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Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ **Do not enter Social Security numbers on this form as it may be made public.**

▶ **Information about Form 990-EZ and its instructions is at *www.irs.gov/form990.***

OMB No 1545-1150

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning , 2013, 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 province, country, and ZIP or foreign postal code
WILKES-BARRE, PA 18702

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 Form of organization [ ] Corporation [ ] Trust [X] Association [ ] Other

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, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ $ 43,416.00

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 . . . . . [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	43,213.00
	4	Investment income	4	203.00
	5a	Gross amount from sale of assets other than inventory 5a		
	b	Less cost or other basis and sales expenses 5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0.00
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than $15,000) 6a		
	b	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		
	c	Less direct expenses from gaming and fundraising events 6c		
	d	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		
	b	Less cost of goods sold 7b		
	c	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	43,416.00
Expenses	10	Grants and similar amounts paid (list in Schedule O) SEE SCHEDULE O	10	27,500.00
	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	1,340.00
	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	66,502.00
	17	**Total expenses.** Add lines 10 through 16 ▶	17	95,442.00
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-52,026.00
	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	116,198.00
	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	64,172.00

For Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2013)

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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	116,198.00	22	64,172.00
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	116,198.00	25	64,172.00
26	**Total liabilities** (describe in Schedule O)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	116,198.00	27	64,172.00

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

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

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

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

28	TRAINING AND INSTRUCTIONAL SEMINARS FOR AREA PAINTERS AND DECORATORS.		
	(Grants $) If this amount includes foreign grants, check here . . . . . ▶ ☐	28a	11,326.00
29	DONATIONS TO LOCAL CHARITIES.		
	(Grants $) If this amount includes foreign grants, check here . . . . . ▶ ☐	29a	27,500.00
30	FUNDING OF CHARITABLE PAINTING RPOJECTS IN NORTHEASTERN PENNSYLVANIA		
	(Grants $) If this amount includes foreign grants, check here . . . . . ▶ ☐	30a	34,520.00
31	Other program services (describe in Schedule O)		
	(Grants $) If this amount includes foreign grants, check here . . . . . ▶ ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	73,346.00

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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JOSEPH DOTZEL 121 WATER ST., WILKES-BARRE PA 18702	PRESIDENT AS REQ	0.00	0.00	0.00
CARL POSTUPAK, SR. 81 NEW FREDERICK ST., WILKES-BARRE PA 18702	SEC/TREAS AS REQ	0.00	0.00	4,000.00
RUDY GEORGETTI 81 NEW FREDERICK ST , WILKES-BARRE PA 18702	VICE PRESIDENT AS REQ	0.00	0.00	0.00

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 ST., 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			
			Yes	No
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

			Yes	No
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 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 ☐

			Yes	No
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		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 title of each employee	(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 . . . . . ▶

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 business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each 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: 5-8-14

▶ Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
ROBERT G. LAWRENCE	Robert G. Lawrence	5/7/14		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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

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	ALL SAINTS EPISCOPAL CHURCH	310 ELM AVENUE HERSHEY, PA	NONE	$ 500
CHARITABLE	CATHOLIC SOCIAL SERVICES	33 E. NORTHAMPTON ST. WILKES-BARRE PA 18701	NONE	1,000
CHARITABLE	CHURCH OF HOLY ANGELS	180 S. RUSSELL AVE. AURORA IL 60506	NONE	4,000
CHARITABLE	CROSS CREEK COMMUNITY CHURCH	370 CARVERTON ROAD TRUCKSVILLE PA 18708	NONE	500
CHARITABLE	HEAD START	PO BOX 540 WILKES-BARRE PA 18703	NONE	3,000
CHARITABLE	HELPING HANDS FOR DISABLED CHILDREN	3804 AVENUE B AUSTIN TX 78751	NONE	1,000
CHARITABLE	MERCY CENTER DALLAS	199 LAKE STREET DALLAS PA 18612	NONE	500
CHARITABLE	NEPA BOY SCOUTS	1 BOB MELLOW DRIVE MOOSIC PA 18507	NONE	300
CHARITABLE	OUR LADY OF HOPE	40 PARK AVENUE WILKES-BARRE PA 18702	NONE	3,500
CHARITABLE	QUEEN OF THE APOSTLES CHURCH	715 HAWTHORNE STREET AVOCA PA 18641	NONE	2,500
CHARITABLE	ROBERT FRIEDMAN SCHOLARSHIP FUND	3913 OLD LEE HWY FAIRFAX VA 22030	NONE	600

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	RONALD MCDONALD HOUSE	PO BOX 300	NONE	1,000
		DANVILLE PA 17821		
CHARITABLE	SALVATION ARMY	115 W. BROAD ST.	NONE	500
		HAZLETON PA 18201		
CHARITABLE	SS CYRIL & METHODIUS	580 RAILROAD ST	NONE	500
	YOUTH GROUP	DANVILLE PA 17821		
CHARITABLE	ST. JOHN'S CHURCH	410 S. RIVER ST.	NONE	5,000
		WILKES-BARRE PA 18702		
CHARITABLE	STOLZFUS SCHOLARSHIP	1200 PARK ROAD	NONE	100
	FUND	HARRISONBURG VA 22802		
CHARITABLE	TOYS FOR TOTS	18251 QUANTICO GATEWAY DR	NONE	500
		TRIANGLE VA 22172-1776		
CHARITABLE	TROOP 281	DALLAS, PA 18612	NONE	500
	BOY SCOUTS			
CHARITABLE	WILKES UNIVERSITY	84 W SOUTH ST	NONE	1,000
	ANNUAL FUND	WILKES-BARRE PA 18702		
CHARITABLE	WILLIAMS UNITED WAY	108 E. BUTLER ST.	NONE	1,000
		BRYAN OH 43506		
	TOTAL			27,500

Name of the organization	Employer identification number
PAINTING AND DECORATING CONTRACTORS	23-2791719

PART I, QUESTION 16:

OTHER EXPENSES:

CHARITABLE PROJECTS	34,520
MEMBER EVENTS	8,903
CONFERENCES, CONVENTIONS, MEETINGS	16,083
OFFICE EXPENSE	4,914
DUES	2,082
TOTAL OTHER EXPENSES:	66,502

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.