial return	return	, 20	
	Change in accounting period	12 1110111115, C11	eck reason _	Jiiilliai Tetuiii i iilai	return		
	If this application is for Form 990-BL, 990-PF	990-T 4720	or 6069 enter	the tentative tax, less a	nv l	Γ	
	nonrefundable credits. See instructions.	, 000 1, 1120,	or coco, cinci	the territarive tax, rece a	3a	s	N/A
	If this application is for Form 990-PF, 990	)-T. 4720. or f	3069, enter an	v refundable credits a		<u> </u>	N/A
	estimated tax payments made Include any p		·	•	3b	s	N/A
	Balance due. Subtract line 3b from line 3a. li						
	EFTPS (Electronic Federal Tax Payment Syst			, , , , , , , , , , , , , , , , , , , ,	3c	\$	N/A
Caution	. If you are going to make an electronic fund withd	rawal with this Fo	orm 8868, see Fo	orm 8453-EO and Form 887		payment in	