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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 05-01-2014 , and ending 04-30-2015

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization IUPAT DISTRICT COUNCIL NO 21 JOB RECOVERY FUND	D Employer identification number 23-2860609
	Doing business as	
	Number and street (or P O box if mail is not delivered to street address) Room/suite 2980 SOUTHAMPTON-BYBERRY ROAD	E Telephone number (215) 934-5130
	City or town, state or province, country, and ZIP or foreign postal code PHILADELPHIA, PA 191541297	G Gross receipts \$ 2,480,873
F Name and address of principal officer MICHAEL PREVITERA 2980 SOUTHAMPTON-BYBERRY ROAD PHILADELPHIA, PA 191541297		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (5) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ N/A		
K Form of organization <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1964 M State of legal domicile PA

Part I

Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE PURPOSE OF THE FUND IS TO SUBSIDIZE THE AMOUNT A CONTRIBUTING EMPLOYER PAYS FOR FRINGE BENEFITS IN ORDER TO AID COMPETITIVENESS IN OBTAINING CONTRACTS WHICH OTHERWISE MAY BE LOST TO NON-UNION CONTRACTORS TO ACCOMPLISH THIS PURPOSE, THE FUND DISTRIBUTES BENEFIT GRANTS TO THE PENSION, HEALTH AND WELFARE, ANNUITY, APPRENTICESHIP TRAINING FUNDS, INDUSTRY ADVANCEMENT FUNDS AND LABOR MANAGEMENT FUNDS ON BEHALF OF EMPLOYERS WHO EMPLOY OR DESIRE TO EMPLOY MEMBERS OF THE INTERNATIONAL UNION OF PAINTERS AND ALLIED TRADES DISTRICT COUNCIL 21																								
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets																								
	<table><tr><td>3 Number of voting members of the governing body (Part VI, line 1a)</td><td>3</td><td>8</td></tr><tr><td>4 Number of independent voting members of the governing body (Part VI, line 1b)</td><td>4</td><td>8</td></tr><tr><td>5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)</td><td>5</td><td>0</td></tr><tr><td>6 Total number of volunteers (estimate if necessary)</td><td>6</td><td>0</td></tr><tr><td>7a Total unrelated business revenue from Part VIII, column (C), line 12</td><td>7a</td><td>0</td></tr><tr><td>b Net unrelated business taxable income from Form 990-T, line 34</td><td>7b</td><td>0</td></tr></table>	3 Number of voting members of the governing body (Part VI, line 1a)	3	8	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8	5 Total number of individuals employed in calendar year 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						
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	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8																						
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6 Total number of volunteers (estimate if necessary)	6	0																							
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Revenue	<table><tr><td>8 Contributions and grants (Part VIII, line 1h)</td><td>Prior Year</td><td>Current Year</td></tr><tr><td>9 Program service revenue (Part VIII, line 2g)</td><td>0</td><td>0</td></tr><tr><td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td><td>1,437,334</td><td>2,480,873</td></tr><tr><td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td><td>0</td><td>0</td></tr><tr><td>12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td><td>0</td><td>0</td></tr><tr><td><td></td><td>1,437,334</td><td>2,480,873</td></td></tr></table>	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	9 Program service revenue (Part VIII, line 2g)	0	0	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,437,334	2,480,873	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	0	<td></td> <td>1,437,334</td> <td>2,480,873</td>		1,437,334	2,480,873					
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Expenses	<table><tr><td>13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)</td><td>2,196,979</td><td>1,488,868</td></tr><tr><td>14 Benefits paid to or for members (Part IX, column (A), line 4)</td><td>0</td><td>0</td></tr><tr><td>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</td><td>42,151</td><td>36,936</td></tr><tr><td>16a Professional fundraising fees (Part IX, column (A), line 11e)</td><td>0</td><td>0</td></tr><tr><td>b Total fundraising expenses (Part IX, column (D), line 25) ▶⁰</td><td></td><td></td></tr><tr><td>17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)</td><td>23,799</td><td>22,365</td></tr><tr><td>18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)</td><td>2,262,929</td><td>1,548,169</td></tr><tr><td>19 Revenue less expenses Subtract line 18 from line 12</td><td>-825,595</td><td>932,704</td></tr></table>	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,196,979	1,488,868	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	42,151	36,936	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)	23,799	22,365	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,262,929	1,548,169	19 Revenue less expenses Subtract line 18 from line 12	-825,595	932,704
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Net Assets or Fund Balances	<table><tr><td></td><td>Beginning of Current Year</td><td>End of Year</td></tr><tr><td>20 Total assets (Part X, line 16)</td><td>3,266,983</td><td>3,376,557</td></tr><tr><td>21 Total liabilities (Part X, line 26)</td><td>1,759,669</td><td>936,539</td></tr><tr><td>22 Net assets or fund balances Subtract line 21 from line 20</td><td>1,507,314</td><td>2,440,018</td></tr></table>		Beginning of Current Year	End of Year	20 Total assets (Part X, line 16)	3,266,983	3,376,557	21 Total liabilities (Part X, line 26)	1,759,669	936,539	22 Net assets or fund balances Subtract line 21 from line 20	1,507,314	2,440,018												
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22 Net assets or fund balances Subtract line 21 from line 20	1,507,314	2,440,018																							

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		2016-03-04 Date			
	MICHAEL PREVITERA ADMINISTRATOR Type or print name and title					
Paid Preparer Use Only	Print/Type preparer's name LOUIS VERZELLA CPA		Preparer's signature LOUIS VERZELLA CPA	Date 2016-03-04	Check <input type="checkbox"/> if self-employed	PTIN P00360279
	Firm's name ▶ NOVAK FRANCELIA LLC				Firm's EIN ▶ 61-1436956	
	Firm's address ▶ ONE PRESIDENTIAL BLVD SUITE 330 BALA CYNWYD, PA 19004				Phone no (610) 668-9400	

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

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

THE PURPOSE OF THE FUND IS TO SUBSIDIZE THE AMOUNT A CONTRIBUTING EMPLOYER PAYS FOR FRINGE BENEFITS IN ORDER TO AID COMPETITIVENESS IN OBTAINING CONTRACTS WHICH OTHERWISE MAY BE LOST TO NON-UNION CONTRACTORS TO ACCOMPLISH THIS PURPOSE, THE FUND DISTRIBUTES BENEFIT GRANTS TO THE PENSION, HEALTH AND WELFARE, ANNUITY APPRENTICESHIP APPRENTICESHIP TRAINING FUNDS, INDUSTRY ADVANCEMENT FUNDS AND LABOR MANAGEMENT FUNDS ON BEHALF OF EMPLOYERS WHO EMPLOY OR DESIRE TO EMPLOY MEMBERS OF THE INTERNATIONAL UNION OF PAINTERS AND ALLIED TRADES DISTRICT COUNCIL 21

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

If "Yes," describe these changes on Schedule O














4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	PROVIDE PAYMENTS TO OTHER IUPAT DISTRICT COUNCIL 21 EMPLOYEE BENEFIT FUNDS TO SUBSIDIZE FRINGE BENEFIT PAYMENTS SO THAT EMPLOYERS USING OR DESIRING TO USE IUPAT DISTRICT COUNCIL 21 MEMBERS MAY BID COMPETITIVELY AGAINST NON-UNION EMPLOYERS				

[illegible][illegible]

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	No
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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? <i>If "Yes," complete Schedule L, Part I</i>	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 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.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	
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? <i>If "No" to line 3b, provide an explanation in Schedule O.</i>		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? <i>If "No," provide an explanation in Schedule O.</i>		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		
	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		
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	No
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	Yes
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	No
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	No
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	No

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
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	Yes
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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, address, and telephone number of the person who possesses the organization's books and records ▶TRUSTEES

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) MICHEAL THURMAN EMPLOYER TRUSTEE	1 00	X						0	0	0
(2) CHUCK MURTHA UNION TRUSTEE	1 00	X						0	0	0
(3) THOMAS BOETFUER UNION TRUSTEE	1 00	X						0	0	0
(4) EVAN LAMBROS EMPLOYER TRUSTEE	1 00	X						0	0	0
(5) JOSEPH ASHDALE UNION TRUSTEE	1 00	X						0	0	0
(6) FRANCIS MCLAUGHLIN UNION TRUSTEE	1 00	X						0	0	0
(7) ANGELA TILOTTA EMPLOYER TRUSTEE	1 00	X						0	0	0
(8) PAUL TSOUROUS EMPLOYER TRUSTEE	1 00	X						0	0	0

Part VII

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	0	0	0

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

Section B. Independent Contractors

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

(A) 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	2a	EMPLOYER CONTRIBUTIONS	Business Code 900099	1,471,367	1,471,367		
	b	SUBSIDIES CANCELED	900099	1,009,506	1,009,506		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f	2,480,873				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)				
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6a		Gross rents	(i) Real	(ii) Personal			
		b	Less rental expenses				
		c	Rental income or (loss)				
		d	Net rental income or (loss)				
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b	Less cost or other basis and sales expenses				
		c	Gain or (loss)				
		d	Net gain or (loss)				
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
		b	Less direct expenses b				
		c	Net income or (loss) from fundraising events				
9a		Gross income from gaming activities See Part IV, line 19	a				
		b	Less direct expenses b				
		c	Net income or (loss) from gaming activities				
10a		Gross sales of inventory, less returns and allowances	a				
		b	Less cost of goods sold b				
		c	Net income or (loss) from sales of inventory				
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See Instructions		2,480,873	2,480,873	0	0	

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	1,488,868			
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				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	21,439			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,640			
9	Other employee benefits	8,024			
10	Payroll taxes	1,833			
11	Fees for services (non-employees)				
a	Management				
b	Legal	3,914			
c	Accounting	5,677			
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	3,321			
14	Information technology	6,044			
15	Royalties				
16	Occupancy	1,317			
17	Travel	321			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	299			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,472			
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					
b					
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,548,169			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

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

					(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			3,087,220	2	3,137,030
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			179,622	4	239,527
	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	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			141	9	0
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	0			
	b	Less accumulated depreciation	10b		0	10c	
	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				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			3,266,983	16	3,376,557
Liabilities	17	Accounts payable and accrued expenses			1,699,841	17	883,493
	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			59,828	25	53,046
	26	Total liabilities. Add lines 17 through 25			1,759,669	26	936,539
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			1,507,314	27	2,440,018
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			1,507,314	33	2,440,018
	34	Total liabilities and net assets/fund balances			3,266,983	34	3,376,557

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,480,873
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,548,169
3	Revenue less expenses Subtract line 2 from line 1	3	932,704
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,507,314
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	2,440,018

Part XII Financial Statements and Reporting

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

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

SCHEDULE D
(Form 990)

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 IUPAT DISTRICT COUNCIL NO 21 JOB RECOVERY FUND	Employer identification number 23-2860609
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

1

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

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2

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

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

3

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

4

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

5

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

☐ Yes ☐ No

6

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

7

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

8

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

☐ Yes ☐ No

9

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

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

1a

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

b

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

(i) 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

► \$ _____

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 52283D

Schedule D (Form 990) 2014

Part III

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

- 3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

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

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

☐ Yes

☐ No

Part IV

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

- 1a

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

☐ Yes

☐ No
- b

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

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

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

Did the organization include an amount on Form 990, Part X, line 21, 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	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2

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

Board designated or quasi-endowment
- b

Permanent endowment
- c

Temporarily restricted endowment

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

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

4

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				0

Schedule D (Form 990) 2014

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	2,480,873
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	2,480,873
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	2,480,873

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	1,548,169
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	1,548,169
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	1,548,169

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 MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE NONPROFIT/LOCAL AND RECOGNIZE A TAX LIABILITY IF THE NONPROFIT/LOCAL HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE U S FEDERAL, STATE, OR LOCAL TAXING AUTHORITIES. THE NONPROFIT/LOCAL IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS, HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIOD IN PROGRESS. TYPICALLY, TAX YEARS WILL REMAIN OPEN FOR THREE YEARS, HOWEVER THIS MAY DIFFER DEPENDING UPON THE CIRCUMSTANCES OF THE NONPROFIT/LOCAL.

[illegible]

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
IUPAT DISTRICT COUNCIL NO 21 JOB RECOVERY FUND

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

Employer identification number
23-2860609

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) DISTRICT COUNCIL 21 HEALTH & WELFARE FUND 2980 SOUTHAMPTON-BYBERRY ROAD PHILADELPHIA, PA 191541297	91-2036994	501(C)9	752,410				SUBSIDIZE BENEFIT FUND TO AID CONTRIBUTING EMPLOYER IN COMPETITIVE BIDDING
(2) DISTRICT COUNCIL 21 ANNUITY FUND 2980 SOUTHAMPTON-BYBERRY ROAD PHILADELPHIA, PA 191541297	23-7390182	401(A)/501(A)	76,437				SUBSIDIZE BENEFIT FUND TO AID CONTRIBUTING EMPLOYER IN COMPETITIVE BIDDING
(3) DISTRICT COUNCIL 21 IAF 2980 SOUTHAMPTON-BYBERRY ROAD PHILADELPHIA, PA 191541297	23-6416214	501(C)(3)	9,970				SUBSIDIZE BENEFIT FUND TO AID CONTRIBUTING EMPLOYER IN COMPETITIVE BIDDING
(4) FINISHING TRADES INSTITUTE OF THE MID-ATLANTIC REGION 2190 HORNIG ROAD PHILADELPHIA, PA 19116		501(C)(3)	71,120				SUBSIDIZE BENEFIT FUND TO AID CONTRIBUTING EMPLOYER IN COMPETITIVE BIDDING
(5) IUPAT PENSION 7234 PARKWAY DRIVE HANOVER, MD 21076	52-6073909	401(A)/501(A)	381,522				SUBSIDIZE BENEFIT FUND TO AID CONTRIBUTING EMPLOYER IN COMPETITIVE BIDDING
(6) IUPAT INDUSTRY ANNUITY PLAN 7234 PARKWAY DRIVE HANOVER, MD 21076	52-6073909	401(A)/501(A)	184,115				SUBSIDIZE BENEFIT FUND TO AID CONTRIBUTING EMPLOYER IN COMPETITIVE BIDDING
(7) IUPAT LMC I 7234 PARKWAY DRIVE HANOVER, MD 21076	52-6776506	501(C)(5)	6,647				SUBSIDIZE BENEFIT FUND TO AID CONTRIBUTING EMPLOYER IN COMPETITIVE BIDDING
(8) IUPAT FINISHING TRADES INSTITUTE 7230 PARKWAY DRIVE HANOVER, MD 21076	52-1923143	501(C)(3)	6,647				SUBSIDIZE BENEFIT FUND TO AID CONTRIBUTING EMPLOYER IN COMPETITIVE BIDDING

- 2

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

Enter total number of other organizations listed in the line 1 table

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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Additional Data

Software ID:
Software Version:
EIN: 23-2860609
Name: IUPAT DISTRICT COUNCIL NO 21 JOB RECOVERY FUND

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
DISTRICT COUNCIL 21 HEALTH & WELFARE FUND 2980 SOUTHAMPTON-BYBERRY ROAD PHILADELPHIA, PA 191541297	91-2036994	501(C)9	752,410				SUBSIDIZE BENEFIT FUND TO AID CONTRIBUTING EMPLOYER IN COMPETITIVE BIDDING
DISTRICT COUNCIL 21 ANNUITY FUND2980 SOUTHAMPTON-BYBERRY ROAD PHILADELPHIA, PA 191541297	23-7390182	401(A)/501(A)	76,437				SUBSIDIZE BENEFIT FUND TO AID CONTRIBUTING EMPLOYER IN COMPETITIVE BIDDING
DISTRICT COUNCIL 21 IAF 2980 SOUTHAMPTON-BYBERRY ROAD PHILADELPHIA, PA 191541297		501(C)(3)	9,970				SUBSIDIZE BENEFIT FUND TO AID CONTRIBUTING EMPLOYER IN COMPETITIVE BIDDING

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
FINISHING TRADES INSTITUTE OF THE MID-ATLANTIC REGION2190 HORNIG ROAD PHILADELPHIA,PA 19116	23-6416214	501(C)(3)	71,120				SUBSIDIZE BENEFIT FUND TO AID CONTRIBUTING EMPLOYER IN COMPETITIVE BIDDING
IUPAT PENSION7234 PARKWAY DRIVE HANOVER,MD 21076	52-6073909	401(A)/501(A)	381,522				SUBSIDIZE BENEFIT FUND TO AID CONTRIBUTING EMPLOYER IN COMPETITIVE BIDDING
IUPAT INDUSTRY ANNUITY PLAN7234 PARKWAY DRIVE HANOVER,MD 21076	52-6073909	401(A)/501(A)	184,115				SUBSIDIZE BENEFIT FUND TO AID CONTRIBUTING EMPLOYER IN COMPETITIVE BIDDING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
IUPAT LMCI7234 PARKWAY DRIVE HANOVER, MD 21076	52-6776506	501(C)(5)	6,647				SUBSIDIZE BENEFIT FUND TO AID CONTRIBUTING EMPLOYER IN COMPETITIVE BIDDING
IUPAT FINISHING TRADES INSTITUTE7230 PARKWAY DRIVE HANOVER, MD 21076	52-1923143	501(C)(3)	6,647				SUBSIDIZE BENEFIT FUND TO AID CONTRIBUTING EMPLOYER IN COMPETITIVE BIDDING

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
IUPAT DISTRICT COUNCIL NO 21 JOB RECOVERY FUND

Employer identification number

23-2860609

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3	TRUSTEES HAVE CONTRACTED WITH AN ADMINISTRATOR TO MANAGE DAY-TO-DAY OPERATIONS OF THE FUND
FORM 990, PART VI, SECTION B, LINE 11	INTERNATIONAL UNION OF PAINTERS AND ALLIED TRADES JOB RECOVERY FUND'S FORM 990 IS PREPARED BY ITS INDEPENDENT ACCOUNTANT THE RETURN IS THEN FORWARDED TO THE FUND ADMISISTRATOR AND TRUSTEE'S FOR REVIEW AND SIGNATURE
FORM 990, PART VI, SECTION C, LINE 19	INTERNATIONAL UNION OF PAINTERS AND ALLIED TRADES DISTRICT COUNCIL 21 JOB RECOVERY FUND MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST
FORM 990, PART VII	MICHEAL THURMAN - 3151 WEIKEL STREET, PHILADELPHIA, PA 19134 EVAN LAMBROS - 721 WICKER AV E, BENSALEM, PA 19020 ANGELA TILOTTA - P O BOX 186, WALLINGFORD, PA 19086 PAUL TSOUROU S - 1500 RIVER ROAD, CROYDON, PA 19021
FORM 990, PART XII, LINE 2C	INTERNATIONAL UNION OF PAINTERS AND ALLIED TRADES DISTRICT COUNCIL NO 21 JOB RECOVERY FUND BOARD OF TRUSTEES IS RESPONSIBLE FOR OVERSEEING THE FINANCIAL STATEMENT AUDIT AND THE INDEPENDENT ACCOUNTANT PERFORMING THE AUDIT

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
IUPAT DISTRICT COUNCIL NO 21 JOB RECOVERY FUND

Employer identification number
23-2860609

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

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) IUPAT DISTRICT COUNCIL 21 WELFARE FUND 2980 SOUTHAMPTON-BTBERRY ROAD PHILADELPHIA, PA 191541297 91-2036994	HEALTH & WELFARE FUND	PA	501(C)9				No
(2) IUPAT DISTRICT COUNCIL 21 ANNUITY FUND 2980 SOUTHAMPTON-BTBERRY ROAD PHILADELPHIA, PA 191541297 23-7390182	ANNUITY FUND	PA	401(A)/501(A)				No

Part III

Identification of Related Organizations Taxable as a Partnership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproporionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

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

Part V

Transactions With Related Organizations

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

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

No

1b

No

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

Yes

1o

Yes

1p

Yes

1q

No

1r

No

1s

No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) IUPAT DISTRICT COUNCIL 21 WELFARE FUND	P	49,136	

Schedule R (Form 990) 2014

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) Disproportionate 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
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Additional Data

Software ID:

Software Version:

EIN: 23-2860609

Name: IUPAT DISTRICT COUNCIL NO 21 JOB RECOVERY FUND

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							
3-R PAINTING COMPANY 122 DRUMMOND AVENUE NEPTUNE CITY, NJ 07753		NJ						No
A & J BUILDERS INC 721 WICKER AVENUE BENSALEM, PA 19020		PA						No
A G A DRYWALL LLC 430 COMMERCE LANE WEST BERLIN, NJ 08091		NJ						No
A P CONSTRUCTION OA ONE CRESCENT DRIVE - SUITE 104 PHILADELPHIA, PA 19112		PA						No
ACOUSTICS PLUS INC P O BOX 262 HARLEYSVILLE, PA 19438		PA						No
ADIRONDACK SCENIC INC 439 COUNTY ROUTE 45 ARGYLE, NY 12809		NY						No
ADVANCED COMMERCIAL INTERIORS 805 HENDERSON BLVD FOLCROFT, PA 19032		PA						No
AIRPORT CONSTRUCTION SERVICES 1 S CHESTER PIKE GLENOLDEN, PA 19036		PA						No
ALL TECH DECORATING COMPANY OA 1227 NAPERVILLE DRIVE ROMEOVILLE, IL 60446		IL						No
ALL WALLS & CEILINGS 3619 CHAPEL ROAD NEWTOWN SQUARE, PA 19073		PA						No
ALLIED INTERIOR CONTRACTORS 110 AMERICAN BOULEVARD TURNERSVILLE, NJ 08012		NJ						No
ALLIED PAINTING 4 LARWIN ROAD CHERRY HILL, NJ 08034		NJ						No
ALLSPEC CONSTRUCTION INC 175 COMMERCE DRIVE FT WASHINGTON, PA 19034		PA						No
ALN CONSTRUCTION 104 SANDY DRIVE NEWARK, DE 19713		DE						No
ALPHA PAINTING & CONST CO 6800 QUAD AVENUE BALTIMORE, MD 21237		MD						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							
ALPHA PAINTINGLIBERTY MAINTEN 6800 QUAD AVENUE BALTIMORE, MD 21237		MD						No
AMERICAN INTERIOR CONSTR INC 3560 WINDING WAY NEWTOWN SQUARE, PA 19073		PA						No
ANCHOR PAINTING INC 214 SUFFOLK RD FLOURTOWN, PA 19031		PA						No
ANDERSEN INTERIOR CONTRACTING P O BOX 10362 FAIRFIELD, NJ 07004		NJ						No
APEX FINISHING AND PAINTING 23 LAFAYETTE ROAD AUDUBON, NJ 08106		NJ						No
APPLEWOOD ENTERPRISES 331 MAPLE AVENUE HORSHAM, PA 19044		PA						No
ARENA MAINTENANCE SOLUTIONS 331 MAPLE AVENUE HORSHAM, PA 19044		PA						No
ARTISAN DISPLAY INC 1239 EAST 6TH STREET RED HILL, PA 18076		PA						No
ASSOCIATED SPECIALTY CONTRACTG 98 LACRUE AVE GLEN MILLS, PA 19342		PA						No
ATHENA CONTRACTING INC 2825 SOUTH WARNOCK STREET PHILADELPHIA, PA 19148		PA						No
ATLAS PAINTING & SHEETING CORP 465 CREEKSIDE DRIVE AMHERST, NY 14228		NY						No
ATRIUM INTERNATIONAL 600 W GERMANTOWN PIKE PLYMOUTH MEETING, PA 19462		PA						No
ATSALIS BROTHERS PAINTING CO 24595 GROESBECK HIGHWAY WARREN, MI 48089		MI						No
AVALOTIS CORPORATION 400 JONES STREET VERONA, PA 15147		PA						No
B J MCGLONE & CO OA 40 BRUNSWICK AVE EDISON, NJ 08818		NJ						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							
B V F CONSTRUCTION CO 78 TOMLINSON RD HUNTINGDON VALLEY, PA 19006		PA						No
BCT WALLS & CEILINGS 94 WALKER LANE NEWTOWN, PA 18910		PA						No
BEDWELL COMPANY 1380 WILMINGTON PIKE WEST CHESTER, PA 19381		PA						No
BIG MOUNTAIN IMAGING 3201 SOUTH 26TH STREET PHILADELPHIA, PA 19145		PA						No
BIGELOW BROTHERS P O BOX 264 HADDON HEIGHT, NJ 08035		NJ						No
BLASZ CONSTRUCTION 830 PENNSYLVANIA BLVD FEASTERVILLE, PA 19053		PA						No
BOCK CONSTRUCTION 2800 SOUTHAMPTON ROAD PHILADELPHIA, PA 19154		PA						No
BOWEN PAINTING INC ATTN JOHN BOWEN GLASSBORO, NJ 08028		NJ						No
BRAND ENERGY SERVICES 740 VETERANS DRIVE SWEDESBORO, NJ 08085		NJ						No
BRANDYWINE INTERIORS 34 INDUSTRIAL BLVD NEW CASTLE, DE 19720		DE						No
BRIDGES R US PAINTING CO INC 419 BLOSSOM AVE CAMPBELL, OH 44405		OH						No
BUTTONWOOD CO INC PO BOX EAGLEVILLE, PA 19408		PA						No
C ANTHONY PAINTING INC 199 HEFFNER ROAD LIMERICK, PA 19468		PA						No
C ERICKSON & SONS 2200 ARCH ST PHILADELPHIA, PA 19103		PA						No
CPC ENTERPRISES OB 1412 WALNUT STREET NORRISTOWN, PA 19401		PA						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							
CANNON SLINE INC(OA) 1325 W DETROIT BLVD PENSACOLA, FL 32534		FL						No
CAVANAUGH WALL SOLUTIONS 602 JEFFERS CIRCLE EXTON, PA 19341		PA						No
CEILINGS INC P O BOX 298 NORRISTOWN, PA 19404		PA						No
CENTEX ENVIRONMENTS 1050 COLWELL LANE CONSHOHOCKEN, PA 19428		PA						No
CHOICE COATING INC 201 WELSFORD RD FAIRLESS HILLS, PA 19030		PA						No
CIRCLE WALLCOVERINGS 111 PARK DRIVE MONTGOMERYVILLE, PA 18936		PA						No
CIRIGNANO CONTRACTING 750 W CALIFORNIA AVENUE ABSECON, NJ 08201		NJ						No
CLEMENS CONSTRUCTION COMPANY 1435 WALNUT STREET PHILADELPHIA, PA 19102		PA						No
COASTLINE CORPORATION 414 W DELILAH RD PLEASANTVILLE, NJ 08232		NJ						No
COMMERCIAL WALLCOVERING 4201 NESHAMINY BLVD BENSALEM, PA 19020		PA						No
COMPONENT ASSEMBLY SYSTEMS 620 FIFTH AVENUE PELHAM, NY 10803		NY						No
CORCON INC OA 3763 MCCARTNEY ROAD LOWELLVILLE, OH 44436		OH						No
DC ELECTRIC INC 3036 TAFT RD EAST NORRITON, PA 19403		PA						No
DALE CONSTRUCTION CO INC 70 LIMEKILN PIKE GLENSIDE, PA 19038		PA						No
DANCO PAINTING LLC 3020 S BROAD STREET PHILADELPHIA, PA 19145		PA						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							
DC21 ADMINISTRATION OFFICES 2980 SOUTHAMPTON-BYBERRY PHILADELPHIA, PA 19154		PA						No
DELTA DRYWALL 430 COMMERCE LANE WEST BERLIN, NJ 08091		NJ						No
DEPALMA CONTRACTING INC 2113 ROUTE 37 EAST TOMS RIVER, NJ 08753		NJ						No
DUGGAN & MARCON INC OA 3400 HIGH POINT BOULEVARD BETHLEHEM, PA 18017		PA						No
DUPUY CONSTRUCTION SERVICES 25 SOUTH MAIN ST 5 YARDLEY, PA 19067		PA						No
DV CONSTRUCTION SERVICES 942 BLACK ROCK ROAD GLADWYNE, PA 19035		PA						No
EAST COAST WALL SYSTEMS LLC 101 STACY HAINES ROAD LUMBERTON, NJ 08048		NJ						No
EDI WALLCOVERING CO 111 PARK DRIVE MONTGOMERYVILLE, PA 18936		PA						No
ELITE PAINTING 204 BELLA DRIVE BROOMALL, PA 19008		PA						No
ENVIRO PAINT LLC 6 PRINCE STREET BORDENTOWN, NJ 08505		NJ						No
EQUINOX MANAGEMENT & CO 1535 N SYDENHAM ST PHILADELPHIA, PA 19121		PA						No
FASTRACK CONSTRUCTION 175 COMMERCE DRIVE FT WASHINGTON, PA 19034		PA						No
FINE GROUP 1160 RT 22 WEST MOUNTAINSIDE, NJ 07092		NJ						No
FLORKOWSKI BUILDERS 2725 E CAMBRIA STREET PHILADELPHIA, PA 19134		PA						No
FLUOR MAINTENANCE SERVICE 240 DALWILL ST MANDEVILLE, LA 70471		LA						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							
FRANK LUTTER INC PO BOX 58 AMBLER, PA 19002		PA						No
FROMKIN BROS INC OA 125 CLEARVIEW ROAD EDISON, NJ 08818		NJ						No
G C ZARNAS & CO INC 850 JENNINGS ST BETHLEHEM, PA 18017		PA						No
GPE INC 812 STATE ROAD PRINCETON, NJ 08540		NJ						No
GRACIE PAINTING LLC 1222 E COLUMBIA AVE 24 PHILADELPHIA, PA 19125		PA						No
GRAHAM PAINTING 7144 WISSINOMING STREET PHILADELPHIA, PA 19135		PA						No
GUILD MATERIAL APPLICATION INC 721 SHELBOURNE ROAD READING, PA 19606		PA						No
GUY C LONG INC 809 MONTBARD DR WEST CHESTER, PA 19382		PA						No
HAGEN CONSTRUCTION 2207 STATE ROAD BENSALEM, PA 19020		PA						No
HAHR & LLYONS CONST LLC OA 24 COKESBURY ROAD - SUITE 8 LEBANON, NJ 08833		NJ						No
HEARTWOOD BUILDING GROUP 4 SUMMIT PLACE PHILADELPHIA, PA 19128		PA						No
HELBLING BROS INT 140 FRANKLIN AVE CHELTENHAM, PA 19012		PA						No
HERCULES PAINTING COMPANY 1102 SAMPSON STREET NEW CASTLE, PA 16101		PA						No
HERCULESVIMAS PNTG JV LLC OA 1102 SAMPSON ST NEW CASTLE, PA 16101		PA						No
HISPANIC VENTURES 100 N PHILADELPHIA, PA 19103		PA						No

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Yes	No							
HMS INTERIORS INC 380 THREE TUN ROAD MALVERN, PA 19355		PA						No
IJS 10 HUNT ROAD LEVITTOWN, PA 19056		PA						No
INTEGRITY INTERIORS 280 BELLA LANE KING OF PRUSSIA, PA 19406		PA						No
INTERIOR INSTALLATION SRVCS OA PO BOX 10236 GREEN BAY, WI 54307		WI						No
J & M INTERIORS OB 1308 N MAGNOLIA AVE SUITE D EL CAJON, CA 92020		CA						No
J J WHITE INC 5500 BINGHAM ST PHILADELPHIA, PA 19120		PA						No
JADE PAINTING ENTERPRISE 1230 E COLUMBIA AVENUE PHILADELPHIA, PA 19125		PA						No
JAG'D CONSTRUCTION 545 COITSVILLE HUBBARD RD YOUNGSTOWN, OH 44505		OH						No
JAMES HARPER PAINTING 332 TRENTON RD FAIRLESS HILLS, PA 19030		PA						No
JOHN CANNING & CO LTD(OA) 150 COMMERCE CT CHESHIRE, CT 06410		CT						No
JOHN S MC MANUS INC 9 SMITHBRIDGE ROAD CHESTER HEIGHTS, PA 19017		PA						No
JOHN WEBER INC 4718 A STREET PHILADELPHIA, PA 19120		PA						No
JOHNSON & GRIFFITHS 1004 GREEN STREET HARRISBURG, PA 17102		PA						No
JUPITER PAINTING CO 1500 RIVER ROAD CROYDON, PA 19021		PA						No
KAY & SONS 56 BUTTONWOOD STREET NORRISTOWN, PA 19401		PA						No

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Yes	No							
KCCI - KATZIANER CONSTRUCTION 1420 EASTON ROAD WARRINGTON, PA 18976		PA						No
KUEHNLE-WILSON INC 555 COMMERCE DRIVE YEADON, PA 19050		PA						No
L & L PAINTING 900 SOUTH OYSTER BAY ROAD HICKSVILLE, NY 11801		NY						No
L R COSTANZO CO INC 123 NORTH MAIN AVE SCRANTON, PA 18504		PA						No
LANDCO INC 3027 TEESDALE STREET PHILADELPHIA, PA 19152		PA						No
LANE CONSTRUCTION 90 FIELDSTONE COURT CHESHIRE, CT 06410		CT						No
LATINO PAINTING COMPANY 45 E CITY AVE BALA CYNWYD, PA 19004		PA						No
LEAKS CONSTRUCTION LLC OA 175 COMMERCE DRIVE FT WASHINGTON, PA 19034		PA						No
LENICK CONSTRUCTION 1994 YORK ROAD JAMISON, PA 18928		PA						No
LIBERTY MAIN-ALPHA PAINT A JV 777 N MERIDIAN ROAD YOUNGSTOWN, OH 44509		OH						No
LIBERTYALPHA JV 6800 QUAD AVENUE BALTIMORE, MD 21237		MD						No
LIBERTY-ALPHA JV LLC 777 N MERIDIAN ROAD YOUNGSTOWN, OH 44509		OH						No
LORENZON CONSTRUCTION COMPANY 2411 CROFTON LANE - SUITE 9 CROFTON, MD 21114		MD						No
M PAINTING CO INC 89 DARCY STREET NEWARK, NJ 07105		NJ						No
M SCHNOLL & SONS 3151-69 WEIKEL STREET PHILADELPHIA, PA 19134		PA						No

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Yes	No							
MACY'S PAYROLL 9111 DUKE BOULEVARD MASON, OH 45040		OH						No
MANGO & VACARINO PAINTING 1411 GRAMS WAY GARNET VALLEY, PA 19060		PA						No
MANSFIELD BROTHERS 311 SUMNEYTOWN PIKE NORTH WALES, PA 19454		PA						No
MARINIS BROS INC 755 GRANTHAM LN NEW CASTLE, DE 19720		DE						No
MARY CLEARY DRYWALL & CORP 2432 ARLINGTON AVE ABINGTON, PA 19001		PA						No
MASON BUILDING GROUP 35 ALBE DRIVE NEWARK, DE 19702		DE						No
MBA ENTERPRISES-HAGEN CNST LLC 2207 STATE ROAD BENSALEM, PA 19020		PA						No
MC DONALD PAINTING 12301 MCNULTY RD UNIT E PHILADELPHIA, PA 19154		PA						No
MERCHANT CONSTRUCTION CO 160 EMERSON STREET WOODBURY, NJ 08096		NJ						No
MGM INDUSTRIES 6835 GREENWAY AVE PHILADELPHIA, PA 19142		PA						No
MODERNFOLD STYLES INC 802 KING AVE CHERRY HILL, NJ 08002		NJ						No
MORRISON PAINTING 784 PARK ROAD LANSDALE, PA 19446		PA						No
MOSER CUSTOM CONSTRUCTION LLC 425 DELAWARE AVENUE HELLERTOWN, PA 18055		PA						No
MVP INTERIORS PO BOX 94 WILLIAMSTOWN, NJ 08094		NJ						No
NESMITH & COMPANY INC 2440-48 TASKER STREET PHILADELPHIA, PA 19145		PA						No

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Yes	No							
NIC CONSTRUCTION LLC 118 MILLSTONE WAY MONROEVILLE, NJ 08343		NJ						No
NORTH EAST CONTRACTORS 87 BLUE HEN DRIVE NEWARK, DE 19713		DE						No
NORTHWOOD CONSTRUCTION CO INC 70 COMMERCE DRIVE WARMINSTER, PA 18974		PA						No
NOVINGERS INC 1441 STONERIDGE DRIVE MIDDLETOWN, PA 17057		PA						No
ODYSSEY PAINTING CO INC OA P O BOX 7 HOUSTON, PA 15342		PA						No
ONE-PIECE DRYWALL INC 3324 N ROCKFIELD DRIVE WILMINGTON, DE 19810		DE						No
PALESTINI WALLCOVERING INC 35 PLUMSTEAD ROAD SEWELL, NJ 08080		NJ						No
PAPER MASTER LLC 323 ELTON LANE GALLOWAY, NJ 08205		NJ						No
PAUL LABADIE 131 LARK DRIVE HOLLAND, PA 18966		PA						No
PAUL RESTALL COMPANY JS PO BOX 250 SWARTHMORE, PA 19081		PA						No
PENN ACOUSTICS INC 551 EASTON RD WARRINGTON, PA 18976		PA						No
PHA PAINTER GLAZIER & DRYWALL 1800 SOUTH 32ND STREET PHILADELPHIA, PA 19145		PA						No
PHILA CARPENTRY SYSTEMS 509 VINE ST PHILA, PA 19106		PA						No
PHILADELPHIA D & M INC 500 DAVIS DRIVE PLYMOUTH MEETING, PA 19462		PA						No
PONNS & CO INC P O BOX 368 ESSINGTON, PA 19029		PA						No

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Yes	No							
PREMIUM PAINTING 5317 DELMAR DRIVE CLIFTON HEIGHTS, PA 19018		PA						No
PROGREEN PAINTING LLC P O BOX 18 NORRISTOWN, PA 19404		PA						No
REDEVELOPMENT AUTHORITY OA OF PHILADELPHIA PHILADELPHIA, PA 19107		PA						No
REGAL PAINTING CO 45 NOCENTINO DRIVE SWEDESBORO, NJ 08085		NJ						No
REVO INDUSTRIES 300 E LANCASTER AVE WYNNEWOOD, PA 19096		PA						No
ROBERT SEAN CONSTRUCTION 921A BETHLEHEM PIKE AMBLER, PA 19002		PA						No
RUSS KELLY INC OA 12 ORCHARD WAY MT LAUREL, NJ 08054		NJ						No
S & S PAINTING WALLCOVERING GLADWYNE, PA 19035		PA						No
SALVO CONSTRUCTION INC PO BOX 8204 CHERRY HILL, NJ 08002		NJ						No
SEAMLESS FLOORING SOLUTION INC 331 MAPLE AVE HORSHAM, PA 19044		PA						No
SERVICE PAINTING INC P O BOX 433 MARCUS HOOK, PA 19061		PA						No
SHAFFER & DESOUZA 17 MIFFLIN AVENUE HAVERTOWN, PA 19083		PA						No
SHANNON PLASTERING & DRY CARRIAGE HOUSE CINNAMINSON, NJ 08077		NJ						No
SHOOSTER DEVELOPMNT P O BOX 349 MEDIA, PA 19063		PA						No
SIOUTIS COATING ENTERPRISES 406 NORTH SPROUL ROAD BROOMALL, PA 19008		PA						No

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Yes	No							
SMITH CONSTRUCTION CO 3331 STREET ROAD BENSALEM, PA 19020		PA						No
SPECIALTY WOODWORK 1383 LAKE ROAD FEASTERVILLE, PA 19053		PA						No
SPECTRUM ARENA LP BROAD ST PATTISON PHILADELPHIA, PA 19148		PA						No
STENTON CORPORATION P O BOX 456 ESSINGTON, PA 19029		PA						No
STONEYBROOK PAINTING 44 SCHOOLHOUSE LN LEVITTOWN, PA 19055		PA						No
T III ENTERPRISES INC PO BOX 119 HORSHAM, PA 19044		PA						No
TANGLEWOOD PAINTING 278 BRIDGEWATER ROAD BROOKHAVEN, PA 19015		PA						No
THE PHILLIES CITIZENS BANK PARK PHILADELPHIA, PA 19148		PA						No
THE RIFF GROUP 100 SCHELL LANE PHOENIXVILLE, PA 19460		PA						No
THOMAS BUILDING GROUP 35 ALBE DRIVE NEWARK, DE 19702		DE						No
THOMAS J BURLEIGH PAINTING INC 228 DORA AVE HORSHAM, PA 19044		PA						No
TORRADO CONSTRUCTION CO 3311-13 EAST THOMPSON ST PHILADELPHIA, PA 19134		PA						No
TREND PAINTING PO BOX 811 DOYLESTOWN, PA 18901		PA						No
TRITECH 328 STONYHILL DRIVE CHALFONT, PA 18914		PA						No
TYSZKA WALLCOVERING 2569 B HUNTINGDON PIKE HUNTINGDON VALLEY, PA 19006		PA						No

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Yes	No							
UNION COUNTY CONSTRUCTION GROU 638 CHERRY STREET GLOUCESTER CITY, NJ 08030		NJ						No
UNION PAINTING LLC OB 12239 NW CORNELL PORTLAND, OR 97229		OR						No
VAN HAWK PAINTING 331 MAPLE AVENUE HORSHAM, PA 19044		PA						No
VICTORY PAINTING LLC PO BOX 12585 PHILADELPHIA, PA 19151		PA						No
WELLCRAFT CONSTRUCTION CO 180 NEW ROAD SOUTHAMPTON, PA 18966		PA						No
WILLIAM STEELE & SONS 400 STENTON AVENUE PLYMOUTH MEETING, PA 19462		PA						No
WM PROUD MASONRY RESTORATION 2610 N AMERICAN ST PHILADELPHIA, PA 19133		PA						No
WYATT INC 4545 CAMPBELLS RUN ROAD PITTSBURGH, PA 15205		PA						No
ZACK PAINTING COMPANY 900 KING GEORGES ROAD FORDS, NJ 08863		NJ						No