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<b>Form 990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)</b>  ▶ Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form. ▶ Information about Form 990 and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>	OMB No 1545-0047  <b>2013</b>  <b>Open to Public Inspection</b>

**A For the 2013 calendar year, or tax year beginning 04-01-2013 , 2013, and ending 03-31-2014**

<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization PAINTERS DISTRICT COUNCIL NO 30 LABOR MANAGEMENT INDUSTRY DEVELOPMENT FUND		<b>D</b> Employer identification number 32-0233172	
	Doing Business As			
	Number and street (or P O box if mail is not delivered to street address) 1905 SEQUOIA DRIVE NO 201	Room/suite	<b>E</b> Telephone number (630) 377-2120	
	City or town, state or province, country, and ZIP or foreign postal code AURORA, IL 60506		<b>G</b> Gross receipts \$ 1,231,876	
<b>F</b> Name and address of principal officer RYAN ANDERSON 1905 SEQUOIA DRIVE NO 201 AURORA, IL 60506			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
<b>I</b> Tax-exempt status <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(5) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			<b>H(c)</b> Group exemption number ▶	
<b>J</b> Website: ▶ WWW.PAINTERSDC30.COM				
<b>K</b> Form of organization <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation 2008	<b>M</b> State of legal domicile IL

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities SEE SCHEDULE O FOR ORGANIZATION'S MISSION			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	8
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	0	40,000
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	872,644	1,191,823
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	24	53
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	0
			872,668	1,231,876
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,700	9,412
	14	Benefits paid to or for members (Part IX, column (A), line 4)	124,249	161,210
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	23,316	30,766
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) $\rightarrow$ 0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	526,909	765,757
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	681,174	967,145
	19	Revenue less expenses Subtract line 18 from line 12	191,494	264,731
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	678,643	1,006,447
	21	Total liabilities (Part X, line 26)	9,916	66,880
	22	Net assets or fund balances Subtract line 21 from line 20	668,727	939,567

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	*****				2014-11-14		
	Signature of officer				Date		
	RYAN ANDERSON DIRECTOR						
	Type or print name and title						
<b>Paid Preparer Use Only</b>	Print/Type preparer's name THOMAS J CAPLICE		Preparer's signature		Date 2014-11-14	Check <input type="checkbox"/> if self-employed	PTIN P00058427
	Firm's name   ▶ MACNELL ACCOUNTING & CONSULTING LLP					Firm's EIN   ▶ 30-0510353	
	Firm's address   ▶ 9436 SPRINGFIELD AVENUE EVANSTON, IL 60203					Phone no (847) 675-3100	

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . ☒ Yes ☐ No

Part III

Statement of Program Service Accomplishments

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

☐ Yes ☒ No

1

Briefly describe the organization's mission

TO ADVANCE THE PAINTING, DECORATING, DRYWALL AND GLAZING FINISHING INDUSTRIES THROUGH THE DEVELOPMENT AND IMPLEMENTATION OF STRATEGIC PROACTIVE PROGRAMMING DESIGNED TO ENGAGE AND ADDRESS THE DYNAMIC NEEDS AND UNIQUE CHARATERISTICS OF THE CONSTRUCTION INDUSTRY THROUGHOUT THE GEOGRAPHICAL JURISDICTION OF PAINTERS DISTRICT COUNCIL NO 30

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 ☒ No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

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 measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ 1,078,765 )

AMOUNTS PAID BY CONTRACTORS AS CONSIDERATION FOR PROVIDING GOODS, SERVICES OR FACILITIES IN FURTHERANCE FOR THE PURPOSE CONSTITUTING THE BASIS FOR THE EXEMPTION OF THE ORGANIZATION

4b

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ 113,058 )

AMOUNTS PAID TO THE ORGANIZATION AS CONSIDERATION FOR PROVIDING GOODS, SERVICES OR FACILITIES IN FURTHERANCE FOR THE PURPOSE CONSTITUTING THE BASIS FOR THE EXEMPTION OF THE ORGANIZATION

4c

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d

Other program services (Describe in Schedule O )















(Expenses \$ including grants of \$ ) (Revenue \$ )

4e

Total program service expenses

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	No
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  . . . . .	2	Yes
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	No
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 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	No
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	No
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	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  . . . . .	8	No
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	No
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	No
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		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  . . . . .	11a	Yes
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	No
c 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	No
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	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  . . . . .	11e	Yes
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	Yes
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  . . . . .	12a	Yes
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	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	14a	No
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	No
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	No
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	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .	17	No
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	No
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	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
4a	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)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	<b>Section 501(c)(12) organizations.</b> Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
13a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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 . . . . .	8	
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			
1b	Enter the number of voting members included in line 1a, above, who are independent . . . . .	8	
2	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? . . . . .	2	Yes
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	5	No
6	Did the organization have members or stockholders? . . . . .	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	7a	Yes
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body? . . . . .	8a	Yes
8b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9	No

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? . . . . .	10a	No
10b	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	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	11a	No
11b	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 . . . . .	12a	No
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	12c	
13	Did the organization have a written whistleblower policy? . . . . .	13	No
14	Did the organization have a written document retention and destruction policy? . . . . .	14	No
15	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?		
15a	The organization's CEO, Executive Director, or top management official . . . . .	15a	No
15b	Other officers or key employees of the organization . . . . .	15b	No
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? . . . . .	16a	No
16b	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? . . . . .	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶RYAN ANDERSON 1905 SEQUOIA DRIVE 201 AURORA,IL 60506 (630) 450-8352

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Form **990** (2013)



## Part VII

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Sub-Total . . . . .</b>										
<b>c Total from continuation sheets to Part VII, Section A . . . . .</b>										
<b>d Total (add lines 1b and 1c) . . . . .</b>								0	740,233	278,437

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization: 0

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	5	No

## Section B. Independent Contractors

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►0

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . . . . 1a					
	b	Membership dues . . . . . 1b					
	c	Fundraising events . . . . . 1c					
	d	Related organizations . . . . . 1d					
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	40,000				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f . . . . .	40,000				
Program Service Revenue	2a	EMPLOYER CONTRIBUTIONS	Business Code 900099	1,191,823	1,191,823		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .	1,191,823				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .	53			53
4		Income from investment of tax-exempt bond proceeds . . . . .					
5		Royalties . . . . .					
6a		Gross rents	(i) Real	(ii) Personal			
		b	Less rental expenses				
		c	Rental income or (loss)				
		d	Net rental income or (loss) . . . . .				
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b	Less cost or other basis and sales expenses				
		c	Gain or (loss)				
		d	Net gain or (loss) . . . . .				
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a				
		b	Less direct expenses . . . . . b				
		c	Net income or (loss) from fundraising events . . . . .				
9a		Gross income from gaming activities See Part IV, line 19 . . . . .	a				
		b	Less direct expenses . . . . . b				
		c	Net income or (loss) from gaming activities . . . . .				
10a		Gross sales of inventory, less returns and allowances . . . . .	a				
		b	Less cost of goods sold . . . . . b				
		c	Net income or (loss) from sales of inventory . . . . .				
Miscellaneous Revenue		Business Code					
11a							
	b						
	c						
	d	All other revenue . . . . .					
e	Total. Add lines 11a-11d . . . . .						
12	Total revenue. See Instructions . . . . .		1,231,876	1,191,823	0	53	

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 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.	9,412			
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.	161,210			
5	Compensation of current officers, directors, trustees, and key employees.				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.	21,242			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9	Other employee benefits.	7,705			
10	Payroll taxes.	1,819			
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	13,999			
c	Accounting.	13,400			
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).				
12	Advertising and promotion.	87,104			
13	Office expenses.	44,342			
14	Information technology.				
15	Royalties.				
16	Occupancy.				
17	Travel.	14,605			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	21,224			
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	13,858			
23	Insurance.	538			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
a	SHARED EXPENSES	466,122			
b	CONSULTING FEES	72,612			
c	DRUG TESTING	8,464			
d	PAYROLL AUDIT FEES	5,800			
e	All other expenses	3,689			
25	Total functional expenses. Add lines 1 through 24e.	967,145			
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

					(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing . . . . .				1	
	2	Savings and temporary cash investments . . . . .			555,584	2	810,786
	3	Pledges and grants receivable, net . . . . .				3	
	4	Accounts receivable, net . . . . .			58,963	4	97,718
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .			3,088	7	7,204
	8	Inventories for sale or use . . . . .				8	
	9	Prepaid expenses and deferred charges . . . . .			4,905	9	3,437
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	118,628	41,228	10c	87,302
	b	Less accumulated depreciation . . . . .	10b	31,326			
	11	Investments—publicly traded securities . . . . .				11	
	12	Investments—other securities See Part IV, line 11 . . . . .				12	
	13	Investments—program-related See Part IV, line 11 . . . . .				13	
	14	Intangible assets . . . . .				14	
	15	Other assets See Part IV, line 11 . . . . .			14,875	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			678,643	16	1,006,447
Liabilities	17	Accounts payable and accrued expenses . . . . .			2,297	17	28,212
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .				19	
	20	Tax-exempt bond liabilities . . . . .				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D . . . . .				21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .				22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .				23	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .			7,619	25	38,668
	26	Total liabilities. Add lines 17 through 25 . . . . .			9,916	26	66,880
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			668,727	27	939,567
	28	Temporarily restricted net assets . . . . .				28	
	29	Permanently restricted net assets . . . . .				29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	Total net assets or fund balances . . . . .			668,727	33	939,567
	34	Total liabilities and net assets/fund balances . . . . .			678,643	34	1,006,447

Part 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	1,231,876
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	967,145
3	Revenue less expenses Subtract line 2 from line 1 . . . . .	3	264,731
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	668,727
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	6,109
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	939,567

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		No
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

► Attach to Form 990. ► See separate instructions. ► Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization PAINTERS DISTRICT COUNCIL NO 30 LABOR MANAGEMENT INDUSTRY DEVELOPMENT FUND	Employer identification number  32-0233172
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

► \$

(ii) Assets included in Form 990, Part X

► \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

- 3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII and complete the following table
- c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	
- 2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance . . . . .					
b Contributions . . . . .					
c Net investment earnings, gains, and losses					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .					

- 2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a

Board designated or quasi-endowment
- b

Permanent endowment
- c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations . . . . .

3a(i)

Yes

No

(ii) related organizations . . . . .

3a(ii)

Yes

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

Yes

No

4

Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .				
d Equipment . . . . .				
e Other . . . . .		118,628	31,326	87,302
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				87,302

Schedule D (Form 990) 2013





Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	1,231,876
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIII ) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	0
3	Subtract line 2e from line 1 . . . . .	3	1,231,876
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIII ) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 ) . . . . .	5	1,231,876

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses 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	967,145
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIII ) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	0
3	Subtract line 2e from line 1 . . . . .	3	967,145
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIII ) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . .	5	967,145

Part XIII

Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
PART X, LINE 2	ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE THE FUND'S MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE FUND. RECOGNIZE A TAX LIABILITY (OR ASSET) IF THE ENTITY HAS TAKEN AN UNCERTAIN TAX POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE FUND, AND HAS CONCLUDED THAT AS OF MARCH 31, 2014, THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE FUND IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS, HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. MANAGEMENT OF THE FUND BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2011.

[illegible]

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.  
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
PAINTERS DISTRICT COUNCIL NO 30 LABOR  
MANAGEMENT INDUSTRY DEVELOPMENT FUND

Employer identification number  
  
32-0233172

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization?	5a	
b	Any related organization?	5b	
	If "Yes," to line 5a or 5b, describe in Part III.		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization?	6a	
b	Any related organization?	6b	
	If "Yes," to line 6a or 6b, describe in Part III.		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)CHARLES ANDERSON TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	225,892	0	1,422	45,698	20,380	293,392	0
(2)TODD DOTSON TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	124,360	0	1,120	32,654	20,380	178,514	0
(3)RYAN ANDERSON DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	147,031	0	1,465	35,280	20,380	204,156	0
(4)BRIAN DAHL CHAIRMAN AND TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	137,512	0	655	33,278	20,380	191,825	0
(5)JOHN PENNEY TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	99,466	0	1,310	29,627	20,380	150,783	0

**Part III**   **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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**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 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](http://www.irs.gov/form990).**

**2013**

**Open to Public  
Inspection**

Name of the organization  
PAINTERS DISTRICT COUNCIL NO 30 LABOR  
MANAGEMENT INDUSTRY DEVELOPMENT FUND

**Employer identification number**

32-0233172

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PAGE 1, PART I, LINE 1	TO ADVANCE THE PAINTING, DECORATING, DRYWALL AND GLAZING FINISHING INDUSTRIES
FORM 990, PART VI, SECTION A, LINE 2	CHARLES ANDERSON, TRUSTEE, IS THE FATHER OF RYAN ANDERSON, DIRECTOR
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION IS MADE UP OF ELIGIBLE MEMBER PARTICIPANTS
FORM 990, PART VI, SECTION A, LINE 7A	THE TRUSTEES OF THE ORGANIZATION ARE APPOINTED BY TRUSTEES OF THE PAINTERS DISTRICT COUNCIL NO 30 AND NORTHERN ILLINOIS PAINTING AND DRYWALL INSTITUTE
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS REVIEWED BY THE CONTROLLER AND DIRECTOR
FORM 990, PART VI, SECTION C, LINE 18	THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC UPON REQUEST
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST
FORM 990, PART VII	MATTHEW ANDERSON - 1991 WEST DOWNER, AURORA, IL 60506 KEN OBER - 1991 WEST DOWNER, AURORA, IL 60506 DORIS PROCACCIO - 1991 WEST DOWNER, AURORA, IL 60506 ROY DENNIS - 44W108 U S HWY 20, HAMPSHIRE, IL 60140

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.  
▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
PAINTERS DISTRICT COUNCIL NO 30 LABOR  
MANAGEMENT INDUSTRY DEVELOPMENT FUND

Employer identification number  
32-0233172

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) CENTRAL REGIONAL CONFERENCE OF ALLIED TRADES DIST CNC'L NO 30  2850 S 166TH STREET  NEW BERLIN, WI 53151 36-4429131	ORGANIZATION OF NEW MEMBERS	WI	501(C)(5)				No
(2) PAINTERS AND ALLIED TRADES DISTRICT COUNCIL NO 30  1905 SEQUOIA DRIVE  AURORA, IL 60506 36-1861338	ORGANIZATION OF NEW MEMBERS	IL	501(C)(5)				No
(3) PAINTERS AND ALLIED TRADES DISTRICT COUNCIL NO 30 PENSION FUND  1905 SEQUOIA DRIVE  AURORA, IL 60506 36-6491120	PENSION BENFITS FOR RETIRED AND DISABLED MEMBERS	IL	401(A)				No
(4) INTERNATIONAL UNION OF PAINTERS AND ALLIED TRADES  1750 NEW YORK AVENUE NW  WASHINGTON, DC 20006 35-0198600	ORGANIZATION OF NEW MEMBERS	DC	501(C)(5)				No
(5) PAINTERS AND ALLIED TRADES DISTRICT COUNCIL NO 30 - JATF  1905 SEQUOIA DRIVE  AURORA, IL 60506 36-2667869	APPRENTICESHIP TRAINING FOR NEW MEMBERS	IL	501(C)(5)				No
(6) PAINTERS AND ALLIED TRADES DISTRICT COUNCIL NO 30 HEALTH AND WELFARE FUND  1905 SEQUOIA DRIVE  AURORA, IL 60506 23-7072134	PROVIDE HEALTH AND WELFARE BENEFITS TO ELIGIBLE PARTICIPANTS & DEPENDENTS	IL	501(C)(9)				No

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproporionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) TRIANGLE DECORATING CO  710 REMINGTON ROAD SCHAUMBURG, IL 60173	CONTRIBUTING EMPLOYER	IL						No			No	
(2) ATLANTIC PLANT SERVICES- 157  2210 OAKLEAF ST JOLIET, IL 60436 76-0610824	CONTRIBUTING EMPLOYER	IL						No			No	
(3) J SPENCER CONSTRUCTION LLC  2028 WAREHOUSE ROAD NORMAL, IL 61761 26-2619794	CONTRIBUTING EMPLOYER	IL						No			No	
(4) WRIGHT-WAY INT SYS - 157  72 EICHORN ROAD SPRING BAY, IL 61611 42-1689404	CONTRIBUTING EMPLOYER	IL						No			No	
(5) SMART INTERIORS LLC  21200 S LAGRANGE ROAD 130 FRANKFORT, IL 60423 20-0891867	CONTRIBUTING EMPLOYER	IL						No			No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
See Additional Data Table									



Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

No

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

No

1o

Yes

1p

No

1q

No

1r

No

1s

Yes

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PAINTERS AND ALLIED TRADES DISTRICT COUNCIL NO 30 JATF	O	50,424	WAGE REIMBURSEMENT
(2) PAINTERS AND ALLIED TRADES DISTRICT COUNCIL NO 30	O	415,698	WAGE REIMBURSEMENT
(3) ALL TECH	S	50,765	CASH CONTRIBUTION

Schedule R (Form 990) 2013

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

[illegible]

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 32-0233172

Name: PAINTERS DISTRICT COUNCIL NO 30 LABOR  
MANAGEMENT INDUSTRY DEVELOPMENT FUND

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) CENTRAL REGIONAL CONFERENCE OF ALLIED TRADES DIST CNC'L NO 30  2850 S 166TH STREET NEW BERLIN, WI 53151 36-4429131	ORGANIZATION OF NEW MEMBERS	WI	501(C)(5)				No
(1) PAINTERS AND ALLIED TRADES DISTRICT COUNCIL NO 30  1905 SEQUOIA DRIVE AURORA, IL 60506 36-1861338	ORGANIZATION OF NEW MEMBERS	IL	501(C)(5)				No
(2) PAINTERS AND ALLIED TRADES DISTRICT COUNCIL NO 30 PENSION FUND  1905 SEQUOIA DRIVE AURORA, IL 60506 36-6491120	PENSION BENFITS FOR RETIRED AND DISABLED MEMBERS	IL	401(A)				No
(3) INTERNATIONAL UNION OF PAINTERS AND ALLIED TRADES  1750 NEW YORK AVENUE NW WASHINGTON, DC 20006 35-0198600	ORGANIZATION OF NEW MEMBERS	DC	501(C)(5)				No
(4) PAINTERS AND ALLIED TRADES DISTRICT COUNCIL NO 30 - JATF  1905 SEQUOIA DRIVE AURORA, IL 60506 36-2667869	APPRENTICESHIP TRAINING FOR NEW MEMBERS	IL	501(C)(5)				No
(5) PAINTERS AND ALLIED TRADES DISTRICT COUNCIL NO 30 HEALTH AND WELFARE FUND  1905 SEQUOIA DRIVE AURORA, IL 60506 23-7072134	PROVIDE HEALTH AND WELFARE BENEFITS TO ELIGIBLE PARTICIPANTS & DEPENDENTS	IL	501(C)(9)				No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
ANNING JOHNSON COMPANY 1959 ANSON DRIVE MELROSE PARK, IL 60160 36-2936794	CONTRIBUTING EMPLOYER	IL		C					No
ASCHER BROTHERS COMPANY INC 3033 WEST FLETCHER STREET CHICAGO, IL 60618 36-3035817	CONTRIBUTING EMPLOYER	IL		S					No
APRIL DECORATING INC 6 N 606 CENTRAL AVE WOODDALE, IL 60191 36-2959948	CONTRIBUTING EMPLOYER	IL		S					No
BRANDENBURG PAINTING & DECORAT 103 S BARTON TRAILS BATAVIA, IL 60510 36-2928941	CONTRIBUTING EMPLOYER	IL		S					No
COTE DECORATING CO 7099 SANTA FE DR UNIT E HODGKINS, IL 60525 36-3820807	CONTRIBUTING EMPLOYER	IL		C					No
CANTIERI INC 1711 79TH CT ELMWOOD PARK, IL 60707 36-3107663	CONTRIBUTING EMPLOYER	IL		C					No
HEITKOTTER INC 1700 INDUSTRIAL DRIVE MONTGOMERY, IL 605380809 36-2975982	CONTRIBUTING EMPLOYER	IL		C					No
INTERNATIONAL DECORATORS INC 28059 W COMMERCIAL AVENUE BARRINGTON, IL 600102443 36-2585185	CONTRIBUTING EMPLOYER	IL		S					No
THE LEVY COMPANY 3925 COMMERCIAL AVE NORTHBROOK, IL 60062 36-6133504	CONTRIBUTING EMPLOYER	IL		S					No
LECUYER PTG & DEC INC 313 DAVIS STREET SANDWICH, IL 60548 36-3573269	CONTRIBUTING EMPLOYER	IL		S					No
HALLMARK DRYWALL INC- 607 3135 MEIER ROAD MADISON, WI 537186768 39-1205236	CONTRIBUTING EMPLOYER	WI		C					No
NATIONAL DECORATING SERV INC 2210 CAMDEN CT OAK BROOK, IL 60523 36-2815393	CONTRIBUTING EMPLOYER	IL		C					No
OOSTERBAAN & SONS CO 2515 W 147TH ST POSEN, IL 60469 36-2243066	CONTRIBUTING EMPLOYER	IL		C					No
PECOVER DECORATING SERV INC 1033 OLIVER AVENUE AURORA, IL 60506 36-2692349	CONTRIBUTING EMPLOYER	IL		C					No
PAINTERS COLLABORATIVE 15 S HOWARD AVE UNIT 18 ROSELLE, IL 601722015 36-2675624	CONTRIBUTING EMPLOYER	IL		C					No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
SHAMROCK DECORATING INC 12757 SOUTH LA CROSSE ALSIP, IL 60803 36-3210404	CONTRIBUTING EMPLOYER	IL		C					No
R M SELLERGREN & ASSOCIATES IN 756 TIPPERARY STREET GILBERTS, IL 60136 36-3793911	CONTRIBUTING EMPLOYER	IL		S					No
SOUTSOS DECORATING COMPANY 1559 FOREST AVE HIGHLAND PARK, IL 60035 36-2814308	CONTRIBUTING EMPLOYER	IL		S					No
TIFFINY DECORATING CO 1325 N WELLS ST CHICAGO, IL 60610 36-2525544	CONTRIBUTING EMPLOYER	IL		C					No
PERFORMANCE CONTR DBA PCI TEMP 3613 N RICHMOND RD MC HENRY, IL 60050 34-1467168	CONTRIBUTING EMPLOYER	IL		S					No
JETCO PO BOX 908 LAKE ZURICH, IL 60047 36-2599147	CONTRIBUTING EMPLOYER	IL		C					No
CHAMPION DRYWALL INC 24121 NORTHERN ILL DRIVE CHANNAHON, IL 60410 36-3963909	CONTRIBUTING EMPLOYER	IL		C					No
F&L DECORATORS - 607 4006 HIGHCREST ROAD ROCKFORD, IL 611072104 36-3172844	CONTRIBUTING EMPLOYER	IL		C					No
KIM INTERIORS 8349 WEST 138TH PLACE ORLAND PARK, IL 60462 36-2948742	CONTRIBUTING EMPLOYER	IL		S					No
ALL TECH 1227 NAPERVILLE DRIVE ROMEOVILLE, IL 60446 36-3310320	CONTRIBUTING EMPLOYER	IL		S					No
R G CONST SERV INC 936 LARCH ELMHURST, IL 60126 36-2905784	CONTRIBUTING EMPLOYER	IL		S					No
BURKS BROTHERS DRYWALL INC 1207 BADGER STREET YORKVILLE, IL 60560 36-3437919	CONTRIBUTING EMPLOYER	IL		C					No
SERVICE DECORATING COMPANY 47 WEST IRVING PARK ROAD ROSELLE, IL 60172 36-3295564	CONTRIBUTING EMPLOYER	IL		C					No
BERTEL PETERSON COMPANY-607 5378 MAINSAIL DR ROSCOE, IL 61073 36-2447753	CONTRIBUTING EMPLOYER	IL		S					No
A GRAMER PAINTING & DECORATING 501 MAPLE STREET PROSPECT HGTS, IL 60071 36-3009269	CONTRIBUTING EMPLOYER	IL		C					No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
MATAN'S PAINTING & DECORATING 175 SOUTH WHEELING ROAD WHEELING, IL 60090 36-2709178	CONTRIBUTING EMPLOYER	IL		C					No
SPRAY SPECIALISTS INC 30353 DOWELL ROAD MC HENRY, IL 60051 36-3025365	CONTRIBUTING EMPLOYER	IL		C					No
REGENCY DECORATING SERVICE INC 9400 ROBINSON RD STE B FRANKLIN PARK, IL 60131 36-3512548	CONTRIBUTING EMPLOYER	IL		C					No
THORNE ASSOCIATES INC 1450 WEST RANDOLPH CHICAGO, IL 60607 36-3294352	CONTRIBUTING EMPLOYER	IL		S					No
HESTER PAINTING & DECORATING 7340 N MONTICELLO SKOKIE, IL 60076 36-2665670	CONTRIBUTING EMPLOYER	IL		C					No
BOWNE PAINTING 609 6TH STREET MENDOTA, IL 61342 36-3560865	CONTRIBUTING EMPLOYER	IL		C					No
AM - COAT PAINTING INC 17201 SOUTH PARKER RD HOMER GLEN, IL 60491 36-3245473	CONTRIBUTING EMPLOYER	IL		C					No
R T G DECORATING 28 WEST GREENFIELD LOMBARD, IL 60148 36-3827994	CONTRIBUTING EMPLOYER	IL		C					No
ROCK IT DRYWALL SERVICE INC P O BOX 564 BLOOMINGDALE, IL 60108 36-3624095	CONTRIBUTING EMPLOYER	IL		C					No
DES PAINTING INC 6466 W NORTH AVE CHICAGO, IL 60707 36-3272156	CONTRIBUTING EMPLOYER	IL		C					No
DIAMOND DECORATING 29W019 COLFORD AVE WEST CHICAGO, IL 60185 36-3606741	CONTRIBUTING EMPLOYER	IL		C					No
COMPRO PAINTING & DECORATING S 10 S 160 RAMM DRIVE BLDG C NAPERVILLE, IL 60564 36-3689619	CONTRIBUTING EMPLOYER	IL		S					No
MC GINNESS DECORATING INC 1105 JANET AVENUE DARIEN, IL 60561 36-4005319	CONTRIBUTING EMPLOYER	IL		C					No
PINTO CONSTRUCTION GROUP INC 7225 W 105TH STREET PALOS HILLS, IL 60465 36-3959439	CONTRIBUTING EMPLOYER	IL		C					No
NEDROW DECORATING INC 1019 SILL AVENUE AURORA, IL 60506 36-3821199	CONTRIBUTING EMPLOYER	IL		S					No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
TNT CONSTRUCTION CO 144 EASY STREET CAROL STREAM, IL 60188 36-2891617	CONTRIBUTING EMPLOYER	IL		S					No
FIVE STAR DECORATING INC 930 S STILE DR ADDISON, IL 60101 36-3902151	CONTRIBUTING EMPLOYER	IL		C					No
BROOKWOOD BUILDERS INC 801 CIRCLE AVE FOREST PARK, IL 60130 36-3246291	CONTRIBUTING EMPLOYER	IL		C					No
PEPPER DECORATING 19509 FORESTDALE COURT MOKEN, IL 60448 36-3155348	CONTRIBUTING EMPLOYER	IL		S					No
BAZAN PAINTING COMPANY 1273 N PRICE RD ST LOUIS, MO 63132 43-1116593	CONTRIBUTING EMPLOYER	MO		C					No
ADA DEC OF STERLING -607 1802 16TH AVE STERLING, IL 61081 36-3383207	CONTRIBUTING EMPLOYER	IL		C					No
COATINGS UNLIMITED INC-607 4325 BRIDGETON INDUSTRIAL BRIDGETON, MO 63044 43-0706513	CONTRIBUTING EMPLOYER	MO		C					No
FOREST CITY DECORATORS-607 PO BOX 2596 ROCKFORD, IL 61132 36-3288797	CONTRIBUTING EMPLOYER	IL		C					No
ROCK RIVER VALLEY PTG CO-607 1017 RIVER LANE LOVES PARK, IL 61111 26-0131127	CONTRIBUTING EMPLOYER	IL		S					No
ROCKFORD HOUSING AUTHORITY-607 223 SOUTH WINNEBAGO ST ROCKFORD, IL 61102 36-2584258	CONTRIBUTING EMPLOYER	IL		C					No
KARL SCHOENING & SONS-607 12021 VENTURA BLVD MACHESNEY PARK, IL 61115 36-2272764	CONTRIBUTING EMPLOYER	IL		C					No
KOLE CONSTRUCTION 1235 NAPERVILLE DR ROMEOVILLE, IL 60446 36-3702672	CONTRIBUTING EMPLOYER	IL		S					No
LOHRE 1750 HARDING ROAD NORTHFIELD, IL 60093 36-2845001	CONTRIBUTING EMPLOYER	IL		C					No
NAPERVILLE CHICAGO IL PTG & DE 648 ROOSEVELT ROAD GLEN ELLYN, IL 60137 36-4027070	CONTRIBUTING EMPLOYER	IL		C					No
A & P PAINTING CO 913 LARK STREET PEOTONE, IL 60468 45-4843508	CONTRIBUTING EMPLOYER	IL		S					No



Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CONTINENTAL PAINTING & DECORAT 2255 S WABASH CHICAGO, IL 60616 36-3933254	CONTRIBUTING EMPLOYER	IL		S					No
TATRO PAINTING & DEC - 467 P O BOX 211 CHEBANSE, IL 60922 37-1048519	CONTRIBUTING EMPLOYER	IL		S					No
STREATOR DECORATORS - 465 PO BOX 795 STREATOR, IL 61364 36-3352066	CONTRIBUTING EMPLOYER	IL		C					No
STEVE'S ABILITY GLASS SERV-135 905 22ND STREET ROCKFORD, IL 61108 36-4046495	CONTRIBUTING EMPLOYER	IL		S					No
CARDINAL GLASS CO - 1355 1087 RESEARCH PARKWAY ROCKFORD, IL 61105 36-2583467	CONTRIBUTING EMPLOYER	IL		C					No
CARDINAL GLASS CO 1630 E STATE STREET DE KALB, IL 60115 36-2583467	CONTRIBUTING EMPLOYER	IL		C					No
CONGRESS GLASS CO - G607 909 N PARKER DR JANESVILLE, WI 53545 39-0980748	CONTRIBUTING EMPLOYER	WI		C					No
DEKALB CONTRACT GLAZING - 1355 207 N 6TH STREET DE KALB, IL 60115 36-3670702	CONTRIBUTING EMPLOYER	IL		S					No
ROCK VALLEY GLASS - 1355 1398 HUNTWOOD DR CHERRY VALLEY, IL 61016 36-4245346	CONTRIBUTING EMPLOYER	IL		S					No
NEUMANN CO CONTRACTORS INC W9450 STATE ROAD 95 MERRILLAN, WI 54754 36-2422310	CONTRIBUTING EMPLOYER	WI		C					No
F C I CONSTRUCTION 735 A N YALE AVE VILLA PARK, IL 60181 36-3617305	CONTRIBUTING EMPLOYER	IL		C					No
LJ MORSE CONST CO 128 S BROADWAY AURORA, IL 60505 36-3944738	CONTRIBUTING EMPLOYER	IL		C					No
ALEXANDER CONST INC - 467 1511 COMMERCE DRIVE BOURBONNAIS, IL 60914 36-3044717	CONTRIBUTING EMPLOYER	IL		S					No
PRECISE PAINTING - 467 1684 W 2250 N RD BOURBONNAIS, IL 60914 36-4204116	CONTRIBUTING EMPLOYER	IL		C					No
GALAXY PAINTING LTD - 467 4782 W STATE RTE 17 KANKAKEE, IL 60901 36-4068212	CONTRIBUTING EMPLOYER	IL		C					No

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								Yes	No
ASSOC CONSTRUCTORS CO - 209 103 CAROLINE ST BLOOMINGTON, IL 61701 37-1199726	CONTRIBUTING EMPLOYER	IL		C					No
BUILDERS SALES & SERVICE -209 PO BOX 890 MOLINE, IL 612660889 36-2049371	CONTRIBUTING EMPLOYER	IL		C					No
ACE STRIPING INC - 157 PO BOX 27 GROVELAND, IL 61535 37-1405153	CONTRIBUTING EMPLOYER	IL		C					No
ALLIED CONS SERVICE - 157 PO BOX 937 DES MOINES, IA 50304 42-0670201	CONTRIBUTING EMPLOYER	IA		S					No
GLEN BRAKEBILL PNTG - 157 7667 W CHESTNUT LANE EDWARDS, IL 61528 37-1008061	CONTRIBUTING EMPLOYER	IL		C					No
COOK PAINTING INC - 157 200 LINCOLN ST WASHBURN, IL 61570 37-1306370	CONTRIBUTING EMPLOYER	IL		C					No
DRAGOO PAINTING INC - 157 P O BOX 722 PEORIA, IL 61652 36-2692349	CONTRIBUTING EMPLOYER	IL		C					No
ELITE PAINTING INC - 157 1428 PIERSON AVE WEST PEORIA, IL 61604 37-1322689	CONTRIBUTING EMPLOYER	IL		C					No
FEHR PAINTING - 157 914 W GRAND OAK DRIVE PEORIA, IL 61615 37-1025235	CONTRIBUTING EMPLOYER	IL		C					No
MC CLANAHAN PTG INC - 157 7905 W ROBERTSON RD EDWARDS, IL 61528 37-1327316	CONTRIBUTING EMPLOYER	IL		S					No
MID-IL COMPANIES - 157 905 NE ADAMS PEORIA, IL 61603 37-0923363	CONTRIBUTING EMPLOYER	IL		S					No
P C PAINTING & DEC INC - 157 2238 MAR VISTA WASHINGTON, IL 61571 37-1364418	CONTRIBUTING EMPLOYER	IL		S					No
M PERDUE PTG & CTGS INC-157 301 ZINSER PLACE WASHINGTON, IL 61571 37-1323508	CONTRIBUTING EMPLOYER	IL		C					No
PHIL SCHINDLER & SONS INC-157 PO BOX 4172 BARTONVILLE, IL 61607 37-1137051	CONTRIBUTING EMPLOYER	IL		C					No
VOGUE PAINTING - 157 11419 STATE STREET MOSSVILLE, IL 61552 36-3333148	CONTRIBUTING EMPLOYER	IL		C					No

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								Yes	No
GEORGE YOUNG & SONS PTG-157 2600 S W WASHINGTON ST PEORIA, IL 61651 37-0789310	CONTRIBUTING EMPLOYER	IL		C					No
COMMERCIAL & INDUST CTGS 209 103 S PRAIRIE BLOOMINGTON, IL 61701 36-4170826	CONTRIBUTING EMPLOYER	IL		S					No
MC LEAN COUNTY GLASS - G157 903 W LOCUST ST BLOOMINGTON, IL 61701 37-1354265	CONTRIBUTING EMPLOYER	IL		C					No
GRAWEY GLASS CO - G157 901 S W ADAMS ST PEORIA, IL 61602 37-1391274	CONTRIBUTING EMPLOYER	IL		C					No
KELLY GLASS INC - G157 2400 S W ADAMS ST PEORIA, IL 61602 36-1133561	CONTRIBUTING EMPLOYER	IL		C					No
COMMERCIAL GLASS CO - G157 914 W DETWEILLER DRIVE PEORIA, IL 61615 37-1069581	CONTRIBUTING EMPLOYER	IL		C					No
H & H DECORATING INC PO BOX 386 S ELGIN, IL 60177 20-1167852	CONTRIBUTING EMPLOYER	IL		C					No
BACON & VAN BUSKIRK - G157 801 S NEIL STREET CHAMPAIGN, IL 61820 37-0903310	CONTRIBUTING EMPLOYER	IL		S					No
NOVA PAINTING & DECORATING-607 PO BOX 7413 ROCKFORD, IL 61126 61-1458689	CONTRIBUTING EMPLOYER	IL		S					No
RW VANDEGRAFT PTG & DEC -209 1637 CHEYENNE LANE NORMAL, IL 61761 37-1378876	CONTRIBUTING EMPLOYER	IL		C					No
KOJA CONST INC - 607 PO BOX 296 BELOIT, WI 53511 39-1978268	CONTRIBUTING EMPLOYER	WI		S					No
OPC CONSTRUCTION 921 AEC DRIVE WOOD DALE, IL 60191 36-3987937	CONTRIBUTING EMPLOYER	IL		C					No
HARDIN SIGNS - 157 3663 MEADOWBROOK PEORIA, IL 61604 37-0900677	CONTRIBUTING EMPLOYER	IL		C					No
H REYNOLDS PAINTING - 467 635 S ROSEWOOD KANKAKEE, IL 60901 36-4368898	CONTRIBUTING EMPLOYER	IL		C					No
ERA VALDIVIA CONTRACTORS INC 11909 AVE O CHICAGO, IL 60617 36-3526376	CONTRIBUTING EMPLOYER	IL		C					No

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								Yes	No
GALESBURG GLASS CO INC-G607 1101 FIRST AVE ROCK FALLS, IL 61071 37-0696089	CONTRIBUTING EMPLOYER	IL		S					No
EAST MOLINE GLASS CO-G157 1333 13TH ST EAST MOLINE, IL 61244 36-3183595	CONTRIBUTING EMPLOYER	IL		S					No
ILLINOIS STATE UNIVERSITY-209 CAMPUS BOX 9000 NORMAL, IL 61790	CONTRIBUTING EMPLOYER	IL		C					No
ALCA INC 161 TOWER DR UNIT F BURR RIDGE, IL 60527 36-2495720	CONTRIBUTING EMPLOYER	IL		C					No
PROCACCIO PAINTING CO INC 601 SIDWELL COURT UNIT L ST CHARLES, IL 60174 36-4233946	CONTRIBUTING EMPLOYER	IL		S					No
NIKOLAS PAINTING CONTRACT INC 8401 S BELOIT AVE BRIDGEVIEW, IL 60455 36-3696857	CONTRIBUTING EMPLOYER	IL		C					No
LA NEE DECORATING PO BOX 1127 N RIVERSIDE, IL 60546 36-3338673	CONTRIBUTING EMPLOYER	IL		C					No
LAKEWOOD CARPENTRY SERVICES 1540 HANNAH AVE FOREST PARK, IL 601302630 36-3560972	CONTRIBUTING EMPLOYER	IL		S					No
EXCEPTIONAL PAINTING & DEC 2808 WAKE ISLAND DR JOLIET, IL 60435 36-4254687	CONTRIBUTING EMPLOYER	IL		S					No
SANDOVAL CONSTRUCTION CO 360 GREEN FEATHER LANE ELGIN, IL 60120 36-4100385	CONTRIBUTING EMPLOYER	IL		C					No
WALLFORMS INC 23874 N OVERHILL DR LAKE ZURICH, IL 60046 36-3402255	CONTRIBUTING EMPLOYER	IL		C					No
SHANAHAN DRYWALL SERVICE 11205 ARBOR CT HUNTLEY, IL 60142 36-3072699	CONTRIBUTING EMPLOYER	IL		C					No
F J ROBINSON CONT - 157 PO BOX 10557 PEORIA, IL 616120557	CONTRIBUTING EMPLOYER	IL		C					No
PEAK CARPENTRY INC 1208 E ALGONQUIN RD ALGONQUIN, IL 60102 26-2330965	CONTRIBUTING EMPLOYER	IL		S					No
PEPPER CONSTRUCTION CO 411 LAKE ZURICH ROAD BARRINGTON, IL 60010 36-1614680	CONTRIBUTING EMPLOYER	IL		C					No

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								Yes	No
PALAZZO PTG & DECORATING INC 340 LAURA DR ADDISON, IL 60101 36-4306285	CONTRIBUTING EMPLOYER	IL		S					No
SELLENTIN PAINTING PO BOX 484 FRANKFORT, IL 60423 36-3992560	CONTRIBUTING EMPLOYER	IL		S					No
ANDERSON MORAN CONSTRUCTION PO BOX 5008 WHEATON, IL 60189 36-4315890	CONTRIBUTING EMPLOYER	IL		S					No
DIAZ INTERIOR CONTRACTORS 25220 CANAL ROAD N MINOOKA, IL 60447 36-3770881	CONTRIBUTING EMPLOYER	IL		S					No
PROFESSIONAL DEC & PNTG INC 7149 N AUSTIN AVENUE NILES, IL 60714 36-4034457	CONTRIBUTING EMPLOYER	IL		S					No
PYRAMID PAINTING & DEC 5205 E DEERFIELD DR MORRIS, IL 60450 36-4357959	CONTRIBUTING EMPLOYER	IL		S					No
CAPITOL DECORATING 1352 RIDGE AVE ELK GROVE VILLAGE, IL 60007 36-4199583	CONTRIBUTING EMPLOYER	IL		C					No
LEOPARDO COMPANIES INC 5200 STONE PARKWAY HOFFMAN ESTATES, IL 60192 36-3046570	CONTRIBUTING EMPLOYER	IL		S					No
GHELARDINI INC - 157 219 INDIAN CREEK DRIVE PEKIN, IL 61554 36-4127821	CONTRIBUTING EMPLOYER	IL		C					No
PRISM PAINTING CO PO BOX 1944 HIGHLAND, IN 46322 35-1554553	CONTRIBUTING EMPLOYER	IN		S					No
THE GLASS SHOP INC - G157 1419 N LASALLE ST OTTAWA, IL 61350 36-3357867	CONTRIBUTING EMPLOYER	IL		C					No
FIRST LOOK DESIGN INC 11423 ABBEY ROAD MOKENA, IL 60448 36-4468474	CONTRIBUTING EMPLOYER	IL		C					No
J & M DECORATING INC 205 FAIRBANK ST ADDISON, IL 60101 36-4057994	CONTRIBUTING EMPLOYER	IL		S					No
C & W BUILDING SERV INC 1444 W LAKE ST CHICAGO, IL 60607 36-3961852	CONTRIBUTING EMPLOYER	IL		C					No
WILLIAMS SPECIALTY SERV-465 100 CRESCENT CENTRE PKWY STE 1240 TUCKER, GA 30084	CONTRIBUTING EMPLOYER	GA		C					No

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								Yes	No
AIRTITE CONTRACTORS INC 343 CAROL LANE ELMHURST, IL 60126 20-0341479	CONTRIBUTING EMPLOYER	IL		C					No
TIDAL CONST SERV INC 7461 W 93RD ST UNIT E BRIDGEVIEW, IL 60455 36-3814953	CONTRIBUTING EMPLOYER	IL		C					No
JC ANDERSON INC 834 N CHURCH ROAD ELMHURST, IL 60126 36-0735110	CONTRIBUTING EMPLOYER	IL		S					No
ROBERT W BRITZ PGT CO INC-607 14256 FRAZEE RD DIVERNON, IL 62530 37-0954440	CONTRIBUTING EMPLOYER	IL		S					No
LANKFORD CONST CO 1455 KARLENS WAY JOHNSBURG, IL 60050 36-2786008	CONTRIBUTING EMPLOYER	IL		C					No
THE ROCKWELL GROUP - 607 500 W SOUTH ST FREEPORT, IL 61032 36-4053385	CONTRIBUTING EMPLOYER	IL		S					No
PAINTING BY KELLER PO BOX 154 ELBURN, IL 60119 36-0360046	CONTRIBUTING EMPLOYER	IL		S					No
UPTOWN PAINTING & DEC INC 6712 N CLARK CHICAGO, IL 60626 36-4431612	CONTRIBUTING EMPLOYER	IL		C					No
ACORN BUILDERS PO BOX 593 SOUTH ELGIN, IL 60177 36-4449614	CONTRIBUTING EMPLOYER	IL		C					No
SKYLINE DECORATING 10 CORNERS DRIVE DEER PARK, IL 60010 20-0400176	CONTRIBUTING EMPLOYER	IL		S					No
PEKIN GLASS & MIRROR - G157 332 DERBY ST PEKIN, IL 61554 32-0073805	CONTRIBUTING EMPLOYER	IL		C					No
ART WORKS - 607 807 N CHICAGO AVE ROCKFORD, IL 61107 37-1296653	CONTRIBUTING EMPLOYER	IL		C					No
P & S PAINTING INC 1311 DALEMONT WAY DYER, IN 46311 35-1944827	CONTRIBUTING EMPLOYER	IN		C					No
GC ZARNAS & CO INC-157 850 JENNINGS ST BETHLEHEM, PA 18017 23-1670134	CONTRIBUTING EMPLOYER	PA		C					No
TRIPAR DRYWALL INC 13112 WEST REGAN RD MOKENA, IL 60448 01-0763666	CONTRIBUTING EMPLOYER	IL		S					No

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								Yes	No
CL COATINGS LLC 8450 WEST 191ST ST UNIT 19 MOKENA, IL 60448 20-0006209	CONTRIBUTING EMPLOYER	IL		C					No
4MC CORPORATION - 209 8040 JORDAN ROAD ARGENTA, IL 62501 37-1319327	CONTRIBUTING EMPLOYER	IL		S					No
MAXCOR INC 900 COUNTRY CREEK DRIVE NEW LENOX, IL 60451 36-3941657	CONTRIBUTING EMPLOYER	IL		C					No
NIELSEN DECORATING - 465 308 PRAIRIE ST SPRING VALLEY, IL 61362 38-3692231	CONTRIBUTING EMPLOYER	IL		C					No
PINNACLE DECORATING 8404 W 26TH ST N RIVERSIDE, IL 60546 36-4333195	CONTRIBUTING EMPLOYER	IL		C					No
MIDWEST DECORATING INC 44W108 U S HWY 20 HAMPSHIRE, IL 60140 73-1701155	CONTRIBUTING EMPLOYER	IL		S					No
BEDROCK PAINTING INC - 209 3317 PEPPERTREE LANE BLOOMINGTON, IL 61704 36-4551659	CONTRIBUTING EMPLOYER	IL		S					No
BUTLER DRWL & PAINT SERV INC 8710 S ROOD ROAD KINGSTON, IL 60145 54-2145418	CONTRIBUTING EMPLOYER	IL		C					No
HOOPS PAINTING - 157 21586 EAST BRAD CANTON, IL 61520 20-0711720	CONTRIBUTING EMPLOYER	IL		C					No
ASPEN CONSTRUCTION SYS INC 2619 CROSBY ST ROCKFORD, IL 61107 20-0531119	CONTRIBUTING EMPLOYER	IL		C					No
RIGID CONSTRUCTION INC 112 SYCAMORE LANE MACHESNEY PARK, IL 61115 20-0870500	CONTRIBUTING EMPLOYER	IL		C					No
ESPINOZA DECORATING INC 2231 N ROCKWELL CHICAGO, IL 60647 36-4223203	CONTRIBUTING EMPLOYER	IL		S					No
KOOLMASTER CO INC - G157 300 SECOND ST LASALLE, IL 61301 36-2672340	CONTRIBUTING EMPLOYER	IL		C					No
VISION INTERIOR DRYWALL CORP 3828 W 121ST PL ALSIP, IL 60803 56-2482005	CONTRIBUTING EMPLOYER	IL		C					No
MIDWEST PAINTING - 607 1017 RIVER LANE LOVES PARK, IL 61111 71-0952474	CONTRIBUTING EMPLOYER	IL		S					No

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								Yes	No
MANTA INDUST INC - 157 5233 HOHMAN AVE HAMMOND, IN 46320 20-0006209	CONTRIBUTING EMPLOYER	IN		C					No
DURANGO PAINTING 2846 COASTAL DR AURORA, IL 60503 36-4423762	CONTRIBUTING EMPLOYER	IL		C					No
MIDWEST COM COATINGS INC-209 PO BOX 1121 MAHOMET, IL 61853 20-2636553	CONTRIBUTING EMPLOYER	IL		S					No
NILES INDUSTRIAL COATINGS LLC 201 S ALLOY DR FENTON, MI 48430 61-1619225	CONTRIBUTING EMPLOYER	MI		S					No
H & H BUILDERS INC - 465 702 2ND ST MENDOTA, IL 613420553 36-3880861	CONTRIBUTING EMPLOYER	IL		S					No
D & M CONST SERV INC 9835 CLEARVUE CT MOKENA, IL 60448 56-2334643	CONTRIBUTING EMPLOYER	IL		C					No
RUIZ CONST SYSTEMS - 607 PO BOX 7506 ROCKFORD, IL 61126 20-4330590	CONTRIBUTING EMPLOYER	IL		C					No
LEWALT GLASS CO INC - G607 6521 COMMERCIAL ROAD CRYSTAL LAKE, IL 60014 36-2605320	CONTRIBUTING EMPLOYER	IL		C					No
MAY DECORATING II INC 520 W SHADY LANE RD PALATINE, IL 60074 20-3508418	CONTRIBUTING EMPLOYER	IL		C					No
CLARION CONST INC 87 EISENHOWER LANE SOUTH LOMBARD, IL 60148 36-3635108	CONTRIBUTING EMPLOYER	IL		S					No
DOHERTY CONSTRUCTION INC 163 N VALLEY HILL ROAD WOODSTOCK, IL 60098 36-3855369	CONTRIBUTING EMPLOYER	IL		S					No
CRONKHITE PTG & DEC - 157 1925 WOODLAND KNOLLS RD METAMORA, IL 61548 20-4242023	CONTRIBUTING EMPLOYER	IL		C					No
DESTINY SERVICES 1139 W VERMONT UNIT 1 CALUMET PARK, IL 60827 36-4613806	CONTRIBUTING EMPLOYER	IL		C					No
K & E PTG & DEC INC 927 DILLON DR WOOD DALE, IL 60191 02-0758931	CONTRIBUTING EMPLOYER	IL		S					No
SBA INDUSTRIAL COATINGS INC 925 DEAN ST ST CHARLES, IL 60174 20-5779872	CONTRIBUTING EMPLOYER	IL		S					No



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								Yes	No
TRICOR CARPENTRY 14312 W JAMES LANE HOMER GLEN, IL 60491 20-5805301	CONTRIBUTING EMPLOYER	IL		C					No
MSM SOLUTIONS INC 855 E 22ND ST UNIT 305 LOMBARD, IL 60148 20-0350059	CONTRIBUTING EMPLOYER	IL		S					No
DBM SERVICES INC 16W107 83RD ST BURR RIDGE, IL 60527 36-4280642	CONTRIBUTING EMPLOYER	IL		C					No
EXECUTIVE PAINTING INC - 607 2224 23RD AVENUE ROCKFORD, IL 61104 20-8066892	CONTRIBUTING EMPLOYER	IL		C					No
ALLIANCE DRWL & ACOUST INC 1080 TOWER LANE BENSENVILLE, IL 60106 20-2563834	CONTRIBUTING EMPLOYER	IL		C					No
CALIBER CONSTRUCTION CO 1940 INTERNATIONAL PKWY UNIT 100 WOODRIDGE, IL 60517 36-4370182	CONTRIBUTING EMPLOYER	IL		C					No
CONTEMP HAMMER WORKS INC-607 750 N MADISON ST ROCKFORD, IL 61107 36-4411963	CONTRIBUTING EMPLOYER	IL		S					No
BEAR CONSTRUCTION COMPANY 1501 ROHLWING ROAD ROLG MEADOWS, IL 60008 36-3351654	CONTRIBUTING EMPLOYER	IL		C					No
SEI COATINGS LLC 8450 W 191ST ST UNIT 19 MOKENA, IL 60448	CONTRIBUTING EMPLOYER	IL		C					No
BROOKDALE DECORATING INC 3623 BREITWIESER LANE NAPERVILLE, IL 60564 87-0769205	CONTRIBUTING EMPLOYER	IL		C					No
TE CORP INC 2221 MURIEL CT JOLIET, IL 60433	CONTRIBUTING EMPLOYER	IL		C					No
UNIVERSAL BLASTCO 157 318 NEELEY ST SUMTER, SC 29150 55-0648188	CONTRIBUTING EMPLOYER	SC		S					No
COMBINED TAPING & PAINTING-607 15561 BOMBAY BLVD S BELOIT, IL 60180 66-2530820	CONTRIBUTING EMPLOYER	IL		C					No
RATHBUN & SONS CARP CONT-209 PO BOX 165 HOPEDALE, IL 61747 37-1355485	CONTRIBUTING EMPLOYER	IL		C					No
A & R HARRIS CONST CO - 607 6287 WHITE DOVE RD ROSCOE, IL 61073 80-0463246	CONTRIBUTING EMPLOYER	IL		C					No

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								Yes	No
ECS-EQUITY CONST SERV INC 1314 KENSINGTON ROAD 5000 OAK BROOK, IL 60522 13-4247719	CONTRIBUTING EMPLOYER	IL		S					No
WOODS CONSTRUCTION INC 6396 PRODUCT DR STERLING HGTS, MI 48312 38-2891257	CONTRIBUTING EMPLOYER	MI		S					No
COSGROVE CONSTRUCTION INC 20654 AMHERST CT JOLIET, IL 60433 36-3805778	CONTRIBUTING EMPLOYER	IL		S					No
ILLINI GLASS SOLUTIONS LLCG157 1333 13TH STREET EAST MOLINE, IL 61244 20-1209781	CONTRIBUTING EMPLOYER	IL		C					No
RP COATINGS INC 710A SOUTH MAIN TROY, IL 62294 37-1404977	CONTRIBUTING EMPLOYER	IL		S					No
ARCHITECTURAL FIXTURES INC 630 ANTHONY TRAIL NORTHBROOK, IL 60062 36-4326901	CONTRIBUTING EMPLOYER	IL		S					No
PAINTING 4 U 505 RIVERHILL CT MACHESNEY PARK, IL 61115 27-3356951	CONTRIBUTING EMPLOYER	IL		C					No
JMR BUILDERS LLC 18704 PINON TR MARENGO, IL 60152 26-4787188	CONTRIBUTING EMPLOYER	IL		S					No
JC'S UNITED BUILDING MAINT INC 165 EASY STREET CAROL STREAM, IL 60188 36-3337862	CONTRIBUTING EMPLOYER	IL		S					No
JF CARPENTRY SERVICES INC 9226 WEST GRAND AVE FRANKLIN PARK, IL 60131 36-4545416	CONTRIBUTING EMPLOYER	IL		S					No
CD DRYWALL SERVICES INC 4931 W 173RD STREET UNITE E COUNTRY CLUB HILLS, IL 60478 73-1735336	CONTRIBUTING EMPLOYER	IL		S					No
COPPER CONSTRUCTION CO -LU607 754 LARSEN LANE BENSENVILLE, IL 60106 65-1231943	CONTRIBUTING EMPLOYER	IL		C					No
TERRY VAUGHN CONS CO INC LU467 125 E BROOKMONT BLVD KANKAKEE, IL 60901 37-3373337	CONTRIBUTING EMPLOYER	IL		C					No
FBD CARPENTRY INC 24233 RIVERSIDE DRIVE CHANNAHON, IL 60410 26-0437648	CONTRIBUTING EMPLOYER	IL		C					No
SWEDBERG & ASSOCIATES INC-607 1135 E STATE STREET SYCAMORE, IL 60178 36-2616371	CONTRIBUTING EMPLOYER	IL		C					No

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								Yes	No
HDS II INC 21024 ST JAMES CT MOKENA, IL 60448 80-0412397	CONTRIBUTING EMPLOYER	IL		C					No
MADISON COATING COMPANY 15657 S 70TH COURT ORLAND PARK, IL 60014 45-1338669	CONTRIBUTING EMPLOYER	IL		C					No
PRECISION WALL SYSTEMS INCG157 3801 S MAIN STREET SOUTH BEND, IN 46614	CONTRIBUTING EMPLOYER	IN		S					No
RIDGE PAINTING - LU157 3318 N ISABEL AVE PEORIA, IL 61604 45-2619188	CONTRIBUTING EMPLOYER	IL		C					No
CELTIC COMMERCIAL PAINTING LLC 10204 WERCH DRIVE STE 303 WOODRIDGE, IL 60517 46-0900275	CONTRIBUTING EMPLOYER	IL		C					No
MARIN BROS INC 2293 CORNELL AVENUE MONTGOMERY, IL 60538 20-8601128	CONTRIBUTING EMPLOYER	IL		C					No
K&J PAINTING LLC 732 NORTH STREET GENEVA, IL 60134 46-1432475	CONTRIBUTING EMPLOYER	IL		S					No
UNIFIED CLEANROOM CONST LLC 738 WATER STREET SAUK CITY, WI 53583 20-1578823	CONTRIBUTING EMPLOYER	WI		C					No
ASPEN COMMERCIAL PAINTING INC 6475 JOLIET ROAD STE A800 COUNTRYSIDE, IL 60525 46-1882467	CONTRIBUTING EMPLOYER	IL		S					No
SNS CONSTRUCTION SVCS INC-157 23776 E SEBREE ROAD CANTON, IL 61520 46-1038558	CONTRIBUTING EMPLOYER	IL		C					No
BEAIRD'S PAINTING & DEC INC 1218 S UNION STREET AURORA, IL 60505 45-5581052	CONTRIBUTING EMPLOYER	IL		S					No
JP PHILLIPS INC 3220 WOLF ROAD FRANKLIN PARK, IL 60131 36-3878124	CONTRIBUTING EMPLOYER	IL		S					No
SAVAGE DECORATING INC PO BOX 3253 BARRINGTON, IL 60011 36-2853980	CONTRIBUTING EMPLOYER	IL		C					No
JANECYK CONSTRUCTION CO INC 2307 W 136TH STREET BLUE ISLAND, IL 60406 36-3368191	CONTRIBUTING EMPLOYER	IL		C					No
SELLERGRENT BROS INC 425 E ALGONQUIN ROAD ARLINGTON HEIGHTS, IL 60005 36-3635975	CONTRIBUTING EMPLOYER	IL		C					No

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								Yes	No
CROWN COMMERCIAL PAINTING INC 10124 W 187TH STREET MOKENA, IL 60448 27-2709310	CONTRIBUTING EMPLOYER	IL		C					No
WALL TECH INC 7025 RAYWOOD ROAD MADISON, WI 53713	CONTRIBUTING EMPLOYER	WI		C					No
AFFORDABLE DECORATING 309 ALABAMA TR CAROL STREAM, IL 60188 36-4083864	CONTRIBUTING EMPLOYER	IL		C					No
JOHNSON CONTRACTING COMPANY INC 2750 MORTON DRIVE EAST MOLINE, IL 61244 37-0951409	CONTRIBUTING EMPLOYER	IL		C					No
KLEIN DICKERT GLASS PO BOX 259410 MADISON, WI 53725 36-2707870	CONTRIBUTING EMPLOYER	WI		C					No
KEMPER CONSTRUCTION -157 PO BOX 492 CANTON, IL 61520 37-1323852	CONTRIBUTING EMPLOYER	IL		C					No
SCHMELZER PAINT CO INC 902 STEWART ST MADISON, WI 53713 39-1016521	CONTRIBUTING EMPLOYER	WA		C					No
AVALOTIS CORPORATION 400 JONES ST VERONA, PA 15147	CONTRIBUTING EMPLOYER	PA		C					No
MARK INDUSTRIES LTD 1455 DAVID RD ELGIN, IL 60123	CONTRIBUTING EMPLOYER	IL		C					No
STAN'S PAINTING & DEC 440 SULLIVAN STREET HOBART, IN 46342 35-1786212	CONTRIBUTING EMPLOYER	IN		C					No
PAINTERS LOCAL #802 1571 IVORY DR SUN PRAIRIE, WI 53590	CONTRIBUTING EMPLOYER	WI		C					No
EAGLE PAINTING & MAINT CO 1865 BERNICE RD LANSING, IL 60438 75-3124141	CONTRIBUTING EMPLOYER	IL		C					No
BROEREN RUSSO CONSTRUCTION INC 602 N COUNTRY FAIR DR CHAMPAIGN, IL 61820 37-1247935	CONTRIBUTING EMPLOYER	IL		C					No
OMNI COMMERCIAL GROUP INC PO BOX 223 ALGONQUIN, IL 60102	CONTRIBUTING EMPLOYER	IL		C					No
CONS ST IND OF CENTRAL 34 E SPRINGFIELD AVE CHAMPAIGN, IL 61820	CONTRIBUTING EMPLOYER	IL		C					No

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								Yes	No
DISTRICT COUNCIL #81 1000 BURR RIDGE PARKWAY BURR RIDGE, IL 60527	CONTRIBUTING EMPLOYER	IL		C					No
NILES CONST SERVICES 5048 PILGRIM ROAD FLINT, MI 48507	CONTRIBUTING EMPLOYER	MI		C					No
AMERICAN GLASS & METAL CORP 865 STONEHURST DR ROSELLE, IL 60172 36-3638607	CONTRIBUTING EMPLOYER	IL		C					No
J M C CONSTRUCTION INC 10319 VANS DR FRANKFORT, IL 60423 36-3939957	CONTRIBUTING EMPLOYER	IL		C					No
SELECT PAINTING & DRYWALL PO BOX 487 HUNTLEY, IL 60142 57-1236234	CONTRIBUTING EMPLOYER	IL		C					No
NATIONAL PAINTING DEC 811 W EVERGREEN AVE CHICAGO, IL 60642 36-4556463	CONTRIBUTING EMPLOYER	IL		C					No
ATLANTIC PAINTING CO INC 10019 SOUTHWEST HWY OAK LAWN, IL 60453 36-8473510	CONTRIBUTING EMPLOYER	IL		C					No
GLAZ & GLASS LU 941 PO BOX 510308 NEW BERLIN, WI 53151	CONTRIBUTING EMPLOYER	WI		C					No
P&ATDC #82 HW 3001 METRO DR BLOOMINGTON, MN 55425	CONTRIBUTING EMPLOYER	MN		C					No
OMNI GLASS & PAINT INC 3530 OMNI DR OSHKOSH, WI 54903 39-1096938	CONTRIBUTING EMPLOYER	WI		C					No
MARKET CONTRACTING 4201 W 36TH ST CHICAGO, IL 60632	CONTRIBUTING EMPLOYER	IL		C					No
ALUMITAL CORPORATION 1401 E HIGGINS RD ELK GROVE, IL 60007 36-3651568	CONTRIBUTING EMPLOYER	IL		C					No
BLOCKER INC 2319 WALKUP CRYSTAL LAKE, IL 60012 26-4046260	CONTRIBUTING EMPLOYER	IL		C					No
MEYER GLASS 202 W HARRISON MICHIGAN CITY, IN 46360	CONTRIBUTING EMPLOYER	IN		C					No
CCIMW LLC - LU157 1810 SCHERER PARKWAY ST CHARLES, MO 63303	CONTRIBUTING EMPLOYER	MO		C					No

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								Yes	No
MCCOY CONSTRUCTION CO 417 WEST SHERMAN AVE PONTIAC, IL 61764 37-0762525	CONTRIBUTING EMPLOYER	IL		C					No
MIDWEST ARCHITECTURAL GLASS 1005 PLAINFIELD RD JOLIET, IL 60435 27-0087206	CONTRIBUTING EMPLOYER	IL		C					No
CCL CORPORATION 121 AIRPORT DRIVE UNIT H JOLIET, IL 60431	CONTRIBUTING EMPLOYER	IL		C					No
SOUTHERN OHIO PAINTERS 33 FITCH BLVD AUSTINTOWN, OH 44515	CONTRIBUTING EMPLOYER	OH		C					No
INDIANA STATE COUNCIL OF ROOFERS PO BOX 5769 LAFAYETTE, IN 47903	CONTRIBUTING EMPLOYER	IN		C					No
TENNESSEE VALLEY PAINTERS PO BOX 1449 GOODLETTSVILLE, TN 37070	CONTRIBUTING EMPLOYER	TN		C					No
NW INDIANA PAINTERS 2111 W LINCOLN HWY MERRILLVILLE, IN 46410	CONTRIBUTING EMPLOYER	IN		C					No
PAUL BORG CONSTRUCTION COMPANY 2007 S MARSHALL BLVD CHICAGO, IL 60623	CONTRIBUTING EMPLOYER	IL		C					No
DISTRICT COUNCIL #58 940 CALIFORNIA AVE COLLINSVILLE, IL 62234	CONTRIBUTING EMPLOYER	IL		C					No
HEINTZ CONSTRUCTION INC 13900 VAN DYKE ROAD PLAINFIELD, IL 60544 36-3228978	CONTRIBUTING EMPLOYER	IL		C					No
KDL INDUST & CONST SVCS-157 PO BOX 98 PEKIN, IL 61554 46-1529334	CONTRIBUTING EMPLOYER	IL		C					No
SCHOENING PAINTING & DEC LU607 750 N MADISON STREET ROCKFORD, IL 61107 46-2334780	CONTRIBUTING EMPLOYER	IL		C					No
BISHOP BROS INC-LU157 PO BOX 3854 PEORIA, IL 61612 37-1082827	CONTRIBUTING EMPLOYER	IL		C					No
PROGRAMMED PTG SER INC-LU607 4029 W GREENFIELD AVE MILWAUKEE, WI 53215 39-1494900	CONTRIBUTING EMPLOYER	WI		C					No
MERCEDES SECTION 5 INSTALLG157 70 E 23RD STREET CHICAGO HEIGHTS, IL 60411	CONTRIBUTING EMPLOYER	IL		C					No

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								Yes	No
NORTHERN IL WALL & CEILING 607 3948 W CEDAR DIXON, IL 61021 20-8929964	CONTRIBUTING EMPLOYER	IL		C					No
ESCARPITA CONSTRUCTION 921 BRIAN DRIVE CREST HILL, IL 60403	CONTRIBUTING EMPLOYER	IL		C					No
LAVERDIERE CONSTRUCITON 4055 W JACKSON ST MACOMB, IL 61455	CONTRIBUTING EMPLOYER	IL		C					No
MATT'S ABILITY GLASS SER-G607 905 22ND STREET ROCKFORD, IL 61108 46-2837543	CONTRIBUTING EMPLOYER	IL		C					No
HANFLAND PAINTING CONT LLC PO BOX 144 SIGEL, IL 62462	CONTRIBUTING EMPLOYER	IL		C					No
CR2 PAINTING 3950 W GARDNER ROAD VERONA, IL 60479	CONTRIBUTING EMPLOYER	IL		C					No
PERMASTEELISA NORTH AMERI 703 NW 62ND AVE MIAMI, FL 33125	CONTRIBUTING EMPLOYER	FL		C					No
SOUTHERN ILLINOIS INT INC-607 1469 N 6TH STREET MASCOUTAH, IL 62258	CONTRIBUTING EMPLOYER	IL		C					No
HERITAGE CARPENTRY 5344 NEWBURG RD BELVIDERE, IL 61008 36-4464404	CONTRIBUTING EMPLOYER	IL		C					No
PACE PAINTING 1871 EAGLE CREST BARNHART, MO 63012	CONTRIBUTING EMPLOYER	MO		C					No
P&W PAINTING CONTRACTORS INC 3031 FRONT STREET TOLEDO, OH 43605 35-2197655	CONTRIBUTING EMPLOYER	OH		C					No
FREGA PAINTING & DEC INC 1041 WOODLAND AVENUE BATAVIA, IL 60510	CONTRIBUTING EMPLOYER	IL		C					No
FREGA RESIDENTIAL 1041 WOODLAND AVE BATAVIA, IL 60510	CONTRIBUTING EMPLOYER	IL		C					No
WHITEHEAD BROTHERS PAINTING 9647 PERSIMMON POINT HILLSBORO, MO 63050	CONTRIBUTING EMPLOYER	MO		C					No
NA FAVIA BUILDER INC 333 S ARDMORE VILLA PARK, IL 60181	CONTRIBUTING EMPLOYER	IL		C					No

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								Yes	No
KEVIN NUGENT CONSTRUCTION INC 106 MOONEY DRIVE BOURBONNIAS, IL 60914	CONTRIBUTING EMPLOYER	IL		C					No
RIVERSIDE INTERIORS LLC LU157 1287 LOURDES ROAD METAMORA, IL 61548	CONTRIBUTING EMPLOYER	IL		C					No
DENK & ROCHE BUILDERS INC 104 GATEWAY ROAD BENSENVILLE, IL 60106	CONTRIBUTING EMPLOYER	IL		C					No
BOWNE PAINTING 609 6TH STREET MENDOTA, IL 61342 36-3560865	CONTRIBUTING EMPLOYER	IL		C					No
SPECTRA PAINTING CO 13573 ST CHARLES ROCK RD BRIDGETON, MO 63044 26-3866719	CONTRIBUTING EMPLOYER	MO		C					No
CENTRAL PARKING PO BOX 606 ST JOHN, IN 46373	CONTRIBUTING EMPLOYER	IN		C					No
VOGUE PTG & DEC RESIDENTIAL 11419 STATE STREET MOSSVILLE, IL 61552	CONTRIBUTING EMPLOYER	IL		C					No