

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



Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990. Open to Public Inspection

A	For th	e 2013 calendar year, or tax year beginning and e	ending		
В	Check if applicab	C Name of organization		D Employer identific	cation number
Г	Addre	painters local union no. 265			
┌	Name			36-2	374720
Ī	Initial		Room/suite	E Telephone number	
F	Termi	· •			385-4202
F	lated Amen	ded Character and a series and AID or forces a postal code		G Gross receipts \$	200,621.
F	return			H(a) Is this a group re	
_	Ition pendi	F Name and address of principal officer:RICHARD SHEPHERD		for subordinates	
			0445	H(b) Are all subordinates in	
	Tax-ex	empt status		7 ' '	list. (see instructions)
_		te: N/A		H(c) Group exemption	
		forganization: Corporation X Trust Association Other	L Year		State of legal domicile: IL
_	art I	Summary	, =		
_	1	Briefly describe the organization's mission or most significant activities. TO OF	RGANIZ	ZE WORKERS F	OR THE
Governance		MORAL, ECONOMIC, AND SOCIAL ADVANCEMENT (
erna	2	Check this box If the organization discontinued its operations or dispose			
>	3	Number of voting members of the governing body (Part VI, line 1a)		3	10
Ö	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	10
8 S S	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		. 5	12
Activities &	6	Total number of volunteers (estimate if necessary)		6	0
į	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
	Ь	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
<u> </u>				Prior Year	Current Year
. •	8	Contributions and grants (Part VIII, line 1h)		0.	0.
- 500	9	Program service revenue (Part VIII, line 2g)		217,546.	199,088.
にず L Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		681.	593 .
သ <u>ထိ</u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	0.	940.
·	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		218,227.	200,621.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	L	768.	684.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Ø	15	Salaries, other compensation, employee benefits (Part-IX, column (A), lines 5-10)	<u> </u>	94,575.	81,000.
Expenses	16a	Professional fundraising fees (Part IX, column (A) line 11e)		0.	0.
X	b	Total fundraising expenses (Part IX, column (D), line 25) * (D) Ine 25)	0.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		151,548.	158,984.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	246,891.	240,668.
	19	Revenue less expenses. Subtract line 18 from line 12 V, UT		<28,664.	> <40,047.
Net Assets or	3		Be	eginning of Current Year	End of Year
sset	20	Total assets (Part X, line 16)	_	200,048.	160,001.
A S	21	Total liabilities (Part X, line 26)	<u> </u>	0.	0.
		Net assets or fund balances Subtract line 21 from line 20		200,048.	160,001.
	art II				
		alties of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and bellet, it is
tru	e, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	iich prepare	i ilas aliy kilowieuge.	
۸.		Signature of officer		Date	
Sig		RICHARD SHEPHERD, RECORDING SECRETARY			
He	re	Type or print name and title	· - ·		
			,	Date / Check	PTIN
Pa	id	Print/Type preparer's name PAUL A. MERKEL Preparer 3 gnature A. Jul	el	5/27/14 If sett-employ	
	parer	Firm's name BANSLEY AND KIENER, LLP		Firm's EIN	36-2152389
	e Only	Firm's address 8745 W HIGGINS RD STE 200		11111 3 2111	
		CHICAGO, IL 60631-2704		Phone no. 31	2-263-2700
M	v the l	RS discuss this return with the preparer shown above? (see instructions)		1	X Yes No
	., ., .,	The second secon			

Form	n 990 (2013) PAINTERS LOCAL UNION NO. 265	36-2374720 Page 2
Pa	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
1	Briefly describe the organization's mission: NONE	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	Yes X No
3	If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
3	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as n	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	s, the total expenses, and
	revenue, if any, for each program service reported. (Code) (Expenses \$ including grants of \$) (Revenue	•
4a	(Code) (Expenses \$ including grants of \$) (Revenue TO ORGANIZE WORKERS FOR THE MORAL, ECONOMIC, AND SOCIAL	
	THEIR CONDITION AND STATUS.	
		· · · · · · · · · · · · · · · · · · ·
		
		
-45		
4b	(Code) (Expenses \$) (Revenue	\$
		·
		
4c	(Code) (Expenses \$) (Revenue	\$
		
		
4d		١
4e		
		Form 990 (2013)

Form 990 (2013) PAINTERS LOCAL UNION NO. 265
Part IV Checklist of Required Schedules

			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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
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		X
4	Section 501(c)(3) organizations. 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	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		_X
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		Х
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		
	Schedule D, Part III	8		Х
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		Х
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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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	Х	
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		Х
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		Х
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	_	[
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	(2013)

332003 10-29-13

Form 990 (2013) PAINTERS LOCAL UNION NO. 265

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
~~	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	├	X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			x
~~	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	 	├ <u>^</u>
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	 	X
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	١.,		- T
_	Schedule K If "No", go to line 25a	24a	\vdash	X_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	├─	├
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c	<u> </u>	<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	 	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			Ì
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	ļ <u>.</u>	
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			1
	Schedule L, Part I	25b	<u> </u>	<u> </u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26	—	X
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		İ	
	of any of these persons? If "Yes," complete Schedule L, Part III	27	↓	X
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	ļ <u> </u>	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	├	X
С	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	—	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	↓	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		1	
	contributions? If "Yes," complete Schedule M	30	—	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31	ــــــ	X
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	↓	X
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	 	X
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	<u> </u>	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	X
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b	 	1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1		
	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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	1990	(2013)

Form 990 (2013)

14a Did the organization receive any payments for indoor tanning services during the tax year?

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

36-2374720 PAINTERS LOCAL UNION NO. 265 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 10 1a 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. 10 b 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? X 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 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 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? X 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 X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a X Each committee with authority to act on behalf of the governing body? **8b** 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Did the organization have local chapters, branches, or affiliates? X 10a 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 X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its 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? Section C. Disclosure 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 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request ___ Another's website $oxedsymbol{oxed}$ Other (explain in Schedule O) Own website

State the name, physical address, and telephone number of the person who possesses the books and records of the organization THE TREASURER - 708-385-4202 5526 W. 131ST STREET, CRESTWOOD, IL

Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial

332006 10-29-13

statements available to the public during the tax year.

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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 (A)	(B)							(D)	(E)	(F)
Name and Title	Average	(de		Pos	ition	than		Reportable	Reportable	Estimated
	hours per	box,	unle	ss pe	rson	ıs bot	h an	compensation	compensation	amount of
	week	 -	er an	d a d	irecto	or/trus	tee)	from	from related	other
	(list any	ector				1		the	organizations	compensation
	hours for	5	e			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	trust		8	E S		(W-2/1099-MISC)		organization
	organizations below	ual tr	ıonal		ploy	ig as				and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Гог ше			Organizations
(1) LESTER FLETCHER (PAST)	1.00	_						000		
TRUSTEE		Х		<u> </u>		-	_	902.	0.	0.
(2) JOSEPH RINEHART	2.00									_
TRUSTEE/DELEGATE		Х		_		<u> </u>		10,115.	0.	0.
(3) ROSS KRUEGER	1.00									
TRUSTEE		X				ļ		1,816.	0.	0.
(4) KENNETH SARGIS	1.00								_	_
TRUSTEE		Х						1,816.	0.	0.
(5) ED BOGDAN	1.00	_								
DELEGATE		Х				<u> </u>		1,844.	0.	0.
(6) GREG WITECKI (PAST)	1.00					}				
DELEGATE		Х		_		<u> </u>		922.	0.	0.
(7) MICHAEL L. LANGLAND	2.00									
PRESIDENT				X		<u> </u>	ļ	7,953.	0.	0.
(8) SALVADOR NAVARETTE	5.00									
TREASURER				X	ļ.,	 	<u> </u>	9,744.	0.	0.
(9) THOMAS RINEHART	5.00								_	_
FINANCIAL SECRETARY			_	X		<u> </u>	<u> </u>	20,541.	0.	0.
(10) RICHARD SHEPHERD	5.00									_
RECORDING SECRETARY				X				12,665.	0.	0.
(11) JOSEPH SIERRA	2.00								_	_
VICE PRESIDENT				X				3,915.	0.	0.
(12) MICHAEL UYLAKI	1.00								_	_
WARDEN				X				3,394.	0.	0.
					_	-	_			
	-									
	_	$\vdash \vdash$			\vdash	-	-			. ,
		$\mid - \mid$			\vdash	├				
				İ	ĺ	ĺ				
						\dagger				
	-									
						Ь		L	<u> </u>	Form 990 (2012)

Par	t VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)		_	
	(A)	(B)				C)			(D)	(E)		(F)	
	Name and title	Average	١.		Pos				Reportable	Reportable	l e	stimate	ed
		hours per					than is bot			compensation		mount	
		week					x/trus		from	from related		other	
		(list any	횽		l				the	organizations	cor	npensa	tion
		hours for	불		i		8		organization	(W-2/1099-MISC)		rom the	
		related	tee	ustee			is se		(W·2/1099·MISC)		or	ganızat	ion
		organizations	Individual trustee or director	institutional trustee		Key employee	Ē.,				ar	nd relat	ed
		below	l ge	를	55	Ē	esto	亨			org	janizati	ons
		line)	ig g	fust	Officer	Key	Highest compensated employee	Former					
			1								-		
		-		1									
			1										
			 					\vdash					
			1										
			-	├		_	-	├			+-		
			į										
			<u> </u>	ļ			<u> </u>	<u> </u>					
			1								ŀ		
			1.	1									
		T										_	
			1										
							_				+		
			1										
	, .		 					-	-		+-		
			-										
			ļ			ļ							
								ĺ					
		<u></u>		L		L				- · · · - · · - · · - · · - · · · - · · · · · · · · · · · · · · · · · · · ·			
1b	Sub-total							ightharpoonup	75,627.	0	<u> </u>		0.
С	Total from continuation sheets to Part V	II, Section A							0.	C			0.
	Total (add lines 1b and 1c) .							•	75,627.	0			0.
2	Total number of individuals (including but i	not limited to th	nose	liste	ed al	DOVE	=) wt	no re		000 of reportable	, 		
_	compensation from the organization						-,			,occ or reportable			0
	Compensation from the organization											Yes	No
_	Did the experience hat any favor an affiner	d	.ata					~-	high and an engage and a second			1.00	
3	Did the organization list any former officer			e, Ke	y ei	npio	yee,	, Of	nignesi compensateo e	ripioyee on			37
	line 1a? If "Yes," complete Schedule J for s				-						3	 	<u> </u>
4	For any individual listed on line 1a, is the s			-					•	the organization			
	and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e <i>J 1</i>	for such individual		4	1	<u> </u>
5	Did any person listed on line 1a receive or	accrue compe	nsat	ion f	rom	any	unr unr	elat	ted organization or indivi	dual for services			
	rendered to the organization? If "Yes," con	nplete Schedul	e J 1	or s	uch	pers	son				5		X
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest co	ompensated in	depe	ende	ent c	ontr	acto	ors t	that received more than	\$100,000 of compe	nsation	from	
	the organization. Report compensation for	•	•							· ·			
	(A)								(B)			C)	
	Name and business	s address	NI	INC	7				Description of s	ervices		ensatio	n
			74	<u> </u>					<u>_</u>		<u>`</u>		
								J					
								T					
	Total number of radon and and a contract and	(maludina but =			4 +-	•h-	00 10		I about who seems I	uara than			
2	Total number of independent contractors (iot II	me	u (0		_	sieo	a above) write received m	iore triaff			
	\$100,000 of compensation from the organ	ization -					<u>) </u>					000	
											Form	990 c	2013\

332008 10-29-13

Form	990 (2013) PAINTERS LOCAL UNION	NO. 265		<u> 36-2374</u>	720 Page 9
	rt VII				-	
		Check if Schedule O contains a response or note to any lin			··	
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
12 S	1 a	Federated campaigns 1a		-	•	
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues . 1b				
ٳۼۣ؞ۣ	С	Fundraising events 1c				
流記	d	Related organizations . 1d				
S,E	е	Government grants (contributions) 1e				
rigin	f	All other contributions, gifts, grants, and				
물림		similar amounts not included above				
들임	g	Noncash contributions included in lines 1a-1f \$				
<u>ဒီ ခ်</u>	h	Total, Add lines 1a-1f				
		Business Code				
8	2 a	DUES 900099	199,088.	199,088.		
ه <u>ځ</u>	b					
S Tal	С					
ev ev	d					
Program Service Revenue	е					
ه ا	f	All other program service revenue				ļ
	g		199,088.			<u> </u>
	3	Investment income (including dividends, interest, and	500			500
		other similar amounts)	593.			593.
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	_	(i) Real (ii) Personal				
	6 a					
	b	Less rental expenses				
	C .	Rental income or (loss)				
	_ a	Net rental income or (loss)				
	/ a	Gross amount from sales of (i) Securities (ii) Other				
	L.	assets other than inventory Less: cost or other basis				
		and sales expenses				
	_	Gain or (loss)				
		Net gain or (loss)				
a .		Gross income from fundraising events (not				
ğ	"	including \$ of				
eve		contributions reported on line 1c) See				
Ę		Part IV, line 18		İ		
Other Revenue	b	Less: direct expenses b				
0	c	Net income or (loss) from fundraising events				
	9 a	Gross income from gaming activities. See				
		Part IV, line 19 a				
	b	Less: direct expenses . b				
		Net income or (loss) from gaming activities				
	10 a	Gross sales of inventory, less returns				
		and allowances . a				
		Less cost of goods sold b				
	c	Net income or (loss) from sales of inventory				
		Miscellaneous Revenue Business Code	940.	940.		
		MISECELLANEOUS INCOME 900099	940.	340.		
	b					
	4 c	All other revenue				
		Total. Add lines 11a-11d	940.			
	, .					

Par	t IX Statement of Functional Expens	es			
Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must c	complete column (A).	
	Check if Schedule O contains a respon	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	684.			
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	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	75,627.			
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 salanes and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	F 272	··		
10	Payroll taxes	5,373.		ļ	
11	Fees for services (non-employees):				
a	Management				
b	Legal	5,610.			·
C	Accounting .	5,610.			
d	Lobbying Professional fundraising services. See Part IV, line 17				
e f	Investment management fees				
ı g	Other (If line 11g amount exceeds 10% of line 25,				
y	column (A) amount, list line 11g expenses on Sch 0.)	i			
12	Advertising and promotion				
13	Office expenses	4,352.			
14	Information technology	2,002			
15	Royalties				
16	Occupancy				
17	Travel	2,065.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	12,331.			
20	Interest				
21	Payments to affiliates _	123,961.			
22	Depreciation, depletion, and amortization				
23	Insurance				
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 0.)				
а	WORKING CARDS	5,862.			
b	LODGING	3,840.			
C	MISCELLANEOUS	471.	•		
d	PROMOTIONS/MERCHANDISE	192.			
e	All other expenses	300.			
25	Total functional expenses. Add lines 1 through 24e	240,668.			
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 if following SOP 98-2 (ASC 958-720)

160,001. Form 990 (2013)

160,001.

30

31

32

200,048.

200,048.

30

31

32

33

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

and complete lines 30 through 34.

Total net assets or fund balances

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

	990 (2013) PAINTERS LOCAL UNION NO. 265	36-237	4720	Pag	_{je} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	200	, 6	21.
2	Total expenses (must equal Part IX, column (A), line 25)	2	240	, 6	68.
3	Revenue less expenses. Subtract line 2 from line 1	_3	<40	, 0	<u>47.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	200	, 0	48.
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			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	160	, 0	01.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			`	res	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			- 1	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir			ļ	
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3h		

Form **990** (2013)

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

PAINTERS LOCAL UNION NO. 265

Employer identification number 36-2374720

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds of	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 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 held in donor advised	I funds
	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor a		sed only
_	for charitable purposes and not for the benefit of the donor of		•
	impermissible private benefit?		Yes No
Par		ganization answered "Yes" to Form 990, Par	t IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e		rically important land area
	Protection of natural habitat	Preservation of a certifie	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution 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		2b
c	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the o	rganization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	t holds?	└── Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements duri	ng the year ►
7	Amount of expenses incurred in monitoring, inspecting, and	-	
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170(h)	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	•	
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the	e organization's accounting for
-	conservation easements	And Historical Transcript on Oth	on Cincilan Acasta
Pai	rt III Organizations Maintaining Collections o		ier Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ex		e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public	c service, provide the following amounts
	relating to these items.		•
	(i) Revenues included in Form 990, Part VIII, line 1	•	*
_	(ii) Assets included in Form 990, Part X	popuros or other similar seests for fines and	> \$
2	If the organization received or held works of art, historical tree	_	jain, provide
_	the following amounts required to be reported under SFAS 1		•
a	Revenues included in Form 990, Part VIII, line 1		> \$
D	masers included in Form 330, Fall A		Ψ

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-25-13

Schedule D (Form 990) 2013

		S LOCAL UN							<u>74720</u>	
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	torical	Treasures,	or Oth	er Sim	<u>ilar Asse</u>	ts(continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	ds, check	k any of	the following tha	at are a s	ignifican	t use of its	collection	items
	(check all that apply).									
а	Public exhibition	(י בַו	Loan or	exchange progra	ams				
b	Scholarly research	•	, 🗀	Other					<u> </u>	
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	in how th	ney furth	er the organizatı	ion's exe	mpt pur	pose in Par	t XIII	
5	During the year, did the organization solicit o	r receive donations	of art, he	storical 1	reasures, or oth	er sımila	r assets		_	
	to be sold to raise funds rather than to be ma								Yes	No_
Par	t IV Escrow and Custodial Arran		ete if the	organız	ation answered	"Yes" to	Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custode	an or other interme	diary for	contribu	tions or other as	ssets not	include	d	٦	
	on Form 990, Part X?							. L	_l Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing t	table:				 		
									Amount	
С	Beginning balance	•					1c			
d	Additions during the year			-			_1d	<u> </u>		
е	Distributions during the year			-			<u>1e</u>	-		
f	Ending balance .						. <u>l_1f</u>			
2 a	Did the organization include an amount on Fe							. Ц	」Yes	∐ No
-	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete					T			ı	
		(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three	years back	(e) Four y	ears back_
1a	Beginning of year balance .									
b	Contributions .							 -		
С	Net investment earnings, gains, and losses								ļ. 	
d	Grants or scholarships								ļ	
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance		- 4 - 4		(-)) 11-1					
2	Provide the estimated percentage of the cur			g, colum	in (a)) neid as:					
a	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
_	The percentages in lines 2a, 2b, and 2c should be a second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the			. t ava ba	ld and administr	arad far t	ha araa	uzation.		
за	Are there endowment funds not in the posse	ession of the organiz	cation the	at are ne	ia ana aaministi	erea ior i	ine organ	iization	F.	/aa Na
	by:									es No
	(i) unrelated organizations		•						3a(i)	
L	(ii) related organizations If "Yes" to 3a(ii), are the related organizations	e lieted as required :	on Sabar	dula P2					3a(ii) 3b	
_	Describe in Part XIII the intended uses of the								30	
Par	t VI Land, Buildings, and Equipm		OWINGILL	iuiius.						
	Complete if the organization answere). Part IV	/. line 11	a See Form 990). Part X	line 10			
	Description of property	(a) Cost or o			ost or other		ccumula	ited	(d) Book	value
	bescription of property	basis (invest			isis (other)	ı ,,	preciation	I .	(4) 5001	. 4.40
10	Land	,	/		, ,			-		
ıa b	Buildings					 				
0	Leasehold improvements									
d	Equipment					<u> </u>				
	Other				3,739.		3.	739.		0.
	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Par	t X, colur	nn (B), In						0.

Schedule D (Form 990) 2013

(9)

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Schedule D (Form 990) 2013

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

	t XI Reconciliation of Revenue per Audited Financial Stateme		nue ner Return	
rai		ants with the w	silde per netdili.	
_	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		1	
1	Total revenue, gains, and other support per audited financial statements	• •	· · ' 	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا ما		
а	Net unrealized gains on investments	2a		
þ	Donated services and use of facilities	2b		
C		2c		
d	Other (Describe in Part XIII.)	2d		
	Add lines 2a through 2d	•	2e	
3	Subtract line 2e from line 1	• •	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
<u>5</u>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	onto With Eve	5 Datum	
Pai	rt XII Reconciliation of Expenses per Audited Financial Statem	ents with Exp	enses per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a		_	
1	Total expenses and losses per audited financial statements	•	. 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1. (
а	Donated services and use of facilities	2a		
b	Prior year adjustments .	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	introdución experiese net included en l'em ese, l'all l'in, interes			
b		4b		
-	·	4b	. 4c	
с 5	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	4b	4c 5	
c 5 Pai	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information.		. 5	
5 Pai	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part	IV, lines 1b and 2l	5; Part V, line 4, Part X, line 2; Part XI,	
5 Pai	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information.	IV, lines 1b and 2l	5; Part V, line 4, Part X, line 2; Part XI,	
5 Pai	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part	IV, lines 1b and 2l	5; Part V, line 4, Part X, line 2; Part XI,	
5 Pai	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part	IV, lines 1b and 2l	5; Part V, line 4, Part X, line 2; Part XI,	
5 Pai	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part	IV, lines 1b and 2l	5; Part V, line 4, Part X, line 2; Part XI,	
5 Pai	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part	IV, lines 1b and 2l	5; Part V, line 4, Part X, line 2; Part XI,	
5 Pai	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part	IV, lines 1b and 2l	5; Part V, line 4, Part X, line 2; Part XI,	
5 Pai	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part	IV, lines 1b and 2l	5; Part V, line 4, Part X, line 2; Part XI,	
5 Pai	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part	IV, lines 1b and 2l	5; Part V, line 4, Part X, line 2; Part XI,	
5 Pai	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part	IV, lines 1b and 2l	5; Part V, line 4, Part X, line 2; Part XI,	
5 Pai	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part	IV, lines 1b and 2l	5; Part V, line 4, Part X, line 2; Part XI,	
5 Pai	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part	IV, lines 1b and 2l	5; Part V, line 4, Part X, line 2; Part XI,	
5 Pai	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part	IV, lines 1b and 2l	5; Part V, line 4, Part X, line 2; Part XI,	
5 Pai	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part	IV, lines 1b and 2l	5; Part V, line 4, Part X, line 2; Part XI,	
5 Pai	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part	IV, lines 1b and 2l	5; Part V, line 4, Part X, line 2; Part XI,	
5 Pai	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part	IV, lines 1b and 2l	5; Part V, line 4, Part X, line 2; Part XI,	
5 Pai	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part	IV, lines 1b and 2l	5; Part V, line 4, Part X, line 2; Part XI,	
5 Pai	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part	IV, lines 1b and 2l	5; Part V, line 4, Part X, line 2; Part XI,	
5 Pai	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part	IV, lines 1b and 2l	5; Part V, line 4, Part X, line 2; Part XI,	
5 Pai	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part	IV, lines 1b and 2l	5; Part V, line 4, Part X, line 2; Part XI,	
5 Pai	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part	IV, lines 1b and 2l	5; Part V, line 4, Part X, line 2; Part XI,	
5 Pai	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part	IV, lines 1b and 2l	5; Part V, line 4, Part X, line 2; Part XI,	
5 Pai	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part	IV, lines 1b and 2l	5; Part V, line 4, Part X, line 2; Part XI,	
5 Pai	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part	IV, lines 1b and 2l	5; Part V, line 4, Part X, line 2; Part XI,	
5 Pai	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part	IV, lines 1b and 2l	5; Part V, line 4, Part X, line 2; Part XI,	
5 Pai	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part	IV, lines 1b and 2l	5; Part V, line 4, Part X, line 2; Part XI,	

SCHEDULE O '

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

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.

Open to Public

OMB No 1545-0047

Name of the organization

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

Inspection

36-2374720 PAINTERS LOCAL UNION NO. 265 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: STATUS. FORM 990, PART VI, SECTION A, LINE 2: EXPLANATION: THOMAS RINEHART, FINANCIAL SECRETARY, AND JOSEPH RINEHART. TRUSTEE/DELEGATE HAVE A FAMILY RELATIONSHIP. FORM 990, PART VI, SECTION A, LINE 6: EXPLANATION: LOCAL 265 UNION MEMBERS ELECT OFFICERS FOR THE GOVERNING BOARD THROUGH ELECTIONS THAT ARE HELD EVERY THREE YEARS. FORM 990, PART VI, SECTION A, LINE 7A: EXPLANATION: ACTIVE MEMBERS MAY VOTE FOR REPRESENTATIVES ON THE GOVERNING BOARD. FORM 990, PART VI, SECTION A, LINE 7B: EXPLANATION: MEMBERS OF THE LOCAL VOTE ON UNION ISSUES. FORM 990, PART VI, SECTION A, LINE 8B: EXPLANATION: THERE ARE NO COMMITTEES AT LOCAL 265 THAT MAY ACT ON BEHALF OF THE GOVERNING BODY. FORM 990, PART VI, SECTION B, LINE 11: EXPLANATION: THE GOVERNING BODY AUTHORIZES THE OFFICERS TO REVIEW AND APPROVE THE FORM 990 PRIOR TO THE DATE THAT FILING OCCURS WITH IRS.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 332211 09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

Schedule O (Form 990 or 990-EZ) (2013)			Page 2
Name of the organization PAINTERS LOCAL UNION NO. 265	Employer iden	tification i	
FORM 990, PART VI, SECTION C, LINE 19:			
EXPLANATION: GOVERNING DOCUMENTS ARE MADE AVAILABLE TO TH	E PUBLIC	UPON	
REQUEST.			
			_
			, ··-, -
			.
			- 1 - 1
		•	
			,
			····

2013 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 10

990

	0,0	- :			<u>_</u>			· ~ · ·	
ear .	0,0				•	* ,	4		
Current Year Deduction		1				, * *		**	
urre		<u>;</u>	· > -			,		<i>`</i> .	
3					,	×		-	
	•								
1 tug	0								
Current Sec 179									
S									
	•						<u>-</u>		
Accumulated Depreciation	3,739.								
muls	7,								
ccui	ω ω								
40									
	•								
Basis For Depreciation	3,739.								
is Fo	, 7								
Bas	6 6								
	0								
Reduction In Basis									
ction									
ledu B									
~									
Bus % Excl									
H _B									
	3,739.								
ted	73.9								
Unadjusted Cost Or Basis	3,739.		-						
Una	<i>ო</i> ო	*				.,			ينمد
No No	S				_				
	16								
رق	0					,			,
Lıfe	1.00			,		2			
<u> </u>								·	
Method								`	
Me	SL								
C)	070102SL								
ate	770					· · · · · · · · · · · · · · · · · · ·			
Date Acquired	7 C								
 	0								
	10								
Description	D II								
	EQUIPMENT L 990 PAGE								
	A 다							*	
	10 90								
esc.	Q O								
	CE TA								
]	F F P P R								
	20FFICE E * TOTAL DEPR								
									
Asset No									•
"	,			*		,			
									

(D) - Asset disposed

328102 05-01-13

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction