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Form **990-EZ****Short Form
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2012**Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceUnder 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.**

A For the 2012 calendar year, or tax year beginning , 2012, and ending , 20**B** Check if applicable

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ 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

81 NEW FREDERICK STREET

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

WILKES-BARRE, PA 18702

D Employer identification number

23-2791719

E Telephone number

570-824-0290

F Group Exemption
Number ►**G** Accounting Method ☒ Cash ☐ Accrual Other (specify) ►**H** Check ☒ if the organization is not
required to attach Schedule B**I** Website: ►**J** Tax-exempt status
(check only one)

501(c)(3)

☒ 501(c)(6)

(insert no)

4947(a)(1) or

527

(Form 990, 990-EZ, or 990-PF)

K Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though 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. \$ 53,972.00

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. ☒

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	53,338.00
	4	Investment income	4	634.00
	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	0.00
	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 exceeds \$15,000)	6b	
6c	Less direct expenses from 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	0.00	
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	0.00	
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	53,972.00	
Expenses	10	Grants and similar amounts paid (list in Schedule O) SEE SCHEDULE O	10	38,755.00
	11	Benefits paid to or for members	11	100.00
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	1,330.00
	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	52,493.00
	17	Total expenses. Add lines 10 through 16	17	92,678.00
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-38,706.00
	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	154,904.00
	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	116,198.00

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2012)

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Check if the organization used Schedule O to respond to any question in this Part II ☐

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

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

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

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

JSA
2E1009 1 000

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant 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 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	X
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
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.00		
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 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 0.00	
b Gross receipts, included on line 9, for public use of club facilities	39b 0.00	
40 a 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 ▶ 0.00		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0.00		
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		
42 a 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)? 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	42b	X
c At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country ▶	42c	X
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		
44 a 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	
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
45 b 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)	45b	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** ☐ Yes ☒ No

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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 ☐

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II. **47** ☐ Yes ☒ No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. **48** ☐ Yes ☒ No

49a Did the organization make any transfers to an exempt non-charitable related organization? **49a** ☐ Yes ☒ No

b If "Yes," was the related organization a section 527 organization? **49b** ☐ Yes ☒ No

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 title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

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

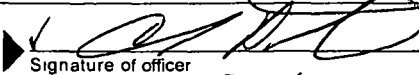
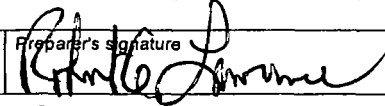
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(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 each receiving over \$100,000 **d**

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 5-9-13	
	Type or print name and title Carl Postupak Sec Treas			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature 	Date 5/3/13	Check ☐ if self-employed PTIN P00865583
	Firm's name	LAWRENCE, CABLE AND COMPANY, LLP		Firm's EIN 23-3029410
	Firm's address	106 SOUTH MAIN STREET		Phone no
	WILKES-BARRE, PA 18701		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

2012

**Open to Public
Inspection**

Name of the organization

PAINTING AND DECORATING CONTRACTORS

Employer identification number

23-2791719P

PART I. QUESTION 10:

GRANTS AND ALLOCATIONS:

CLASSIFICATION	DONEE'S NAME	ADDRESS	RELATIONSHIP	AMOUNT
CHARITABLE	AMERICAN CANCER SOCIETY	RT 422 & SIPE AVE.	NONE	\$1,100
		HERSHEY PA 17033		
CHARITABLE	AMERICAN LEGION	45 N. RIVER ST.	NONE	1,000
		WILKES-BARRE PA 18702		
CHARITABLE	AMERICAN RED CROSS	165 SUSQUEHANNA BLVD.	NONE	500
		WEST HAZLETON PA 18202		
CHARITABLE	BACK MOUNTAIN LIBRARY	96 HUNTSVILLE ROAD	NONE	200
		DALLAS PA 18612		
CHARITABLE	BOY SCOUT TROOP 146	1 BOB MELLOW DRIVE	NONE	1,100
		MOOSIC PA 18507		
CHARITABLE	BOY SCOUTS NEPA COUNCIL	1 BOB MELLOW DRIVE	NONE	450
		MOOSIC PA 18507		
CHARITABLE	CATHOLIC SOCIAL SERVICES	33 E NORTHAMPTON ST	NONE	1,000
		WILKES-BARRE PA 18701		
CHARITABLE	CHILDREN'S SERVICE CENTER	335 S FRANKLIN ST	NONE	650
		WILKES-BARRE PA 18702		
CHARITABLE	COMM SERVICES FOR SIGHT	1201 N CHURCH ST	NONE	1,000
		HAZLETON PA 18202		
CHARITABLE	CATHOLIC YOUTH CENTER	36 S WASHINGTON ST	NONE	1,500
		WILKES-BARRE PA 18701		
CHARITABLE	DRAGONFLY FOREST, INC.	1100 E HECTOR ST STE 333	NONE	500
		CONSHOHOCKEN PA 19472		

Name of the organization

Employer identification number

PAINTING AND DECORATING CONTRACTORS

23-2791719

PART I, QUESTION 10:

GRANTS AND ALLOCATIONS (continued):

CLASSIFICATION	DONEE'S NAME	ADDRESS	RELATIONSHIP	AMOUNT
CHARITABLE	PHILADELPHIA CORP FOR AGING	642 N BROAD ST	NONE	1,000
		PHILADELPHIA PA 19130		
CHARITABLE	FREELAND YMCA	600 FRONT STREET	NONE	500
		FREELAND PA 18224		
CHARITABLE	GRACE CHAPEL GUILD	3279 SOUTHAIR RD	NONE	5,000
		FRANKLIN TN 37064		
CHARITABLE	HAZLETON PUBLIC LIBRARY	55 N CHURCH ST	NONE	500
		HAZLETON PA 18201		
CHARITABLE	HELPING HANDS FOR DISABLED	3804 AVENUE B	NONE	500
	CHILDREN	AUSTIN TX 78751		
CHARITABLE	KIRBY HEALTH CENTER	71 N FRANKLIN ST	NONE	1,000
		WILKES-BARRE PA 18701		
CHARITABLE	LADY OF HOPE	40 PARK AVENUE	NONE	1,500
		WILKES-BARRE PA 18702		
CHARITABLE	MAKE A WISH FOUNDATION	1327 PITTSTON AVE	NONE	1,000
		SCRANTON PA 18505		
CHARITABLE	OPERATION HOMEFRONT	8930 FOURWINDS DR	NONE	200
		SAN ANTONIO TX 78239		
CHARITABLE	PENN STATE THON	210 HUB	NONE	1,000
		UNIVERSITY PARK PA 16802		
CHARITABLE	ROBERT FRIEDMAN	3913 OLD LEE HWY	NONE	230
	SCHOLARSHIP FUND	FAIRFAX VA 22030		
CHARITABLE	ROCKLAND CO LACROSSE	2 TOWNSEND AVE	NONE	275
	LEAGUE	UPPER GRANDVIEW NY 10960		

Name of the organization

Employer identification number

PAINTING AND DECORATING CONTRACTORS

23-2791719

PART I, QUESTION 10:

GRANTS AND ALLOCATIONS (continued):

CLASSIFICATION	DONEE'S NAME	ADDRESS	RELATIONSHIP	AMOUNT
CHARITABLE	RONALD MCDONALD HOUSE	PO BOX 300 DANVILLE PA 17821	NONE	1,000
CHARITABLE	SALVATION ARMY	615 SLATERS LANE ALEXANDRIA VA 22313	NONE	1,000
CHARITABLE	SALVATION ARMY	115 W BROAD ST HAZLETON PA 18201	NONE	500
CHARITABLE	SISTERS OF ST. CYRIL & METHODIUS	580 RAILROAD ST DANVILLE PA 17821	NONE	500
CHARITABLE	SERENTO GARDENS	145 W BROAD ST HAZLETON PA 18201	NONE	500
CHARITABLE	SS CYRIL & METHODIUS YOUTH GROUP	580 RAILROAD ST DANVILLE PA 17821	NONE	500
CHARITABLE	ST. MARY'S ANTIOCHIAN ORTHODOX CHURCH	905 S MAIN ST WILKES-BARRE PA 18702	NONE	1,000
CHARITABLE	ST. MARY'S CHURCH	695 N MAIN ST WILKES-BARRE PA 18702	NONE	5,000
CHARITABLE	ST. NICHOLAS PARISH	226 S WASHINGTON ST WILKES-BARRE PA 18702	NONE	5,000
CHARITABLE	ST. VINCENT DE PAUL KITCHEN	39 E JACKSON ST WILKES-BARRE PA 18702	NONE	500
CHARITABLE	UNITED WAY OF WYOMING VALLEY	8 W MARKET ST WILKES-BARRE PA 18711	NONE	300
CHARITABLE	WVW FIELD HOCKEY	450 N MAPLE AVE KINGSTON PA 18704	NONE	250

Name of the organization

Employer identification number

PAINTING AND DECORATING CONTRACTORS

23-2791719

PART I, QUESTION 10:

GRANTS AND ALLOCATIONS (continued):

CLASSIFICATION	DONEE'S NAME	ADDRESS	RELATIONSHIP	AMOUNT
CHARITABLE	MEALS ON WHEELS	190 S SPRAGUE AVE	NONE	1,000
		KINGSTON PA 18704		
TOTAL				38,755

PART I, QUESTION 16:

OTHER EXPENSES:

CHARITABLE PROJECTS	14,530
MEMBER EVENTS	16,026
CONFERENCES, CONVENTIONS, MEETINGS	14,956
OFFICE EXPENSE	4,636
DUES	2,345
TOTAL OTHER EXPENSES:	52,493

PART III, STATEMENT OF ORGANIZATION'S 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 NONPROFIT ORGANIZATIONS IN NORTHEASTERN PENNSYLVANIA.