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

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

OMB No 1545-1150

2014**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

A For the 2014 calendar year, or tax year beginning , 2014, and ending , 20

B Check if applicable

☐ Address change	C Name of organization PAINTING AND DECORATING CONTRACTORS	D Employer identification number 23-2791719
☐ Name change	E Telephone number 570-824-0290	
☐ Initial return	F Group Exemption Number	
☐ Final return/terminated		
☐ Amended return		
☐ Application pending		

G Accounting Method ☒ Cash ☐ Accrual Other (specify) ▶

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶

J Tax-exempt status (check only one) - ☐ 501(c)(3) ☒ 501(c) (6) (insert no) 4947(a)(1) or 527

K Form of organization ☐ Corporation ☐ Trust ☒ Association ☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 51,893.00

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	51,856.00
	4	Investment income	4	37.00
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0.00
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
Expenses	6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
	6c	Less direct expenses from gaming and fundraising events	6c	
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0.00
	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0.00
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	51,893.00
	10	Grants and similar amounts paid (list in Schedule O)	10	23,950.00
	11	Benefits paid to or for members	11	100.00
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	1,380.00
14	Occupancy, rent, utilities, and maintenance	14		
15	Printing, publications, postage, and shipping	15		
16	Other expenses (describe in Schedule O)	16	50,348.00	
17	Total expenses. Add lines 10 through 16	17	75,778.00	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-23,885.00
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	64,172.00
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	40,287.00

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2014)

Part II Balance Sheets (see the instructions for Part II)

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

		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	64,172.00	22	40,287.00
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	Total assets	64,172.00	25	40,287.00
26	Total liabilities (describe in Schedule O)		26	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	64,172.00	27	40,287.00

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III . . . ☒ X

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

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

Expenses
(Required for section
501(c)(3) and 501(c)(4)
organizations, optional for
others)

28	TRAINING AND INSTRUCTIONAL SEMINARS FOR AREA PAINTERS AND DECORATORS.		
	(Grants \$) If this amount includes foreign grants, check here ▶ ☐	28a	8,347.00
29	DONATIONS TO LOCAL CHARITIES.		
	(Grants \$) If this amount includes foreign grants, check here ▶ ☐	29a	23,950.00
30	FUNDING OF CHARITABLE PAINTING PROJECTS IN NORTHEASTERN PENNSYLVANIA.		
	(Grants \$) If this amount includes foreign grants, check here ▶ ☐	30a	5,673.00
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here ▶ ☐	31a	
32	Total program service expenses (add lines 28a through 31a) ▶	32	37,970.00

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)

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

[illegible]

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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.00		
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a 0.00		
b Gross receipts, included on line 9, for public use of club facilities 39b 0.00		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► , section 4912 ► , section 4955 ►		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0.00		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization. ► 0.00		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed ► PENNSYLVANIA		
42a The organization's books are in care of ► NORTHEAST PDCA Telephone no ► 570-824-0290 Located at ► 81 NEW FREDERICK ST., WILKES-BARRE, PA ZIP + 4 ► 18702		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	42b	X
c At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country ►	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year. ► 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).	45b	X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

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

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		X
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		X
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b If "Yes," was the related organization a section 527 organization?

49b		
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50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

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

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

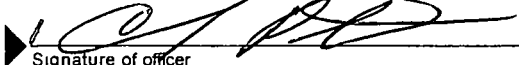
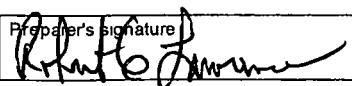
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

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

d Total number of other independent contractors each receiving over \$100,000 . . . ▶

52 Did the organization complete Schedule A? **Note** All section 501(c)(3) organizations must attach a completed Schedule A ☐ Yes ☒ No

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

Sign Here	Signature of officer 		Date 5-7-15		
	Type or print name and title Carl Postupalsky Sec-Treas				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature 	Date 5/1/15	Check ☐ if self-employed	PTIN P00865583
	Firm's name ▶	LAWRENCE, CABLE AND COMPANY, LLP		Firm's EIN ▶	23-3029410
	Firm's address ▶	106 SOUTH MAIN STREET		Phone no	
	WILKES-BARRE, PA 18701		570-825-0001		

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

PAINTING AND DECORATING CONTRACTORS

Employer identification number

23-2791719

PART I, QUESTION 10:

GRANTS AND ALLOCATIONS:

CLASSIFICATION	DONEE'S NAME	ADDRESS	RELATIONSHIP	AMOUNT
CHARITABLE	ADBC MEMORIAL SOCIETY	JAMAICA PLAIN, MA 02130	NONE	\$ 100
CHARITABLE	LACKAWANNA COLLEGE SCHOOL	501 VINE STREET	NONE	2,500
	OF PETROLEUM & NATURAL GAS	SCRANTON, PA 18509		
CHARITABLE	GOOSE POND BOY SCOUTS	1047 GOOSE POND RD	NONE	1,800
		LAKE ARIEL PA 18436		
CHARITABLE	CATHOLIC SOCIAL SERVICES	33 E. NORTHAMPTON ST.	NONE	500
		WILKES-BARRE PA 18701		
CHARITABLE	CROSS CREEK COMMUNITY	370 CARVERTON ROAD	NONE	500
	CHURCH	TRUCKSVILLE PA 18708		
CHARITABLE	DIVINE MERCY CHURCH	312 DAVIS STREET	NONE	2,000
		SCRANTON PA		
CHARITABLE	DWIGHT E. STOLTZFUS	1200 PARK ROAD	NONE	100
	SCHOLARSHIP FUND	HARRISONBURG VA 22802		
CHARITABLE	GOOD SHEPHERD LUTHERAN	190 SOUTH MAIN ST	NONE	2,000
	CHURCH	WILKES-BARRE PA 18701		
CHARITABLE	HEAD START	PO BOX 540	NONE	4,000
		WILKES-BARRE PA 18703		

Name of the organization

PAINTING AND DECORATING CONTRACTORS

Employer identification number

23-2791719

PART I, QUESTION 10:

GRANTS AND ALLOCATIONS (continued):

CLASSIFICATION	DONEE'S NAME	ADDRESS	RELATIONSHIP	AMOUNT
CHARITABLE	KIRBY HEALTH CENTER	71 N FRANKLIN ST	NONE	2,000
		WILKES-BARRE PA 18701		
CHARITABLE	MINER CONG. UNITED CHURCH	137 ABBOTT STREET	NONE	6,100
	OF CHRIST	PLAINS PA 18705		
CHARITABLE	OUR LADY OF HOPE	40 PARK AVENUE	NONE	2,000
		WILKES-BARRE PA 18702		
CHARITABLE	WILKES 1ST SCHOLARSHIP FUND	84 W SOUTH STREET	NONE	350
		WILKES-BARRE PA 18702		
	TOTAL			\$23,950

Name of the organization

PAINTING AND DECORATING CONTRACTORS

Employer identification number

23-2791719

PART I, QUESTION 16:

OTHER EXPENSES:

CHARITABLE PROJECTS 5,673

MEMBER EVENTS 26,882

CONFERENCES, CONVENTIONS, MEETINGS 12,171

OFFICE EXPENSE 4,000

DUES 1,622

TOTAL OTHER EXPENSES: 50,348

PART III, STATEMENT OF ORGANIZATION'S EXEMPT PURPOSE:

THE ORGANIZATION PROVIDES TRAINING AND INSTRUCTIONAL SEMINARS FOR AREA PAINTERS AND CONTRACTORS - ADDITIONAL FUNDS ARE USED TO MAKE DONATIONS TO VARIOUS CHARITIES AND NONPROFIT ORGANIZATIONS IN NORTHEASTERN PENNSYLVANIA.