

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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 <u>www.IRS.gov/form990</u>

OMB No 1545-0047

Open to Public

			lendar year, or tax year beginr C Name of organization	ning 04-01-2015 , and ending 03-31-20	16	D Francis		
	eck if ap Iress cha		Painters District Council No 30 Lab				•	ntification number
_		_	Management Industry Developme	ent Fund		32-0	23317	2
	ne chan		Doing business as					
•	ıal returr	n	Number and street (or P O box if	mail is not delivered to street address) Room/su	ııte	E Teleph	one num	ber
Final retu	aı urn/term	nınated	1905 Sequoia Drive No 201	,		(630	377-2	120
┌ Am	ended re	eturn	City or town, state or province, co	puntry, and ZIP or foreign postal code				
┌ App	lication	pending	Aurora, IL 60506			G Gross	receipts	1,609,437
			F Name and address of p	rıncıpal officer	H(a) I	s this a group	a raturn	for
			BRIAN DAHL			ubordinates?		rot res rot No
			1905 Sequoia Drive No 20 Aurora, IL 60506	01	1	re all subord	ınates	□Yes □No
			7141014,12 00000			ncluded? f "No " attack	a list	(see instructions)
I Ta	x-exemp	pt status	「 501(c)(3)	【 (insert no)		Group exemp		
J W	ebsite:	: ► WW	/W PaintersDC30 Com			Group exemp	cion nai	ilber F
K Forn	n of orga	anızatıon	Corporation Trust Associa	tion Other ►	L Year	of formation 2	008 M	State of legal domicile IL
	rt I		mary				ı	
	1 Brı	efly des	scribe the organization's missi	on or most significant activities				
			dule O for Organization's miss					
<u>မ</u> ိ	<u> </u>							
Governance								
ē.	2 C	heck th	is box দ if the organization o	discontinued its operations or disposed o	of more tha	an 25% of its	net as:	sets
ŝ	l <u>.</u>						1 _ 1	_
න් ග				rning body (Part VI, line 1a)			3	8
Activities &			·	s of the governing body (Part VI, line 1b) n calendar year 2015 (Part V, line 2a)			5	0
Ž.				necessary)			6	0
đ				Part VIII, column (C), line 12			7a	0
	l			rom Form 990-T, line 34			7b	0
				·		Prior Year	<u> </u>	Current Year
	8	Contri	butions and grants (Part VIII,	line 1h)			0	70,560
를	9	Progra	ım service revenue (Part VIII,	line 2g)		1,402	,513	1,537,387
Revenue	10	Invest	ment income (Part VIII, colur	nn (A), lines 3, 4, and 7d)			50	315
Œ.	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2	,939	1,175
	12	Totalı 12)	revenue—add lines 8 through 1	1 (must equal Part VIII, column (A), lin	е	1,405	,502	1,609,437
	13	Grants	and similar amounts paid (Pa	rt IX, column (A), lines 1-3)		59,	,933	142,977
	14	Benefi	ts paid to or for members (Par	t IX, column (A), line 4)		226	,690	266,906
46	15			yee benefits (Part IX, column (A), lines		34	,103	53,204
Σ.		5-10)		· · · · · · · · · · · · · · · · · · ·				•
Expenses	16a			X, column (A), line 11e)	•		0	0
五	b		ndraising expenses (Part IX, column	· · · · · · · · · · · · · · · · · · ·		0.63	270	012.260
	17 18), lines 11a-11d, 11f-24e) nust equal Part IX, column (A), line 25)	•	862 1,183	-	912,269
	19		expenses Add inles 13-17 (ii	iust eduai Pait IX, Colullii (A), lille 25)		1,105	,005	1,373,336
		INCVCII	ue less evnenses Subtract lin			222	497	234 081
ኤ %			ue less expenses Subtract lin	e 18 from line 12		222		234,081
କ୍ଷ ଅନ୍ତର୍ଜ			ue less expenses Subtract lın			222 ing of Current		234,081 End of Year
kssets or Balances	20		assets (Part X, line 16)	e 18 from line 12			Year	End of Year
et Assets or ind Balances		Totall	assets (Part X, line 16) iabilities (Part X, line 26) .	e 18 from line 12		ing of Current 1,226 64	Year ,990	End of Year 1,452,401 56,256
Not Assets or Fund Balances	20 21 22	Total I Net as	assets (Part X, line 16) inabilities (Part X, line 26) sets or fund balances Subtrac	e 18 from line 12		ing of Current	Year ,990	
Par Unde my kr	20 21 22 TIII r penal	Total I Net as Sign Ities of p ge and b	assets (Part X, line 16) labilities (Part X, line 26) . sets or fund balances Subtrace ature Block perjury, I declare that I have e	e 18 from line 12	Beginni	1,226 64 1,162 edules and sta	,990 ,926 ,064	End of Year 1,452,401 56,256 1,396,145 ts, and to the best of
Par Unde my kr	20 21 22 TIII r penal	Total I Net as Sign Ities of p ge and b	assets (Part X, line 16) labilities (Part X, line 26) . sets or fund balances Subtrace ature Block perjury, I declare that I have expelief, it is true, correct, and convolledge	e 18 from line 12	Beginni	1,226 64 1,162 edules and sta	,990 ,926 ,064	End of Year 1,452,401 56,256 1,396,145 ts, and to the best of
Par Unde my kr prepa	20 21 22 1 III r penal nowleds	Total I Net as Sign Ities of particular services any kr	assets (Part X, line 16) labilities (Part X, line 26) . sets or fund balances Subtrace ature Block perjury, I declare that I have expelief, it is true, correct, and convolledge	e 18 from line 12	Beginni	1,226 64, 1,162 edules and start) is based or	,990 ,926 ,064	End of Year 1,452,401 56,256 1,396,145 ts, and to the best of
Par Unde my kr prepa	20 21 22 1 II r penal nowledgrer has	Total I Net as Sign Ities of particles of	assets (Part X, line 16) labilities (Part X, line 26) esets or fund balances Subtrace ature Block derjury, I declare that I have espelief, it is true, correct, and conowledge ** ature of officer Dahl Director	e 18 from line 12	Beginni	1,226 64, 1,162 edules and start) is based or 2016-10-04	,990 ,926 ,064	End of Year 1,452,401 56,256 1,396,145 ts, and to the best of
Par Unde my kr	20 21 22 1 II r penal nowledgrer has	Total I Net as Sign Ities of p ge and b s any kr **** Signa Brian Type	assets (Part X, line 16) labilities (Part X, line 26) ssets or fund balances Subtract ature Block perjury, I declare that I have epelief, it is true, correct, and conowledge ** ature of officer	e 18 from line 12	Beginni	1,226 64, 1,162 edules and start) is based or 2016-10-04	,990 ,926 ,064	End of Year 1,452,401 56,256 1,396,145 ts, and to the best of

Firm's address ► 9436 Springfield Ave

Firm's name MACNELL ACCOUNTING & CONSULTING LLP

Evanston, IL 60203

May the IRS discuss this return with the preparer shown above? (see instructions)

Paid

Preparer

Use Only

Firm's EIN 🟲 30-0510353

Phone no (847) 675-3100

. ✓ Yes ☐ No

) (Revenue \$

including grants of \$

(Expenses \$

Form	990 (2015)		Page 3	ŝ
Par	t 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."		No	

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	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? <i>If "Yes," complete Schedule D, Part V</i> 2	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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	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
	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
е	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? <i>If "Yes," complete Schedule G, Part II</i>	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		

Par	t 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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
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? <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)			
а	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
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		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? <i>If "Yes," complete Schedule M</i>	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? <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? 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	

	990 (2015)					Page
Pai	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this		v			
	•		-		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable	1a	9			
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable	1b	5			
	Did the organization comply with backup withholding rules for reportable payments to gaming (gambling) winnings to prize winners?	o vend	dors and reportable	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 emp Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file			2b		
	Did the organization have unrelated business gross income of \$1,000 or more during			3a		Νo
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation At any time during the calendar year, did the organization have an interest in, or a significant organization have an interest in, or a significant organization have an interest in a significant organization have a significant organization or	gnatu	re or other authority	3b		
	over, a financial account in a foreign country (such as a bank account, securities account)?	count	, or other financial	4a		Νo
Ь	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank (FBAR)					
	Was the organization a party to a prohibited tax shelter transaction at any time durin			5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited t	tax sh	nelter transaction?	5b		Νo
С	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 \$10 organization solicit any contributions that were not tax deductible as charitable cont			6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	nat su • •	ch contributions or gifts	6b		
	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution services provided to the payor?			7a		
	If "Yes," did the organization notify the donor of the value of the goods or services probe Did the organization sell, exchange, or otherwise dispose of tangible personal proper			7b		
	file Form 8282?	•	· · · · · ·	7 c		
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 p	ersor	nal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a person	nal b	enefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the orequired?		zation file Form 8899 as	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles Form 1098-C?	s, dıd •	the organization file a	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess bus during the year?	sınes	s holdings at any time			
02	Did the sponsoring organization make any taxable distributions under section 4966?			8 9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or rela			9a 9b		
10	Section 501(c)(7) organizations. Enter	accu p				
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					
а	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	ın lıe	u 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.					
а	Is the organization licensed to issue qualified health plans in more than one state? No additional information the organization must report on Schedule O	ote. S	See the instructions for	13a		
b	Enter the amount of reserves the organization is required to maintain by the states	13b				
c	In which the organization is licensed to issue qualified health plans	13b				
	Did the organization receive any payments for indoor tanning services during the tax		?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation of the second of the s	•		14b		

	Check it Schedule O contains a response or note to any line in this Part VI	•	• • •	~
<u> 5</u> e	ection 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 1b 4			
2		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		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	110
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	H		
	more members of the governing body?	7a	Yes	No
	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			
а	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
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
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
Ь	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		
С	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		Νo
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?			
а	The organization's CEO, Executive Director, or top management official	15a		Νo
	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?			
- C-	ection C. Disclosure	16b		
<u>5e</u> 17	List the States with which a copy of this Form 990 is required to be filed.			
1/	List the States with which a copy of this Folling to be lieured to be meder			
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)			

interest policy, and financial statements available to the public during the tax year

▶BRIAN DAHL 1905 Sequoia Drive 201 Aurora, IL 60506 (630) 377-2120

 $State\ the\ name,\ address,\ and\ telephone\ number\ of\ the\ person\ who\ possesses\ the\ organization's\ books\ and\ records$

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

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) A verage hours per week (list any hours	more pers	than on is	one bot	not box h ar or/tr	chec k, unle n offici ustee	ess er e)	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) Todd Dotson Chairman and Trustee	1 00	х						0	159,258	60,273
(2) MATTHEW ANDERSON Trustee	1 00	х						0	0	(
(3) Ken Ober Secretary & Trustee	1 00	х		х				0	0	(
(4) Doris Procaccio Trustee	1 00	х						0	0	(
(5) ROY DENNIS Trustee	1 00	х						0	0	(
(6) Ryan Anderson TRUSTEE	0 25	х		х				0	217,851	67,864
(7) John Penney Trustee	1 00	х						0	110,167	54,224
(8) LIONEL ESPINOZA Trustee	1 00	х						0	117,844	55,326
(9) Brian Dahl Director	11 00			х				0	161,036	60,359

t VII	Section A. Officers	Directors,	Trustees,	Kev Emr	olovees	, and Highest	Compensated I	mplovees	(continued
-------	---------------------	------------	-----------	---------	---------	---------------	---------------	----------	------------

	(A) Name and Title	(B) A verage hours per week (list any hours	more t	:han o	one I both	oox, an d	heck unless officer stee)	;	(C Repor comper from organiza	table nsation the tion (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)	organization and related organizations
1b c d	Sub-Total	=			•		* * *			0	766,156	298,046
2	Total number of individuals (in \$100,000 of reportable compe	cluding but not	lımıted	to the	ose	ıste	d abov	e) wl	ho receive	d more th	nan	
												Yes No
3	Did the organization list any f oon line 1a? <i>If "Yes," complete 5</i>					key •	emplo	yee,	or highes	t compen • •		3 No
4	For any individual listed on lin organization and related organ individual										on from the	4 Yes
5	Did any person listed on line 1 services rendered to the organ			•					_	anızatıon		5 No
	ection B. Independent Co			د ام		الم	.	t -	ua 41-4 ···		wa than #100 000	
<u> </u>	Complete this table for your five compensation from the organization from the organizati	zation Report co									thin the organizatio	n's tax year
	N	(A) lame and business	address							Des	(B) scription 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 \blacktriangleright 0

rt VIII	Statement of						
	Check if Schedu	ile O contains a respo	nse or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<u>⊈</u> 1a	Federated camp	paigns 1a					
and Other Similar Amounts	Membership due	es 1b					
Am o	Fundraising eve	ents 1 c					
<u> a a </u>	Related organiz	ations 1d					
<u>E</u> e	Government grants	(contributions) 1e					
S f	All other contribution	ns, gifts, grants, and 1f t included above	70,560				
호 호	Noncash contributio	ons included in lines					
- b	1a-1f \$ Total. Add lines	:1a-1f		70,560			
			Business Code				
2a b c d e f	Employer Contribut	cions	900099	1,537,387	1,537,387		
ь							
c							
d							
e							
· f	All other progra	m service revenue					
9	Total. Add lines	2a-2f		1,537,387			
3		ome (including dividen ar amounts)		315			3
4		tment of tax-exempt bond					
5	Royalties		🕨				
6-	Cross rants	(ı) Real	(II) Personal				
6a	Gross rents						
Ь	Less rental expenses						
С	Rental income or (loss)						
d	Net rental incor	ne or (loss)					
7-	Gross amount	(ı) Securities	(II) Other				
7a	from sales of assets other than inventory						
ь	Less cost or other basis and sales expenses						
C .	Gain or (loss)						
d 8a							
		reported on line 1c) e 18					
ь	Less direct exp	penses b					
с 9а		loss) from fundraising rom gaming activities e 19	events 🛌				
	•	а					
b		penses b loss) from gaming acti					
10a			vicios i i p -				
	returns and allo	wances .					
Ь	Less costofgo	a oods sold b					
c		loss) from sales of inv	entory				
	Miscellaneous		Business Code				
11a	Mıscellaneous I	Income	900099	1,175	1,175		
Ь							
С							
d	All other revenu						
e	Total. Add lines		•	1,175			
12	Total revenue.	See Instructions .	· · · · •	1,609,437	1,538,562	0	3

Form	990 (2015)				Page 10
	Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns				
	Check if Schedule O contains a response or note to any line in t	his Part IX			
	ot include amounts reported on lines 6b, o, 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	142,977			
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	266,906			
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	39,568			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	10,964			
10	Payroll taxes	2,672			
11	Fees for services (non-employees)				
а	Management				
b	Legal	875			
C	Accounting	14,778			
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)	91,003			
12	Advertising and promotion	231,882			
13	Office expenses	54,545			
14	Information technology	4,693			
15	Royalties				
16	Occupancy				
17	Travel	6,813			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	25,329			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	11,373			
23	Insurance	126			
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)				
а	Shared Expenses	466,770			
b	Drug Testing	2,591			
c	MEMBERSHIP FEES	1,072			
d	miscellaneous Expense	419			
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,375,356			
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)				

|--|

	(Check if Schedule O contains a response or note to any line	ın this F	Part X			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing				1	
	2	Savings and temporary cash investments			1,013,417	2	1,254,456
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			160,435	4	120,601
	5	Loans and other receivables from current and former office key employees, and highest compensated employees. Con Schedule L	mplete P				
ussels	6	Loans and other receivables from other disqualified person section 4958(f)(1)), persons described in section 4958(c contributing employers and sponsoring organizations of sevoluntary employees' beneficiary organizations (see instruII of Schedule L)(3 [°])(B), ection 50	and)1(c)(9)		6	
Ž.	_	Notes and large receivable not			4,057	7	3,638
1	7	Notes and loans receivable, net			4,037		3,036
	8	Inventories for sale or use			7.007	8	44.704
	9 10a	Prepaid expenses and deferred charges	 _{10a}	79,610	7,607	9	14,784
	b	Complete Part VI of Schedule D Less accumulated depreciation	10a	49,517	41,466	10c	30,093
	11	Investments—publicly traded securities	\Box	,	11,100	11	30,000
	12	Investments—other securities See Part IV, line 11				12	
	13						
		Investments—program-related See Part IV, line 11 .		13			
	14	Intangible assets		14	20.000		
	15	Other assets See Part IV, line 11			8		28,829
	16	Total assets. Add lines 1 through 15 (must equal line 34)			1,226,990		1,452,401
	17	Accounts payable and accrued expenses			12,778		16,979
	18	Grants payable				18	
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
e6	21	Escrow or custodial account liability Complete Part IV of	Schedul	e D		21	
Liabilities	22	Loans and other payables to current and former officers, d key employees, highest compensated employees, and disc					
ᅙ		persons Complete Part II of Schedule L			22		
Ï	23	Secured mortgages and notes payable to unrelated third p			23		
	24	Unsecured notes and loans payable to unrelated third part	ties .			24	
	25	Other liabilities (including federal income tax, payables to and other liabilities not included on lines 17-24) Complete Part X of Schedule D					
					52,148	25	39,277
	26	Total liabilities. Add lines 17 through 25			64,926	26	56,256
n		Organizations that follow SFAS 117 (ASC 958), check here	e⊨ ⊽a	ind complete			
<u>5</u>		lines 27 through 29, and lines 33 and 34.					
5	27	Unrestricted net assets	1,162,064	27	1,396,145		
ruiki Dalaikt	28	Temporarily restricted net assets		28			
2	29	Permanently restricted net assets				29	
5		Organizations that do not follow SFAS 117 (ASC 958), che complete lines 30 through 34.		,			
	30	Capital stock or trust principal, or current funds				30	
Ç L	31	Paid-in or capital surplus, or land, building or equipment fu	und .			31	
î	32	Retained earnings, endowment, accumulated income, or ot	ther fund	s		32	
į	33	Total net assets or fund balances			1,162,064	33	1,396,145
_	34	Total liabilities and net assets/fund balances		1,226,990	34	1,452,401	

	1990 (2015)				Page ⊥ ∡
Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1 ,6	509,437
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,:	375,356
3	Revenue less expenses Subtract line 2 from line 1	3		;	234,081
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,:	162,064
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			
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,:	396,145
Par	t 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				
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 rev a separate basis, consolidated basis, or both	iewed on			
	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 se basis, consolidated basis, or both	parate			
	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 oversion of the audit, review, or compilation of its financial statements and selection of an independent accountan		2c		No
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ıın			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Single Audit Act and OMB Circular A-133?	the	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		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493278009176

OMB No 1545-0047

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Department of the Treasury Inte

rnal Revenue S	Service Infor	mation about Schedule D	(Form 990) and its instructions is at <u>www.i</u>	irs.gov/fo	orm 990.	Inspect	tion
	he organization			Emplo	yer identifi	cation numbe	
	rict Council No 30 Lab t Industry Developme			32-03	233172		
Part I			Advised Funds or Other Similar	Funds o		ts.	
	Complete if the	e organization answer	ed "Yes" on Form 990, Part IV, line 6.				
T - 1			(a) Donor advised funds	(b) F	unds and of	ther accounts	5
	tal number at end			1			
A go yea	J . J	ontributions to (during					
•	Ť	rants from (during year)					
Agg	gregate value at e	nd of year					
	_		advisors in writing that the assets held in do the organization's exclusive legal control?	onor advis	ed	┌ Yes	┌ No
used		purposes and not for the	and donor advisors in writing that grant fund benefit of the donor or donor advisor, or for		purpose	☐ Yes	┌ No
		•	ete if the organization answered "Yes"	on Form	990, Part	IV, line 7.	
		•	ne organization (check all that apply)		- ,	,	
-			eation or education) Preservation of a				
_	otection of natura		Preservation of a	a certified	hıstorıc strı	ucture	
┌ Pr	eservation of ope	nspace					
	lete lines 2a throi nent on the last da		held a qualified conservation contribution in	n the form	of a conserv	/ation	
casen	ment on the last at	ly of the tax year			Held at t	he End of the	Year
Total	number of conser	vation easements		2a			
Total	acreage restricte	d by conservation easeme	ents	2b			
Numb	er of conservation	easements on a certified	l historic structure included in (a)	2c			
		easements included in (on the National Register	c) acquired after 8/17/06, and not on a	2d			
Numb	er of conservation	easements modified, tra	nsferred, released, extinguished, or termina	ited by the	organizatio	n during the	
tax ye	ear -						
Numb	er of states where	property subject to cons	ervation easement is located ►				
Does violati	the organization h ions, and enforcer	ave a written policy regarnent of the conservation of	ding the periodic monitoring, inspection, ha	ındlıng of	Г	Yes ┌ No	
Staff a year	and volunteer hou	rs devoted to monitoring,	inspecting, handling of violations, and enfor	cing cons	ervation eas	sements durır	ng the
A mou ► \$	nt or expenses inc	currea in monitoring, insp	ecting, handling of violations, and enforcing	conservat	ion easeme	ents during the	e year
· -	each conservation	n easement reported on li	ne 2(d) above satisfy the requirements of s	ection 170)(h)(4)		
	and section 170(ne 2(a) above satisfy the requirements of s	CCCIOII I/(,,,,,,, L	Yes	
baland	ce sheet, and incl		ts conservation easements in its revenue a : of the footnote to the organization's financi isements				
	Organization	s Maintaining Collec	ctions of Art, Historical Treasures ed "Yes" on Form 990, Part IV, line 8.	, or Oth	er Simila	r Assets.	
works	organization elect of art, historical t	ed, as permitted under Sl reasures, or other similar	FAS 116 (ASC 958), not to report in its reveals. The second of the secon	n, or resea	rch in furthe		
If the works	organization elect of art, historical t	ed, as permitted under S	FAS 116 (ASC 958), to report in its revenu assets held for public exhibition, education	e stateme	nt and balar		lıc
		orm 990, Part VIII, line		► \$			
	ts included in For	•		- \$			
Ifthe	organization rece	ved or held works of art, l	historical treasures, or other similar assets SFAS 116 (ASC 958) relating to these item		ıal gaın, pro	vide the	
l Reven	nue included on Fo	rm 990. Part VIII. line 1			▶ \$		

b Assets included in Form 990, Part X

	Using the organization's acquisition, acce										
	collection items (check all that apply)	ession, and other re	cords, c	hecka	any of	f the foll	lowing that	are a	sıgnıfıcant us	e of its	
а	Public exhibition		d	Γ	Loar	orexc	hange prog	grams			
b	Scholarly research		e	Γ	Oth	er					
c	Preservation for future generations										
4	Provide a description of the organization's	s collections and ex	xplaın ho	w they	y furth	ner the	organizatio	n's exe	empt purpose	: In	
	Part XIII			•	•						
	During the year, did the organization solic									. □ No	
Part	assets to be sold to raise funds rather the IV Escrow and Custodial Arra		as part	or the	orga	nization	's collection	on /	☐ Yes	1 110	
	Complete if the organization a Part X, line 21.		n Form	990,	Part	IV, lın	e 9, or re	porte	d an amour	nt on For	m 990,
	Is the organization an agent, trustee, cus included on Form 990, Part X?	todian or other inte	ermediar	y for c	ontrib	outions	or other as	sets n	ot T Yes	⊼ No	
b	If "Yes," explain the arrangement in Pa	art XIII and comple	te the fo	llowin	g tabl	e			Am	ount	
c	Beginning balance						10				
d	Additions during the year						10	ı			
e	Distributions during the year						10	e			
f	Ending balance						11	f			
2a	Did the organization include an amount of	n Form 990, Part X,	, line 21,	, for es	scrow	orcust	odıal acco	unt Iıal	bility? TYes	ГПо	
b	If "Yes," explain the arrangement in Part	XIII Check here if	the exp	lanatio	on has	s been p	provided in	Part X	III		Γ
Par	t V Endowment Funds. Comple	te ıf the organıza	ition an	swere							
		(a)Current year	(b) P	nor yea	ar	b (c) Tw	o years back	(d) Th	ree years back	(e)Four y	ears back
1a	Beginning of year balance										
b	Contributions										
c	Net investment earnings, gains, and										
	losses										
d	Grants or scholarships										
е	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the	current year end ba	lance (lı	ne 1g,	colui	mn (a))	held as				
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment ►										
c	Temporarily restricted endowment ►										
	The percentages on lines 2a, 2b, and 2c	should equal 100%)								
	Are there endowment funds not in the posorganization by	_					admınıster	ed for t	_	Yes	No
	(i) unrelated organizations					• •	•			n(i) n(ii)	
b	(ii) related organizations					? .				3b	<u> </u>
	Describe in Part XIII the intended uses of					•		•			
Part	VI Land, Buildings, and Equip	ment.									
	Complete if the organization a	inswered 'Yes' to	Form 9					Form			
	Description of property		(a		or othe vestm	er basis ent) C	(b) ost or other t (other)	asıs	Accumulated (c)depreciation		ook value
1a L	and										
b B	Buildings		· · _								
c L	easehold improvements		· _								
d F	quipment		· _				79,	610	49,	517	30,093
e 0	Other			.m /-	0) 1	10/=\ \			▶		30,093

Part VII	Investments—Other Securities. Com See Form 990, Part X, line 12.	plete if the orga	nızatıon answered 'Y	es' on Forn	n 990, Part IV, line 11b.
	(a) Description of security or category (including name of security)		(b) Book value		c)Method of valuation or end-of-year market value
	al derivatives				,
(2)Closely- (3)Other	-held equity interests				
-					
-					
-					
Total (Colum	nn (b) must equal Form 990, Part X, col (B) line 12)	*			
	Investments—Program Related				
	Complete if the organization answered (a) Description of investment	'Yes' on Form 99	(b) Book value	See Form 99	90, Part X, line 13.
	(a) Description of investment		(b) Book value		r end-of-year market value
Total (Colum	nn (b) must equal Form 990, Part X, col (B) line 13)	þ			
Part IX	Other Assets. Complete if the organization	answered 'Yes' on	Form 990, Part IV, line	11d See Fo	
	(a) Descri	ption			(b) Book value
	mn (b) must equal Form 990, Part X, col.(B) line 15				
Part X	Other Liabilities. Complete if the organ See Form 990, Part X, line 25.	nization answere	ed 'Yes' on Form 990,	Part IV, lii	ne 11e or 11f.
1.	(a) Description of liability	(b) Book value	<u> </u>		
Federal inc	ome taxes				
Due to Pair	nters District Council No 30 Pension Fund	39,	277		
		,			
		+	\dashv		
-					
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 25)	39,	277		
5 1 1 1 1	5			1 6 .	

Par	rt XI Reconciliation of Revenue per Audited Financial Statements With Complete if the organization answered 'Yes' on Form 990, Part IV, line 12		Return
1	Total revenue, gains, and other support per audited financial statements		1,609,437
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)............2d		
e	Add lines 2a through 2d	2e	. 0
3	Subtract line 2e from line 1	. 3	1,609,437
4	Amounts included on Form 990, Part VIII, line 12, but not on line $oldsymbol{1}$		
а	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	. 40	: 0
5	Total revenue Add lines ${f 3}$ and ${f 4c.}$ (This must equal Form 990, Part I, line 12)	5	1,609,437
Part	Reconciliation of Expenses per Audited Financial Statements Wit		er Return.
1	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements		1 275 256
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		1,375,356
∠ a	Donated services and use of facilities		
a b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		1,373,330
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	40	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		
	Total expenses fixed lines beard 181 (This mast equal Form 550) Fare 1, line 10 / 1 1		1,5,5,555
Par	rt XIII Supplemental Information		
Part	ovide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, l rt V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complormation	ines 1b and 2b, ete this part to pro	ovide any additional
	Return Reference Explanation		
Part)	X, Line 2 Accounting principles generally accepted in the United Stamanagement to evaluate tax positions taken by the Fund rentity has taken an uncertain tax position that more likely examination by the Internal Revenue Service Managementhe Fund, and has concluded that as of March 31, 2016, the expected to be taken that would require recognition of a lia	ecognize a tax liab than not would not t has analyzed the nere are no uncerta	oility (or asset) if the t be sustained upon e tax positions taken by ain tax positions taken or

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I (Form 990)

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

DLN: 93493278009176 OMB No 1545-0047

> Open to Public **Inspection**

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes," on 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.

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient

Name of the organization Painters District Council No 30 Labor Management Industry Development Fund

Employer identification number 32-0233172

Part I General In	formation 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

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

that received inore	tilali \$5,000 Pait I.	i can be dupilcated if a	dultional space is need	eu			
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount 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) Democratic Party of Illinois 1201 South Veterans Parkway Suite C C Springfield, IL 62704		501(c)(3)	21,600				SUPPORT ORGANIZATION'S MISSION
(2) Illinois Democratic Majority 1201 South Veterans Parkway Suite C C Springfield,IL 62704		501(c)(3)	21,600				SUPPORT ORGANIZATION'S MISSION
(3) Kane County Democratic 700 East main Street Saint Charles,IL 60173		501(c)(3)	21,600				Support organization's mission
(4) PDC No 30 LMIDF PAC Fund 1905 Sequoia Drive Aurora,IL 60506		501(c)(3)	21,600				SUPPORT ORGANIZATION'S MISSION
(5) Union Sportmen's Alliance 235 Noah Drive Ste 200 Franklin,TN 37064		501(c)(3)	6,500				Support Organization's Mission
2 Enter total number of secti	on 501(c)(3) and go	overnment organization	ns listed in the line 1 ta	ble		🕨	5

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

Schedule I (Form 990) 2015							
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
rt IV Supplemental Inforn	nation. Provide the inf	formation required in	Part I, line 2, Part III,	column (b), and any other a	addıtıonal ınformatıon.

Return Reference

Explanation

Schedule I (Form 990) 2015

DLN: 93493278009176

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Compensation Information

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

► Complete if the organization answered "Yes" on 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.

Open to Public Inspection

Internal Revenue Service Name of the organization Painters District Council No 30 Labor Management Industry Development Fund

Employer identification number 32-0233172

Pa	rt I	Questions Regarding Compensation					
						Yes	No
1a				ny of the following to or for a person listed on Form vide any relevant information regarding these items			
	┌ F	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	Γ 1	Fravel for companions	Γ	Payments for business use of personal residence			
		Fax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
		Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b		y of the boxes in line 1a are checked, did the org oursement or provision of all of the expenses des			1b		
2		he organization require substantiation prior to re tors, trustees, officers, including the CEO/Exect		sing or allowing expenses incurred by all Director, regarding the items checked in line 1a?	2		
3	orgar	rate which, if any, of the following the filing organ nization's CEO/Executive Director Check all that by a related organization to establish compensa	it appl				
	Γ	Compensation committee		Written employment contract			
	Г	Independent compensation consultant	\sqcap	Compensation survey or study			
	F	Form 990 of other organizations	Γ	Approval by the board or compensation committee			
4		ng the year, did any person listed on Form 990, F related organization	art V I	${ m I}$, ${ m Section}$ ${ m A}$, ${ m line}$ ${ m 1a}$ with respect to the filing organization			
а	Rece	ive a severance payment or change-of-control p	aymer	nt?	4a		No
b	Parti	cıpate ın, or receive payment from, a supplemen	tal non	qualified retirement plan?	4b		Νo
c	Parti	cıpate ın, or receive payment from, an equity-ba	sed co	mpensation arrangement?	4c		Νo
	If"Y	es" to any of lines 4a-c, list the persons and pro	vıde th	ne applicable amounts for each item in Part III			
	Only	501(c)(3), 501(c)(4), and 501(c)(29) organizati	ons m	ust complete lines 5-9.			
5		ersons listed on Form 990, Part VII, Section A, pensation contingent on the revenues of	line 1a	a, dıd the organızatıon pay or accrue any			
а	The	organization?			5a		
b	Anyı	related organization?			5b		
	If"Y	es," on line 5a or 5b, describe in Part III					
6		ersons listed on Form 990, Part VII, Section A, pensation contingent on the net earnings of	line 1a	a, did the organization pay or accrue any			
а	The	organization?			6a		
b	Anyı	related organization?			6b		
	If"Ye	es," on line 6a or 6b, describe in Part III					
7		ersons listed on Form 990, Part VII, Section A, nents not described in lines 5 and 6? If "Yes," de			7		
В				accured pursuant to a contract that was ations section 53 4958-4(a)(3)? If "Yes," describe	8		
9	If"Y	es" on line 8, did the organization also follow the	rebutt	rable presumption procedure described in Regulations	–		

section 53 4958-6(c)?

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 on 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)(1)-(111) 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 o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		Base (i) compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
1 Todd Dotson Chairman and Trustee	(i)	0	0	0	0	0	0	0
	(ii)	159,258	0	0	37,561	22,712	219,531	0
2 Ryan AndersonTRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	217,851	0	0	45,152	22,712	285,715	0
3 John PenneyTrustee	(i)	0	0	0	0	0	0	0
	(ii)	110,167	0	0	31,512	22,712	164,391	0
4 LIONEL ESPINOZATrustee	(i)	0	0	0	0	0	0	0
	(ii)	117,844	0	0	32,614	22,712	173,170	0
5 Brian DahlDirector	(i)	0	0	0	0	0	0	0
	(ii)	161,036	0	0	37,647	22,712	221,395	0

Schedule J (Form 990) 2015

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

Schedule J (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493278009176

OMB No 1545-0047

2015

Open to Public Inspection

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.

Name of the organization
Painters District Council No 30 Labor
Management Industry Development Fund

Employer identification number
32-0233172

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Page 1, Part I, Line 1	To advance the Painting, Decorating, drywall and glazing finishing industries
Form 990, Part VI, Section A, line 6	The organization is made up of eligible member participants
Form 990, Part VI, Section A, line 7a	The Trustees of the Organization are appointed by Trustees of the Painters District Council No. 30 and Northern Illinois Painting and Drywall Institute
Form 990, Part VI, Section B, line 11	The Form 990 is reviewed by the Controller and Director
Form 990, Part VI, Section C, line 18	The Organization makes its Form 990 available to the public upon request
Form 990, Part VI, Section C, line 19	The organization makes its governing documents and financial statements available to the public upon request
Form 990, Part VII	MATTHEW ANDERSON - 1991 West Downer, Aurora, IL 60506 Ken Ober - 1991 West Downer, Aurora , IL 60506 Doris Procaccio - 1991 West Downer, aurora, IL 60506 ROY DENNIS - 44W108 U S Hwy 20, Hampshire, IL 60140

SCHEDULE R

Name of the organization Painters District Council No 30 Labor

(Form 990)

Department of the Treasury

Internal Revenue Service

DLN: 93493278009176

OMB No 1545-0047

Open to Public

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.

Inspection

Employer identification number

ete if the organization a (b) Primary activity	(c) Legal domicile (state or foreign country)	Form 990, Pa (d) Total income	(4	ne 33. e)		(f)		
(b) Primary activity	Legal domicile (state			e)		(f)		
			Elia-oi-ye	ear assets	Dı	rect controlling entity		
	ne organization ans	swered "Yes" (on Form	1 990, Pa	rt IV, lı	ne 34 because it	had on	ie
(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code se				(f) Direct controlling entity	Section (13) co	
Organization of new members	WI	501(c)(5)					Yes	No No
Organization of new members	IL	501(c)(5)						No
Pension Benfits for Retired and Disabled Members	IL	401(A)						No
Organization of new members	DC	501(c)(5)						No
Apprenticeship Training for New Members	IL	501(c)(5)						No
Provide Health and Welfare benefits to eligible participants & Dependents	IL	501(c)(9)						No
								_
	Crganization of new members Organization of new members Organization of new members Pension Benfits for Retired and Disabled Members Organization of new members Provide Health and Welfare benefits to eligible	the tax year. (b) Primary activity Organization of new members Organization of new members IL Pension Benfits for Retired and Disabled Members Organization of new members IL Provide Health and Welfare benefits to eligible	the tax year. (b) Primary activity Legal domicile (state or foreign country) Organization of new members Organization of new members IL Organization of new members IL Organization of new members IL Organization of new members DC Organization of new members IL Organization of new members IL Organization of new members IL Organization of new members DC Organization of new members IL Organization of new members IL Organization of new members DC Foot(c)(5)	the tax year. (b) Primary activity Legal domicile (state or foreign country) Organization of new members Organization of new members IL Organization of new members Pension Benfits for Retired and Disabled Members Organization of new members DC Organization of new members IL 401(A) Apprenticeship Training for New Members Provide Health and Welfare benefits to eligible	the tax year. (b) Primary activity Legal domicile (state or foreign country) Organization of new members Use of foreign country WI Organization of new members IL Solic)(5)	the tax year. (b) Primary activity Cc) Legal domicile (state or foreign country) Organization of new members Organization of new members IL Organization of new members II Organization of new	the tax year. (b) Primary activity Cc) Legal domicile (state or foreign country) Direct controlling entity Organization of new members UI 501(c)(5) Pension Benfits for Retired and Disabled Members DC 501(c)(5) Apprenticeship Training for New Members DC 501(c)(5) Apprenticeship Training for New Members Public charity status (if section 501(c)(3)) Direct controlling entity Direct controlling entity	Co Exempt Code section Public charity status (if section 501(c)(3)) Direct controlling entity Section 501(c)(3)

Schedule R	R (Form 990) 2015													Page 2
Part III	Identification of Related Orga because it had one or more relat						ition answ	ered "Ye	es" on	Form	990, Part I	V, lın	ie 34	
	(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512-	(f) Share of total income	(g) Share of end-of-yea assets		i) ortionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	i) ral or aging ner?	(k) Percentage ownership
						514)			Yes	No	_	Yes	No	
									+	<u> </u>				
Part IV	Identification of Related Orga 34 because it had one or more re	anizations Taxab elated organization	ole as a Corpor ns treated as a co	r ation orpora	or Trust C tion or trust	omplete if the ta	e organıza ax year.	ation ans	swered	"Yes'	on Form 9	990, I	Part 1	V, line
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Direct controll entity	(e) Type of entit (C corp, S corp, or trust)	y Share of t	e o	(g) re of end- of-year assets		(h) ercentage ownership	Section (b) cont	i) on 512 (13) rolled	
See Additions	al Data Table											Yes		No
see Additiona	ai Data Tabië									+				

Part V Transactions With Related Organizations Complete if the organization answe	red "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					Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more re	lated organizations li	sted 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)				1 c		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)				1 g		No
f h Purchase of assets from related organization(s)				1h		No
i Exchange of assets with related organization(s)				1i		No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j		No
${f k}$ Lease of facilities, equipment, or other assets from related organization(s)				1k		No
I Performance of services or membership or fundraising solicitations for related organization(s) . $$.				11		No
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)				1m		No
${f n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No
o Sharing of paid employees with related organization(s)				10	Yes	
p Reimbursement paid to related organization(s) for expenses				1p	Yes	
q Reimbursement paid by related organization(s) for expenses				1q		No
Other two persons of each or present to related even property of (a)				1r		No
r Other transfer of cash or property to related organization(s)				\vdash	Yes	
s Other transfer of cash or property from related organization(s)						
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including co	overed relationships	and transaction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo	ount in	ivolved	

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

revenue) that was not a related organization. See instructions													
(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)	org	(e) all partners section 501(c)(3) janizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations	_	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
											1	1	İ
			<u> </u>	_		-	1	I		<u> </u>			

Part VII Supplemental Information

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

Return Reference Explanation

Schedule R (Form 990) 2015

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	Sectio (b)(contr enti	n 512 13) folled
						Yes	No
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
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
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
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
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
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 - Iden	ntification of Rela	ated Organiza [,]	tions Taxable a	as a Corporati					
(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) Sect 512(b) contro entit	ion)(13) olled
		1						Yes	No
(1)4MC CORPORATION - 209		IL							No
(1) A & R HARRIS CONST CO - 607		IL							No
(2) A GRAMER PAINTING & DECORATING		IL							No
(3) ACE STRIPING INC - 157		IL							No
(4) ADA DEC OF STERLING -607		IL							No
(5) Acoustics & Specialties Inc		IL							No
(6) AIRTITE CONTRACTORS INC		IL							No
(7) ALCA INC		IL							No
(8) ALEXANDER CONST INC - 467		IL							No
(9) ALL AMERICAN PTG & DEC INC		IL							No
(10) ALL TECH		IL							No
(11) ALLIANCE DRWL & ACOUST INC		IL							No
(12) ALLIED CONS SERVICE - 157		IL							No
(13) AM - COAT PAINTING INC		IL							No
(14) ANDERSON MORAN CONSTRUCTION		IL							No

Form 990, Schedule R, Part IV - Ider	ntification of Rela	ated Organiza	tions Taxable a	as a Corporat	ion 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) Sect 512(b) contro entit	ion)(13) olled
	,							Yes	No
(16) ANNING JOHNSON COMPANY		IL							No
(1) APRIL DECORATING INC		IL							No
(2) ASCHER BROTHERS COMPANY INC		IL							No
(3) Arno Decorating Co		IL							No
(4) ASPEN COMMERCIAL PAINTING INC		IL							No
(5) ASPEN CONSTRUCTION SYS INC		IL							No
(6) ASSOC CONSTRUCTORS CO - 209		IL							No
(7) ATLANTIC PTG CO INC - 157		IL							No
(8) Art Works - 607		IL							No
(9) BACON & VAN BUSKIRK - G157		IL							No
(10) Bazan Painting Company		МО							No
(11) BEAR CONSTRUCTION COMPANY		IL							No
(12) BEDROCK PAINTING INC - 209		IL							No
(13) BERTEL PETERSON COMPANY-607		IL							No
(14) BISHOP BROS INC-LU157		IL							No

Form 990, Schedule R, Part IV - Iden	tification of Rela	ated Organiza	țions Taxable a	s a Corporat	ion 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) Sect 512(b) contro entit	ion)(13) olled
								Yes	No
(31) BOWNE PAINTING		IL							No
(1) Blue Sky MC Inc		IL							No
(2) BRANDENBURG PAINTING & DECORAT		IL							No
(3) BROCK INDUSTRIAL SERVICES LLC		IL							No
(4) BROOKDALE DECORATING INC		IL							No
(5) BROOKWOOD BUILDERS INC		IL							No
(6) BUILDERS SALES & SERVICE -209		IL							No
(7) BURKS BROTHERS DRYWALL INC		IL							No
(8) BUTLER DRWL & PAINT SERV INC		IL							No
(9) C & W BUILDING SERV INC		IL							No
(10) CD DRYWALL SERVICES INC		IL							No
(11) CALIBER CONSTRUCTION CO		IL							No
(12) Capitol Decorating		IL							No
(13) CANNON SLINE INDUSTRIAL INC		DE							No
(14) CARDINAL GLASS 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)	(d) Direct controlling entity	(e)	(f) Share of total Income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes No	
(46) CARDINAL GLASS CO - 1355		IL			-	+	+	165	No No
(1) CARMICHAEL CONSTRUCTION INC		IL							No
(2) City of Peoria - 157		IL							No
(3) CCL CORPORATION		IL							No
(4) CELTIC COMMERCIAL PAINTING LLC		IL							No
(5) Color Coated Ptg & Dec		IL							No
(6) CENTRAL PAINTING		IL							No
(7) CHAKRA INC		IL							No
(8) CHAMPION DRYWALL INC		IL							No
(9) CL COATINGS LLC		IL							No
(10) CLARION CONST INC		IL							No
(11) COATINGS UNLIMITED INC-607		МО							No
(12) COMBINED TAPING & PAINTING-607		IL							No
(13) COMMERCIAL & INDUST CTGS 209		IL							No
(14) CR2 Painting		IL							No

Form 990, Schedule R, Part IV - Ider	ntification of Rela		tions Taxable a	s a Corporat					
(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
(61) COMMERCIAL GLASS CO - G157		IL							No
(1)COMPRO PAINTING & DECORATING S		IL							No
(2) CONTEMP HAMMER WORKS INC-607		IL							No
(3) CONTINENTAL PAINTING & DECORAT		IL							No
(4) COOK PAINTING INC - 157		IL							No
(5) COPPER CONSTRUCTION CO		IL							No
(6) COSGROVE CONSTRUCTION INC		IL							No
(7) COTE DECORATING CO		IL							No
(8) CRONKHITE PTG & DEC - 157		IL							No
(9) D & M CONST SERV INC		IL							No
(10) DES PAINTING INC		IL							No
(11) DBM SERVICES INC		IL							No
(12) DEKALB CONTRACT GLAZING - 1355		IL							No
(13) DEMOS PAINTING & DEC INC		IL							No
(14) DENCO INTERIORS LLC		IL							No

Form 990, Schedule R, Part IV - Ider	ntification of Rel	ated Organiza	tions Taxable a	as a Corporat	ion 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
(76) DENK & ROCHE BUILDERS INC		IL							No
(1) DESTINY SERVICES		IL							No
(2) DIAMOND DECORATING		IL							No
(3) DIAZ INTERIOR CONTRACTORS		IL							No
(4) DOHERTY CONSTRUCTION INC		IL							No
(5) DRAGOO PAINTING INC - 157		IL							No
(6) DURANGO PAINTING		IL							No
(7) EAGLE PAINTING & MAINT CO		IL							No
(8) EAST MOLINE GLASS CO-G157		IL							No
(9) ECS-EQUITY CONST SERV INC		IL							No
(10) ELITE PAINTING INC - 157		IL							No
(11) DAS Construction Inc		IL							No
(12) ERA VALDIVIA CONTRACTORS INC		IL							No
(13) Delta Painting Inc		IN							No
(14) EXECUTIVE PAINTING INC - 607		IL							No

Form 990, Schedule R, Part IV - Ider	ntification of Rela	ated Organiza	tions Taxable a	s a Corporat	ion 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) Sect 512(b) contro entit	ion)(13) olled
	,			·				Yes	No
(91) F C I CONSTRUCTION		IL							No
(1) F J ROBINSON CONT - 157		IL							No
(2) FEHR PAINTING - 157		IL							No
(3) FIRST LOOK DESIGN INC		IL							No
(4) FIVE STAR DECORATING INC		IL							No
(5) FOREST CITY DECORATORS-607		IL							No
(6) FREGA PAINTING & DEC INC		IL							No
(7) FREGA RESIDENTIAL		IL							No
(8) GALAXY PAINTING LTD - 467		IL							No
(9) GALESBURG GLASS CO INC-G607		IL							No
(10) GEORGE YOUNG & SONS PTG-157		IL							No
(11) Eırene Builders Inc		IL							No
(12) GLEN BRAKEBILL PNTG - 157		IL							No
(13) GRAWEY GLASS CO - G157		IL							No
(14) H & H BUILDERS INC - 465		IL							No

Form 990, Schedule R, Part IV - Iden	tification of Rela	ated Organiza	tions Taxable a	s a Corporat	ion 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) Sect 512(b) contro entit	ion)(13) olled
								Yes	No
(106) H & H DECORATING INC		IL							No
(1) H REYNOLDS PAINTING - 467		IL							No
(2) HANFLAND PAINTING CONT LLC		IL							No
(3) HDS II INC		IL							No
(4) EMCO Interiors Inc		IL							No
(5) HEITKOTTER INC		IL							No
(6) HERITAGE CARPENTRY LU607		IL							No
(7) HESTER PAINTING & DECORATING		IL							No
(8) HOOPS PAINTING - 157		IL							No
(9) HOPGOOD PAINTING LU209		IL							No
(10) INDUSTRIAL SERVICES GROUP-LU15		SC							No
(11) INTERIOR INSTALLATION SVCS INC		WI							No
(12) INTERNATIONAL DECORATORS INC		IL							No
(13) IRELAND LTD- LU467		IL							No
(14) J & M DECORATING INC		IL							No

Form 990, Schedule R, Part IV - Ider	ntification of Rela	ated Organiza	tions Taxable a	s a Corporat	ion 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)	(f) Share of total Income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Sect 512(b) contro entit	ion)(13) olled
								Yes	No
(121) J M C CONSTRUCTION INC		IL							No
(1) J SPENCER CONSTRUCTION LLC		IL							No
(2) JC ANDERSON INC		IL							No
(3) Espinoza Decorating inc		IL							No
(4) F&L Decorators - 607		IL							No
(5) JC'S UNITED BUILDING MAINT INC		IL							No
(6) JDM LLC		IL							No
(7) JETCO		IL							No
(8) JF CARPENTRY SERVICES INC		IL							No
(9) JMR BUILDERS LLC		IL							No
(10) JP PHILLIPS INC		IL							No
(11) K & E PTG & DEC INC		IL							No
(12) K&J PAINTING LLC		IL							No
(13) KELLY GLASS INC - G157		IL							No
(14) KEMPER CONSTRUCTION -157		IL							No

Form 990, Schedule R, Part IV - Ider	ntification of Rel	ated Organiza	tions Taxable :	as a Corporat					
(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) Secti 512(b) contro entity	ion)(13) olled y?
(136)	<u> </u>	IL	+	<u> </u>	<u> </u>	+	-	Yes	No No
KEVIN NUGENT CONSTRUCTION INC									IN U
(1) KOJA CONST INC - 607		IL							No
(2) KOLE CONSTRUCTION		IL							No
(3) KOOLMASTER CO INC - G157		IL							No
(4) LJ MORSE CONST CO		IL							No
(5) LA NEE DECORATING		IL							No
(6) FBD Carpentry Inc		IL							No
(7) LAKEWOOD CARPENTRY SERVICES		IL							No
(8) LANKFORD CONST CO		IL							No
(9) LECUYER PTG & DEC INC		IL							No
(10) LEOPARDO COMPANIES INC		IL							No
(11) LOHRE PAINTING COMPANY INC		IL							No
(12) M PERDUE PTG & CTGS INC-157		IL							No
(13) MADISON COATING COMPANY		IL							No
(14) MARIN BROS INC		IL							No

Form 990, Schedule R, Part IV - Iden	ntification of Rel	ated Organiza	tions Taxable a	as a Corporat	ion 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) Sect 512(b) contro entit	ion)(13) olled
								Yes	No
(151) FRONT RUNNER GLS & MTL-G607		IL							No
(1) GC ZARNAS & CO INC-157		РА							No
(2) MATAN'S PAINTING & DECORATING		IL							No
(3) MATT'S ABILITY GLASS SER-G607		IL							No
(4) MAXCOR INC		IL							No
(5) MAY DECORATING II INC		IL							No
(6) MC CLANAHAN PTG - PROCTOR ENDO		IL							No
(7) MC CLANAHAN PTG INC - 157		IL							No
(8) MC GINNESS DECORATING INC		IL							No
(9) MC LEAN COUNTY GLASS - G157		IL							No
(10) GP MAINTENANCE SERV INC		IL							No
(11) MID-IL COMPANIES - 157		IL							No
(12) MIDWEST COM COATINGS INC-209		IL							No
(13) MIDWEST DECORATING INC		IL							No
(14) MIDWEST PAINTING - 607		IL							No

Form 990, Schedule R, Part IV - Ider	ntification of Rela	ated Organiza	țions Taxable a	s a Corporat					
(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) Secti 512(b) contro entity	on (13) Iled y?
(166) GALOMEX CORPORATION		IL						Yes	No No
(1) MSM SOLUTIONS INC		IL							No
(2) NAPERVILLE CHICAGO IL PTG & DE		IL							No
(3) NATIONAL DECORATING SERV INC		IL							No
(4) NEDROW DECORATING INC		IL							No
(5) NEUMANN CO CONTRACTORS INC		IL							No
(6) NIKOLAS PAINTING CONTRACT INC		IL							No
(7) NILES CONST SERVICES		MI							No
(8) NILES INDUSTRIAL COATINGS LLC		IL	_						No
(9) NORTHERN IL WALL & CEILING 607		IL							No
(10) NOVA PAINTING & DECORATING-607		IL							No
(11) OMNI COMMERCIAL GROUP INC		IL							No
(12) OAK DRYWALL CO INC		IL							No
(13) O O STERBAAN & SONS CO		IL							No
(14) OPC CONSTRUCTION		IL							No

Form 990, Schedule R, Part IV - Ider	ntification of Rela		țions Taxable a	s a Corporat					
(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) Sect 512(b) contro entit	ion)(13) olled
		, ,		ĺ				Yes	No
(181) P & S PAINTING INC		IN							No
(1) P C PAINTING & DEC INC - 157		IL							No
(2) PAINTING 4 U		IL							No
(3) PAINTING BY KELLER		IL							No
(4) PALAZZO PTG & DECORATING INC		IL							No
(5) PANIAGUA GROUP INC		IL							No
(6) PEAK CARPENTRY INC		IL							No
(7) PECOVER DECORATING SERV INC		IL							No
(8) PEPPER CONSTRUCTION CO		IL							No
(9) PERFORMANCE CONTR dba PCI TEMP		KS							No
(10) PHIL SCHINDLER & SONS INC-157		IL							No
(11) PEKIN GLASS & MIRROR - G157		IL							No
(12) PINNACLE DECORATING		IL							No
(13) PINTO CONSTRUCTION GROUP INC		IL							No
(14) PRECISE PAINTING - 467		IL							No

Form 990, Schedule R, Part IV - Idei	ntification of Rela		tions Taxable a	s a Corporat					
(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) Sect 512(b) contro entit	ion)(13) olled
		· · ·		'				Yes	No
(196) PRISM PAINTING CO		IL							No
(1) PROCACCIO PAINTING CO INC		IL							No
(2) PROFESSIONAL DEC & PNTG INC		IL							No
(3) PYRAMID PAINTING & DEC		IL							No
(4) R G CONST SERV INC		IL							No
(5) R M SELLERGREN & ASSOCIATES IN		IL							No
(6) RATHBUN & SONS CARP CONT-209		IL							No
(7) REGENCY GROUP OF ILLINOIS		IL							No
(8) RIDGE PAINTING - LU157		IL							No
(9) RIGID CONSTRUCTION INC		IL							No
(10) RIVERSIDE INTERIORS LLC LU157		IL							No
(11) ROCK IT DRYWALL SERVICE INC		IL							No
(12) ROCK RIVER VALLEY PTG CO-607		IL							No
(13) ROCK VALLEY GLASS - 1355		IL							No
(14) ROCK-IT INTERIORS INC		IL							No

Form 990, Schedule R, Part IV - Ider	ntification of Rela	ated Organiza	țions Taxable a	s a Corporat	ion 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) Sect 512(b) contro entit	ion)(13) olled
								Yes	No
(211) RP COATINGS INC		IL							No
(1) RUIZ CONST SYSTEMS - 607		IL							No
(2) RW VANDEGRAFT PTG & DEC -209		IL							No
(3) SANDOVAL & SONS CO		IL							No
(4) SCHOENING PAINTING & DEC LU607		IL							No
(5) SBE CONSTRUCTION INC		IL							No
(6) SELLENTIN PAINTING		IL							No
(7) SERVICE DEC-BOWES CREEK		IL							No
(8) SERVICE DRYWALL & DECORATING		IL							No
(9) SHAMROCK DECORATING INC		IL							No
(10) SHANAHAN DRYWALL SERVICE		IL							No
(11) SKYLINE DECORATING		IL							No
(12) SMART INTERIORS LLC		IL							No
(13) SNS CONSTRUCTION SVCS INC-157		IL							No
(14) SMITH PAINTING & DEC INC		IL							No

Form 990, Schedule R, Part IV - Iden	ntification of Rel	ated Organiza	tions Taxable	as a Corporat					
(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	Secti 512(b) contro entit	ion)(13) olled :y?
(226) SOUTSOS DECORATING COMPANY		IL					1	Yes	No No
(1) SPRAY SPECIALISTS INC		IL							No
(2) STAN'S PAINTING & DEC		IN							No
(3) STONE & WEBSTER - LU607		IL							No
(4) STREATOR DECORATORS - 465		IL							No
(5) SWANSON & YOUNGDALE INC-157		MN							No
(6) SWEDBERG & ASSOCIATES INC-607		IL							No
(7) ROCKFORD HOUSING AUTHORITY-607		IL							No
(8) TCH CONSTRUCTION INC		IL		-					No
(9) TE CORP INC		IL							No
(10) TERRY VAUGHN CONS CO INC LU467		IL							No
(11) THE GLASS SHOP INC - G157		IL							No
(12) THE LEVY COMPANY		IL							No
(13) THE ROCKWELL GROUP - 607		IL							No
(14) THOMAS INDUSTRIAL COATING		МО							No

Form 990, Schedule R, Part IV - Idei	ntification of Rela		tions Taxable a	s a Corporat					
(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) Sect 512(b) contro entit	ion)(13) olled
				·				Yes	No
(241) THORNE ASSOCIATES INC		IL							No
(1)TIDAL CONST SERV INC		IL							No
(2) TIFFINY DECORATING CO		IL							No
(3) TNT CONSTRUCTION CO		IL							No
(4) TRIANGLE DECORATING CO		IL							No
(5) TRIPAR DRYWALL INC		IL							No
(6) UPTOWN PAINTING & DEC INC		IL		_			_		No
(7) VISION INTERIOR DRYWALL CORP		IL							No
(8) VOGUE PAINTING INC		IL							No
(9) WALLFORMS INC		IL							No
(10) TRICOR CARPENTRY		IL							No
(11) TRU-STRIPE- LU157		IL							No
(12) WRIGHT-WAY INT SYS - 157		IL							No
(13) Crown Commercial Painting Inc		IL							No
(14) TT'S PAINTING & DEC LLC -LU2		IL							No

Form 990, Schedule R, Part IV - Iden	tification of Rela		țions Taxable a	s a Corporat					
(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) Sect 512(b) contro entit	ion)(13) olled
								Yes	No
(256) UNION TANK ERECTION INC		AR							No
(1) WALL TECH INC-465		WI							No
(2) WOODS CONSTRUCTION INC		MI							No
(3) PEORIA HOUSING AUTHORITY-157		IL							No
(4) RETAIL STOREFRONT GROUP- G157		AL							No
(5) ROBERT YIU CONSTRUCTION INC		IL							No
(6) ROCK ISLAND GALESBURG GL -G157		IL							No
(7) MC CLANAHAN PTG - BUEHLER HOME		IL							No
(8) MEYER CONSTRUCTION		IL							No
(9) MIDWEST ARCHITECTURAL GLASS G6		IL							No
(10) MIDWEST PTG & WALLCOVERING INC		МО							No
(11) MIDWEST WALLMASTERS INC		IL							No
(12) N A FAVIA BUILDERS INC		IL							No
(13) NIELSEN DECORATING - 465		IL							No
(14) KNUDSEN CONSTRUCTION INC		IL							No

tification of Rela (b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e)	(f) Share of total Income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
							Yes	No
	IL							No
	IL							No
	IL							No
	WI							No
	IL							No
	IL							No
	IL							No
	IL							No
		IL IL IL IL IL IL IL	IL IL IL IL IL IL IL IL	IL IL IL IL IL IL IL IL	IL IL IL IL IL IL IL IL IL	IL IL IL IL IL IL IL IL IL		