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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 04-01-2014 , and ending 03-31-2015

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

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

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

City or town, state or province, country, and ZIP or foreign postal code
AURORA, IL 60506

D Employer identification number
32-0233172

E Telephone number
(630) 377-2120

G Gross receipts $ 1,405,502

F Name and address of principal officer
BRIAN DAHL
1905 SEQUOIA DRIVE NO 201
AURORA,IL 60506

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☐ 501(c)(3) ☑ 501(c) (5) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW PAINTERSDC30 COM

K Form of organization ☐ Corporation ☑ Trust ☐ Association ☐ Other ▶

L Year of formation 2008

M State of legal domicile IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SEE SCHEDULE O FOR ORGANIZATION'S MISSION

2 Check this box ▶☐ 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**	4
5	Total number of individuals employed in calendar year 2014 (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

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	40,000	0
9	Program service revenue (Part VIII, line 2g)	1,191,823	1,402,513
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	53	50
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	2,939
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,231,876	1,405,502
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	9,412	59,933
14	Benefits paid to or for members (Part IX, column (A), line 4)	161,210	226,690
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	30,766	34,103
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	765,757	862,279
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	967,145	1,183,005
19	Revenue less expenses Subtract line 18 from line 12	264,731	222,497

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,006,455	1,226,990
21	Total liabilities (Part X, line 26)	66,888	64,926
22	Net assets or fund balances Subtract line 21 from line 20	939,567	1,162,064

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

Sign Here

****** — Signature of officer — 2015-11-13 — Date

BRIAN DAHL DIRECTOR — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
THOMAS J CAPLICE	THOMAS J CAPLICE	2015-11-13		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 . . . . . ☑

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 $ 1,265,494)

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 $ 137,019)

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		No
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	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		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 domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**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? *If "Yes," complete Schedule J*	**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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**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	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part II*	**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? *If "Yes," complete Schedule L, Part III*	**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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**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? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		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? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	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)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	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 . .	1a	12		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	7		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	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	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b		
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .		3b		
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)?		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
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? . . .		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	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?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	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	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		14b		

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	**1a**	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				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	4		
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	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		**8a**	Yes	
b	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**	Yes	

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
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
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
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**		No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**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?			
a	The organization's CEO, Executive Director, or top management official	**15a**		No
b	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
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**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

☐ Own website ☐ Another's website ☑ Upon request ☐ 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, address, and telephone number of the person who possesses the organization's books and records ▶BRIAN DAHL

1905 SEQUOIA DRIVE 201
AURORA,IL 60506 (630)377-2120

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(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			
(1) CHARLES ANDERSON TRUSTEE - PAST	1 00 44 00	X						0	191,183	53,178
(2) TODD DOTSON CHAIRMAN AND TRUSTEE	1 00 44 00	X						0	130,227	56,940
(3) MATTHEW ANDERSON TRUSTEE	1 00	X						0	0	0
(4) KEN OBER SECRETARY & TRUSTEE	1 00	X		X				0	0	0
(5) DORIS PROCACCIO TRUSTEE	1 00	X						0	0	0
(6) ROY DENNIS TRUSTEE	1 00	X						0	0	0
(7) RYAN ANDERSON TRUSTEE AND DIRECTOR - PAST	18 00 26 00	X		X				0	168,828	63,091
(8) BRIAN DAHL DIRECTOR & TRUSTEE	11 00 33 00	X		X				0	137,257	57,643
(9) JOHN PENNEY TRUSTEE	1 00 44 00	X						0	100,083	53,532
(10) LIONEL ESPINOZA TRUSTEE	1 00	X						0	116,336	55,536

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(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			

1b	**Sub-Total** . . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . . ▶	0	843,914	339,920

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 **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**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? *If "Yes," complete Schedule J for such individual*	**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? *If "Yes," complete Schedule J for such person*	**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) Name and business address	(B) Description of services	(C) 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				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶				
Program Service Revenue		Business Code				
	2a	EMPLOYER CONTRIBUTIONS 900099	1,402,513	1,402,513		
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	1,402,513			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	50			50
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory				
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss) . . . . . ▶				
Other Revenue	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	GAIN ON DISPOSAL OF AS 900099	2,939			2,939
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	2,939			
	12	**Total revenue.** See Instructions . . . . . ▶	1,405,502	1,402,513	0	2,989

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 domestic organizations and domestic governments See Part IV, line 21	59,933			
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members	226,690			
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	23,221			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	9,008			
10 Payroll taxes	1,874			
11 Fees for services (non-employees)				
a Management				
b Legal	3,375			
c Accounting	22,548			
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)	88,404			
12 Advertising and promotion	121,949			
13 Office expenses	70,653			
14 Information technology	4,209			
15 Royalties				
16 Occupancy				
17 Travel	4,468			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	27,756			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	19,330			
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a SHARED EXPENSES	488,508			
b MEMBERSHIP FEES	6,287			
c DRUG TESTING	3,953			
d MISCELLANEOUS EXPENSE	839			
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	1,183,005			
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

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		810,786	2	1,013,417
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		97,718	4	160,435
	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		7,204	7	4,057
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		3,437	9	7,607
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 79,610			
	b	Less accumulated depreciation	10b 38,144	87,302	10c	41,466
	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		8	15	8
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,006,455	16	1,226,990
Liabilities	17	Accounts payable and accrued expenses		28,212	17	12,778
	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		38,676	25	52,148
	26	**Total liabilities.** Add lines 17 through 25		66,888	26	64,926
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		939,567	27	1,162,064
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ 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		939,567	33	1,162,064
	34	Total liabilities and net assets/fund balances		1,006,455	34	1,226,990

Part XI Reconcilliation 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	1,405,502
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,183,005
3	Revenue less expenses Subtract line 2 from line 1	3	222,497
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	939,567
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,162,064

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 ☐ Cash ☑ Accrual ☐ 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?	2a		No
	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 ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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 ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	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?	2c		No
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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?	3a		No
b	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	3b		

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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 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 value of contributions to (during year)		
3	Aggregate value of 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? ☐ Yes ☐ No

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? ☐ Yes ☐ No

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	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, 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) Revenue 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 Revenue 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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ 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	(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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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		79,610	38,144	41,466
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				41,466

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
DUE TO PAINTERS DISTRICT COUNCIL NO 30 PENSION FUND	30,739
DUE TO PAINTERS DISTRICT COUNCIL NO 30	21,409
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	52,148

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

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	1,405,502
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) 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	1,405,502
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	1,405,502

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	1,183,005
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	1,183,005
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	1,183,005

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, 2015, 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 2012

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2014

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 General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . ☐ Yes ☑ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) PAINTERS AND ALLIED TRADES FOR CHILDREN'S HOPE FOUNDATION 7234 PARKWAY DRIVE HANOVER,MD 21076	52-2318869	501(C)(3)	16,250				SUPPORT ORGANIZATION'S MISSION
(2) MARMION ALUMNI ASSOCIATION 1000 BUTTERFIELD RD AURORA,IL 60502	53-0196617		5,080				SUPPORT ORGANIZATION'S MISSION
(3) COON CREEK HUNT CLUB PO BOX 149 CLYDE,OH 43410	20-0251320		8,188				UNION SPORTSMANS ALLIANCE SWEEPSTAKES HUNT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . ▶ 1

3 Enter total number of other organizations listed in the line 1 table . . . . ▶ 2

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation

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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.**

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

OMB No 1545-0047

2014

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 appropiate 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 ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
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 ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
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), 501(c)(4), and 501(c)(29) organizations 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 accured 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 in column(B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CHARLES ANDERSON, TRUSTEE - PAST	(i)	0	0	0	0	0	0	0
	(ii)	158,823	0	32,360	35,334	17,844	244,361	0
2 TODD DOTSON, CHAIRMAN AND TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	128,530	0	1,697	34,616	22,324	187,167	0
3 RYAN ANDERSON, TRUSTEE AND DIRECTOR - PAST	(i)	0	0	0	0	0	0	0
	(ii)	167,368	0	1,460	40,767	22,324	231,919	0
4 BRIAN DAHL, DIRECTOR & TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	136,636	0	621	35,319	22,324	194,900	0
5 JOHN PENNEY, TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	98,115	0	1,968	31,208	22,324	153,615	0
6 LIONEL ESPINOZA, TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	114,890	0	1,446	33,212	22,324	171,872	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

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493317059165

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	Employer identification number
PAINTERS DISTRICT COUNCIL NO 30 LABOR MANAGEMENT INDUSTRY DEVELOPMENT FUND	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, FORMER TRUSTEE, IS THE FATHER OF RYAN ANDERSON,TRUSTEE AND FORMER 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 COUNCI L 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 AVALIABLE 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

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

OMB No 1545-0047

2014

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	(g) Section 512(b)(13) controlled entity? 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) Disproprtionate 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	

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.

		Yes	No
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 orgranization 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	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	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

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation

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	(g) Section 512(b)(13) controlled entity? 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**							
4MC CORPORATION - 209		IL						No
A & R HARRIS CONST CO - 607		IL						No
A GRAMER PAINTING & DECORATING		IL						No
ACE STRIPING INC - 157		IL						No
ADA DEC OF STERLING -607		IL						No
ADVANCED INDUSTRIAL SVCS INC		IL						No
AIRTITE CONTRACTORS INC		IL						No
ALCA INC		IL						No
ALEXANDER CONST INC - 467		IL						No
ALL AMERICAN PTG & DEC INC		IL						No
ALL STATES PAINTING		IL						No
ALL TECH		IL						No
ALLIANCE DRWL & ACOUST INC		IL						No
ALLIED CONS SERVICE - 157		IL						No
AM - COAT PAINTING INC		IL						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**							
ANDERSON BLDG SERV INC-209		IL						No
ANDERSON MORAN CONSTRUCTION		IL						No
ANNING JOHNSON COMPANY		IL						No
APRIL DECORATING INC		IL						No
ASCHER BROTHERS COMPANY INC		IL						No
ASHLAUR CONSTRUCTION		IL						No
ASPEN COMMERCIAL PAINTING INC		IL						No
ASPEN CONSTRUCTION SYS INC		IL						No
ASSOC CONSTRUCTORS CO - 209		IL						No
ATLANTIC PTG CO INC - 157		IL						No
B & B CONT SERVICE CO		IL						No
BACON & VAN BUSKIRK - G157		IL						No
BEAIRD'S PAINTING & DEC INC		IL						No
BEAR CONSTRUCTION COMPANY		IL						No
BEDROCK PAINTING INC - 209		IL						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**							
BERTEL PETERSON COMPANY-607		IL						No
BISHOP BROS INC-LU157		IL						No
BOWNE PAINTING		IL						No
BRAND ENERGY SERVICES LLC LU6		IL						No
BRANDENBURG PAINTING & DECORAT		IL						No
BROCK INDUSTRIAL SERVICES LLC		IL						No
BROOKDALE DECORATING INC		IL						No
BROOKWOOD BUILDERS INC		IL						No
BUILDERS GLASS & MIRROR INC-G6		IL						No
BUILDERS SALES & SERVICE -209		IL						No
BURKS BROTHERS DRYWALL INC		IL						No
BUTLER DRWL & PAINT SERV INC		IL						No
C & W BUILDING SERV INC		IL						No
CD DRYWALL SERVICES INC		IL						No
CALIBER CONSTRUCTION CO		IL						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**							
CALVIN & COMPANY INC - LUG607		MI						No
CANNON SLINE INDUSTRIAL INC		DE						No
CARDINAL GLASS CO		IL						No
CARDINAL GLASS CO - 1355		IL						No
CARMICHAEL CONSTRUCTION INC		IL						No
CCIMW LLC - LU157		MO						No
CCL CORPORATION		IL						No
CELTIC COMMERCIAL PAINTING LLC		IL						No
CENTRAL IL PAINTING - 157		IL						No
CENTRAL PAINTING		IL						No
CHAKRA INC		IL						No
CHAMPION DRYWALL INC		IL						No
CL COATINGS LLC		IL						No
CLARION CONST INC		IL						No
COATINGS UNLIMITED INC-607		MO						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**							
COMBINED TAPING & PAINTING-607		IL						No
COMMERCIAL & INDUST CTGS 209		IL						No
COMMERCIAL CONSTRUCT-467		IL						No
COMMERCIAL GLASS CO - G157		IL						No
COMPRO PAINTING & DECORATING S		IL						No
CONTEMP HAMMER WORKS INC-607		IL						No
CONTINENTAL PAINTING & DECORAT		IL						No
COOK PAINTING INC - 157		IL						No
COPPER CONSTRUCTION CO		IL						No
COSGROVE CONSTRUCTION INC		IL						No
COTE DECORATING CO		IL						No
CRONKHITE PTG & DEC - 157		IL						No
D & M CONST SERV INC		IL						No
DES PAINTING INC		IL						No
DBM SERVICES INC		IL						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**							
DEKALB CONTRACT GLAZING - 1355		IL						No
DEMOS PAINTING & DEC INC		IL						No
DENCO INTERIORS LLC		IL						No
DENK & ROCHE BUILDERS INC		IL						No
DESTINY SERVICES		IL						No
DIAMOND DECORATING		IL						No
DIAZ INTERIOR CONTRACTORS		IL						No
DOHERTY CONSTRUCTION INC		IL						No
DRAGOO PAINTING INC - 157		IL						No
DURANGO PAINTING		IL						No
EAGLE PAINTING & MAINT CO		IL						No
EAST MOLINE GLASS CO-G157		IL						No
ECS-EQUITY CONST SERV INC		IL						No
ELITE PAINTING INC - 157		IL						No
ENCLOS CORP		MN						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**							
ERA VALDIVIA CONTRACTORS INC		IL						No
EXCEPTIONAL PAINTING & DEC		IL						No
EXECUTIVE PAINTING INC - 607		IL						No
F C I CONSTRUCTION		IL						No
F J ROBINSON CONT - 157		IL						No
FEHR PAINTING - 157		IL						No
FIRST LOOK DESIGN INC		IL						No
FIVE STAR DECORATING INC		IL						No
FOREST CITY DECORATORS-607		IL						No
FREGA PAINTING & DEC INC		IL						No
FREGA RESIDENTIAL		IL						No
GALAXY PAINTING LTD - 467		IL						No
GALESBURG GLASS CO INC-G607		IL						No
GEORGE YOUNG & SONS PTG-157		IL						No
GHELARDINI INC - 157		IL						No

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

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Yes	**No**							
GLEN BRAKEBILL PNTG - 157		IL						No
GRAWEY GLASS CO - G157		IL						No
H & H BUILDERS INC - 465		IL						No
H & H DECORATING INC		IL						No
H REYNOLDS PAINTING - 467		IL						No
HANFLAND PAINTING CONT LLC		IL						No
HDS II INC		IL						No
HEINTZ CONSTRUCTION INC		IL						No
HEITKOTTER INC		IL						No
HERITAGE CARPENTRY LU607		IL						No
HESTER PAINTING & DECORATING		IL						No
HOOPS PAINTING - 157		IL						No
HOPGOOD PAINTING LU209		IL						No
INDUSTRIAL SERVICES GROUP-LU15		SC						No
INTERIOR INSTALLATION SVCS INC		WI						No

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Yes	**No**							
INTERNATIONAL DECORATORS INC		IL						No
IRELAND LTD- LU467		IL						No
J & M DECORATING INC		IL						No
J M C CONSTRUCTION INC		IL						No
J SPENCER CONSTRUCTION LLC		IL						No
JC ANDERSON INC		IL						No
JW WERNTZ & SON INC - LUG60		IN						No
JANECYK CONST CO INC- 467		IL						No
JC'S UNITED BUILDING MAINT INC		IL						No
JDM LLC		IL						No
JETCO		IL						No
JF CARPENTRY SERVICES INC		IL						No
JMR BUILDERS LLC		IL						No
JP PHILLIPS INC		IL						No
K & E PTG & DEC INC		IL						No

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Yes	**No**							
K&J PAINTING LLC		IL						No
KELLY GLASS INC - G157		IL						No
KEMPER CONSTRUCTION -157		IL						No
KEVIN NUGENT CONSTRUCTION INC		IL						No
KOJA CONST INC - 607		IL						No
KOLE CONSTRUCTION		IL						No
KOOLMASTER CO INC - G157		IL						No
LJ MORSE CONST CO		IL						No
LA NEE DECORATING		IL						No
LAKE SHORE GLASS - G607		IL						No
LAKEWOOD CARPENTRY SERVICES		IL						No
LANKFORD CONST CO		IL						No
LECUYER PTG & DEC INC		IL						No
LEOPARDO COMPANIES INC		IL						No
LOHRE PAINTING COMPANY INC		IL						No

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Yes	**No**							
M PERDUE PTG & CTGS INC-157		IL						No
MADISON COATING COMPANY		IL						No
MARIN BROS INC		IL						No
MARK INDUSTRIES LTD - 1355		IL						No
MARKET CONTRACTING		IL						No
MATAN'S PAINTING & DECORATING		IL						No
MATT'S ABILITY GLASS SER-G607		IL						No
MAXCOR INC		IL						No
MAY DECORATING II INC		IL						No
MC CLANAHAN PTG - PROCTOR ENDO		IL						No
MC CLANAHAN PTG INC - 157		IL						No
MC GINNESS DECORATING INC		IL						No
MC LEAN COUNTY GLASS - G157		IL						No
MCCOY CONSTRUCTION CO - LU209		IL						No
MID-IL COMPANIES - 157		IL						No

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Yes	**No**							
MIDWEST COM COATINGS INC-209		IL						No
MIDWEST DECORATING INC		IL						No
MIDWEST PAINTING - 607		IL						No
MILWAUKEE PLATE GLASS CO-G607		IL						No
MSM SOLUTIONS INC		IL						No
NAPERVILLE CHICAGO IL PTG & DE		IL						No
NATIONAL DECORATING SERV INC		IL						No
NEDROW DECORATING INC		IL						No
NEUMANN CO CONTRACTORS INC		IL						No
NIKOLAS PAINTING CONTRACT INC		IL						No
NILES CONST SERVICES		MI						No
NILES INDUSTRIAL COATINGS LLC		IL						No
NORTHERN IL WALL & CEILING 607		IL						No
NOVA PAINTING & DECORATING-607		IL						No
OMNI COMMERCIAL GROUP INC		IL						No

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Yes	**No**							
OMNI GLS & PAINT INC - 1355		WI						No
OOSTERBAAN & SONS CO		IL						No
OPC CONSTRUCTION		IL						No
P & S PAINTING INC		IN						No
P C PAINTING & DEC INC - 157		IL						No
PAINTING 4 U		IL						No
PAINTING BY KELLER		IL						No
PALAZZO PTG & DECORATING INC		IL						No
PANIAGUA GROUP INC		IL						No
PEAK CARPENTRY INC		IL						No
PECOVER DECORATING SERV INC		IL						No
PEPPER CONSTRUCTION CO		IL						No
PERFORMANCE CONTR DBA PCI TEMP		KS						No
PHIL SCHINDLER & SONS INC-157		IL						No
PILTZ GLASS & MIRROR		WI						No

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Yes	**No**							
PINNACLE DECORATING		IL						No
PINTO CONSTRUCTION GROUP INC		IL						No
PRECISE PAINTING - 467		IL						No
PRISM PAINTING CO		IL						No
PROCACCIO PAINTING CO INC		IL						No
PROFESSIONAL DEC & PNTG INC		IL						No
PYRAMID PAINTING & DEC		IL						No
R G CONST SERV INC		IL						No
R M SELLERGREN & ASSOCIATES IN		IL						No
RATHBUN & SONS CARP CONT-209		IL						No
REGENCY GROUP OF ILLINOIS		IL						No
RIDGE PAINTING - LU157		IL						No
RIGID CONSTRUCTION INC		IL						No
RIVERSIDE INTERIORS LLC LU157		IL						No
ROCK IT DRYWALL SERVICE INC		IL						No

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Yes	**No**							
ROCK RIVER VALLEY PTG CO-607		IL						No
ROCK VALLEY GLASS - 1355		IL						No
ROCK-IT INTERIORS INC		IL						No
RP COATINGS INC		IL						No
RUIZ CONST SYSTEMS - 607		IL						No
RW VANDEGRAFT PTG & DEC -209		IL						No
SANDOVAL & SONS CO		IL						No
SCHOENING PAINTING & DEC LU607		IL						No
SEI COATINGS LLC		IL						No
SELLENTIN PAINTING		IL						No
SERVICE DEC-BOWES CREEK		IL						No
SERVICE DECORATING COMPANY		IL						No
SHAMROCK DECORATING INC		IL						No
SHANAHAN DRYWALL SERVICE		IL						No
SKYLINE DECORATING		IL						No

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Yes	**No**							
SMART INTERIORS LLC		IL						No
SNS CONSTRUCTION SVCS INC-157		IL						No
SOUTHERN ILLINOIS INT INC-607		IL						No
SOUTSOS DECORATING COMPANY		IL						No
SPRAY SPECIALISTS INC		IL						No
STAN'S PAINTING & DEC		IN						No
STONE & WEBSTER - LU607		IL						No
STREATOR DECORATORS - 465		IL						No
SUN INDUSTRIAL PAINTING- LU157		MI						No
SWEDBERG & ASSOCIATES INC-607		IL						No
TATRO PAINTING & DEC - 467		IL						No
TCH CONSTRUCTION INC		IL						No
TE CORP INC		IL						No
TERRY VAUGHN CONS CO INC LU467		IL						No
THE GLASS SHOP INC - G157		IL						No

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Yes	**No**							
THE LEVY COMPANY		IL						No
THE ROCKWELL GROUP - 607		IL						No
THOMAS INDUSTRIAL COATING		MO						No
THORNE ASSOCIATES INC		IL						No
TIDAL CONST SERV INC		IL						No
TIFFINY DECORATING CO		IL						No
TNT CONSTRUCTION CO		IL						No
TRIANGLE DECORATING CO		IL						No
TRIPAR DRYWALL INC		IL						No
UPTOWN PAINTING & DEC INC		IL						No
VISION INTERIOR DRYWALL CORP		IL						No
VOGUE PAINTING INC		IL						No
WALLFORMS INC		IL						No
WILLIAMS SPECIALTY SERV-465		GA						No
WOODBRIDGE CONST & CARP - 467		IN						No

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Yes	**No**							
WRIGHT-WAY INT SYS - 157		IL						No