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b Net unrelated business taxable income from Form 990-T, line 34 .

Net assets or fund balances Subtract line 21 from line 20 $\,$

DLN: 93493063000147

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the

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/foim990

nterna	y I Revenue Servic	e		,01,10111	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	In	spection	ı
\ Fo	r the 2015 ca	lendar year, or tax year beginning 05-01-2015 , and ending 04-30-2016						
Add	ck if applicable dress change me change	C Name of organization IUPAT District Council No 21 Job Recovery Fund		D Employer i 23-2860 <i>6</i>		tion number	•	
Init	tial return	Doing business as					_	
_ `	al terminated ended return	Number and street (or P O box if mail is not delivered to street address) Room/suite 2980 Southampton-Byberry Road		E Telephone n (215) 934				
<u>'</u>	lication pending	City or town, state or province, country, and ZIP or foreign postal code Philadelphia, PA 191541297			G Gross receip),257	
		F Name and address of principal officer michael previtera 2980 Southampton-Byberry Road Philadelphia,PA 191541297		subord No	a group retuinates?		☐ Yes 🗸	
	-exempt status	501(c)(3) √ 501(c) (5) ◄ (insert no) 4947(a)(1) or 527	ınclude	ed?		Yes No		
W e	ebsite:► N/A		H(c)	•	exemption i	•	•	_
F orm	of organization	Corporation ✓ Trust Association Other ►	L Yea	ar of form	nation 1964	M State o	of legal domicile PA	
Par	t I Sum	mary						-
GOVERNANCE	The purpo in obtainir benefit gra managema	scribe the organization's mission or most significant activities se of the Fund is to subsidize the amount a contributing employer pays for a contracts which otherwise may be lost to non-union contractors. To act and to the pension, health and welfare, annuity, apprenticeship training from the following members on behalf of employers who employ or desire to employ members strict Council 21	ccompl unds, i	lısh thıs ındustry	purpose, the advancement	ne Fund o ent funds	distributes and labor	- -
	2 Check th	is box ▶ ☐ if the organization discontinued its operations or disposed of	more	than 25	% of its net	assets		-
Acuviues &	3 Number	of voting members of the governing body (Part VI, line 1a) $. . . $			3		8	_
בֿ <u>ו</u>		of independent voting members of the governing body (Part VI, line 1b)					8	_
۲		nber of individuals employed in calendar year 2015 (Part V, line 2a) .			. 5		0	_
		nber of volunteers (estimate if necessary)			. 6	-	0	_
	7a Total unr	elated business revenue from Part VIII, column (C), line 12			. 7a	·	0	

			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	0	0
Ravenue	9	Program service revenue (Part VIII, line 2g)	2,480,873	2,349,257
ďΛ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
ď	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)	2,480,873	2,349,257
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,488,868	1,716,374
	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)	36,936	24,661
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
Expense	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	22,365	25,588
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,548,169	1,766,623
	19	Revenue less expenses Subtract line 18 from line 12	932,704	582,634

Ехр	b	Total fundraising expenses (Part IX, column (D), line 25) $ ightharpoonup 0$		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	22,365	25,588
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,548,169	1,766,623
	19	Revenue less expenses Subtract line 18 from line 12	932,704	582,634
socur nces			Beginning of Current Year	End of Year
ssets or Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 3,376,557	End of Year 4,189,512
et Assets or ind Balances	20 21			4,189,512

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

	K**** K*		2017-03-01					
Sign 7 3	Signature of officer		Date					
Here .	nichael previtera Administrator							
 	Type or print name and title							
Paid	Print/Type preparer's name Louis Verzella CPA	Preparer's signature Louis Verzella CPA	Date 2017-03-01	Check If self-employed	PTIN P00360279			
Preparer	Firm's name ► NOVAK FRANCEL	LA LLC	Firm's EIN ▶ 61-1436956					
Use Only	Firm's address ► ONE PRESIDENTI	AL BLVD SUITE 330		Phone no (610) 668-9400				
USE OIIIY	BALA CYNWYD, P	A 19004						

2,440,018

7b

0

3,022,652

	990 (2015)			Page 3
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," 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
	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, Pait 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			
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		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
С	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	11 c		No
	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 2	11 d		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	11 f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	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	12 b		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? <i>If</i> "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 $11e^7$ 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		

Forn	Form 990 (2015)						
Pa	rt 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,"	23		No			

Νo

Nο

Nο

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Νo

Νo

Nο

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

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35a

35b

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38

Yes

Yes

Form 990 (2015)

complete Schedule J . . .

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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

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? 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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I.

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

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 🔧 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Pai	rt V	Statements Regarding Other IRS Filings and Tax Complianc Check if Schedule O contains a response or note to any line in this		V			_
		Check if Schedule o contains a response of note to any fine in this	rait	<u>v</u>		Yes	No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	2			110
		the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
		e organization comply with backup withholding rules for reportable payments to		fore and reportable			
·		g (gambling) winnings to prize winners?			1 c		
2a	_	the number of employees reported on Form W-3, Transmittal of Wage and					
		tatements, filed for the calendar year ending with or within the year covered	2-	0			
	,	s return	2a	0	2b		
D		east one is reported on line 2a, did the organization file all required federal emp If the sum of lines 1a and 2a is greater than 250, you may be required to e-file			20		
3a	Did th	e organization have unrelated business gross income of \$1,000 or more during	g the y	year?	3a		No
b	If "Ye	s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanati</i> c	on in S	Schedule O	3b		
4a	Atany	y time during the calendar year, did the organization have an interest in, or a si	gnatu	re or other authority			
		a financial account in a foreign country (such as a bank account, securities acc	count,	, or other financial	4a		Na
		nt)?					No
Ь	If "Ye	s," enter the name of the foreign country ▶	, and	Financial Assaunts			
	(FBAF		Canu	Fillalicial Accounts			
5a	Was t	· he organization a party to a prohibited tax shelter transaction at any time durir	na the	tax vear?	5a		No
		ny taxable party notify the organization that it was or is a party to a prohibited t			5b		No
		s," to line 5a or 5b, did the organization file Form 8886-T?			20		
-	1, 10	5, to 5 a at 5 b) and the organization me form 0000 1			5c		
6 a		the organization have annual gross receipts that are normally greater than \$10 ization solicit any contributions that were not tax deductible as charitable cont			6a		No
ь	_	s," did the organization include with every solicitation an express statement th					
	were r	not tax deductible?			6b		
7	_	izations that may receive deductible contributions under section 170(c).			_		
а		e organization receive a payment in excess of \$75 made partly as a contributies provided to the payor?		d partly for goods and	7a		
		s," did the organization notify the donor of the value of the goods or services p			7 b		
С		e organization sell, exchange, or otherwise dispose of tangible personal proper rm 8282?		which it was required to	7 c		
d		s," indicate the number of Forms 8282 filed during the year \ldots .	7d				
e	Did th	e organization receive any funds, directly or indirectly, to pay premiums on a p	erson	al benefit contract?			
_	D. J + L				7e		
		e organization, during the year, pay premiums, directly or indirectly, on a person			7 f		
g	requir	organization received a contribution of qualified intellectual property, did the o		ation me Form 6699 as	7 g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles	s, did	the organization file a	7h		
8		1098-C?	•		711		
•	Did a	donor advised fund maintaining donor advised rulids. donor advised fund maintained by the sponsoring organization have excess but the year?	sines:	s holdings at any time	8		
Q2	_	e sponsoring organization make any taxable distributions under section 4966	7		9a		
		e sponsoring organization make a distribution to a donor, donor advisor, or rela		erson?	9b		
10		on 501(c)(7) organizations. Enter	P	•			
а	Initiat	tion 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	10b				
	facılıt				· ·	· ·	
		on 501(c)(12) organizations. Enter	امدا	1			
		Income from members or shareholders	11a				
ь		income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them)	11b				
12a	Section	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıe	u of Form 1041?	12a		
b		s," enter the amount of tax-exempt interest received or accrued during the	12b				
13	year Sectio	on 501(c)(29) qualified nonprofit health insurance issuers.					
а		organization licensed to issue qualified health plans in more than one state? N onal information the organization must report on Schedule O	ote. S	ee the instructions for	13a		
b		the amount of reserves the organization is required to maintain by the states	4-5,				
_		ch the organization is licensed to issue qualified health plans	13b				
		L	13 c	2		 	N. c
		e organization receive any payments for indoor tanning services during the tax s," has it filed a Form 720 to report these payments? <i>If "No," provide an explana</i>	•		14a 14b		No
ט	TI LE	5, has it med a form 720 to report these payments 11 No, provide an explana	COILII	, Schicadie U	740		

Form 990 (2015) Page 6 Governance, Management, and Disclosure Part VI 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 **1**a 8 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are 1b ındependent R Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 2 Νo Did the organization delegate control over management duties customarily performed by or under the direct 3 Yes supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was 4 Νo 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Νo Did the organization have members or stockholders? 6 Νo 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Νo Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Νo Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? Yes **b** Each committee with authority to act on behalf of the governing body? Yes Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 organization's mailing address? If "Yes," provide the names and addresses in Schedule O Νo Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

10a	Did the organization have local chapters, branches, or affiliates?	10 a		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?	10 b		
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	12 a		No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12 c		
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?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		Νo
	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?	16 a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			

Section C. Disclosure 7 List the States with which a copy of this Form 990 is required to be filed▶

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

organization's exempt status with respect to such arrangements?

Own website Another's website Upon request Other (explain in Schedule O)

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

State the name, address, and telephone number of the person who possesses the organization's books and records
►Trustees 2980 Southampton-Byberry Road Philadelphia, PA 19154 (215) 934-5130

16b

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

(A) Name and Title	(B) Average hours per week (list any hours for related	more pers	than on is	one bot rect	not bo: h ar or/ti	n offic rustee	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
			(W- 2/1099- MISC)							
(1) Mıcheal Thurman	1 00	V						0	0	
employer Trustee		X						0	0	(
(2) Chuck Murtha union Trustee	1 00	×						0	0	(
(3) Thomas Boetefuer union Trustee	1 00	х						0	0	(
(4) Evan Lambros employer Trustee	1 00	×						0	0	(
(5) joseph ashdale union trustee	1 00	×						0	0	(
(6) francis mclaughlin union trustee	1 00	×						0	0	(
(7) angela tilotta employer Trustee	1 00	×						0	0	(
(8) Paul Tsourous employer Trustee	1 00	х						0	0	(
							_			

art VII	Section A. Officers,	Directors,	Trustees, Ke	y Employees,	and Highest	Compensated Employees	(continued)

(A) Name and Title		(B) Average hours per week (list any hours	more t	han d on is	ne b both	oox, an d	heck unless officer stee)		(D) Reportable compensation from the organization (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	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
1b	Sub-Total						•				
C	Total from continuation sheet	•		٠.		•	. 🖊		0	0	0
d	Total (add lines 1b and 1c) .			<u></u>	-	•	<u> </u>				U
2	Total number of individuals (ir \$100,000 of reportable comp						d abov	e) w	ho received more th	nan	

- - Did the organization list any former officer, director or trustee, key employee, or highest compensated employee
 - on line 1a? If "Yes," complete Schedule J for such individual .
 - For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such
- ındıvıdual . Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for
- services rendered to the organization? If "Yes," complete Schedule J for such person . . .

4	No
5	No
of	

Yes

3

No

Νo

Section	В.	Independent	Contractors

3

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of

<u> </u>		
(A) Name and business address	(B) Description of services	(C) Compensation

compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

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

Form 99								Page S
Part V	/ † † †	Statement o						
		Check If Schedu	ule O contains a respo	nse or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
w 80	1a	Federated cam	paigns 1a					
tributions, Gifts, Grants Other Similar Amounts	ь	Membership du	es 1b					
GE A	c	Fundraising eve	ents 1 0	:				
ifts, ar∆	d	Related organiz	zations 1d					
m.G	e	Government grants	s (contributions) 1e					
Sign	f		ons, gifts, grants, and 1f					
Contributions, and Other Sim	_	Similar amounts no	ot included above					
ntri d O	g	1a-1f \$						
Contand	h	Total. Add lines	s 1a-1f	· · · ·				
÷ .				Business Code				
ven.	2a	Employer Contribu		900099	1,871,026	1,871,026		
ນ <u>.</u>	b c	Subsidies Canceled		900099	478,231	478,231		
Ž.	d	-						
Program Service Revenue	e							
gran	f	All other progra	am service revenue					
Ě	g	Total. Add lines	s 2a-2f	•	2,349,257			
	3	Investment inc	ome (including dividen	ids, interest,	, ,			
	4		ar amounts)					
	5	Royalties		▶				
			(ı) Real	(II) Personal				
	6a	Gross rents						
	ь	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental inco	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory						
	Ь	Less cost or other basis and sales expenses Gain or (loss)						
	c d		s)					
enne	8a	Gross income f events (not inc						
Other Revenue			reported on line 1c) le 18 a					
Oth	ь		penses b					
	C		(loss) from fundraising	events >				
	9a	See Part IV, lin	rom gaming activities ie 19 a					
	I		penses b					
	`	Met income of ((loss) from gamıng actı	vities				
	10a	Gross sales of returns and allo						
	b c	_	oods sold b (loss) from sales of inv	entory ▶				
		Miscellaneous	s Revenue	Business Code				
	11a							
	Ь							
	, c	All other reven						
	d e	Total. Add lines		•				
	12		See Instructions .					
		Total levellue.	Sec manuchoms .	· · · · •	2,349,257	2,349,257	С	o c

	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	this 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	1,716,374			
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	14,316			
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	3,845			
9	Other employee benefits	5,319			
10	Payroll taxes	1,181			
11	Fees for services (non-employees)				
а	Management				
b	Legal	6,465			
c	Accounting	7,098			
d	Lobbying				
е	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)	2,307			
12	Advertising and promotion				
13	Office expenses	2,813			
14	Information technology	5,153			
15	Royalties				
16	Occupancy	906			
17	Travel	102			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	210			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	534			
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					
b					
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,766,623			
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)				

32

33

34

Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part \boldsymbol{X}			
			(A)		(B)
	1	Cash-non-interest-bearing	Beginning of year	1	End of year
	2	Savings and temporary cash investments	3,137,030	2	3,906,816
	3		3, 137,030	3	3,900,010
		Pledges and grants receivable, net	239,527		281,436
	4	Accounts receivable, net	239,327	4	201,430
	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	
Assets	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			
\ss	_	N. A. a. a. I. L. a. a. a. a. a. I. l. a. a. b.		6	
~	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	1,260
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D			
	b	Less accumulated depreciation		10 c	
	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)	3,376,557	16	4,189,512
	17	Accounts payable and accrued expenses	883,493	17	5,000
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		21	
ilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
<u>.</u>		persons Complete Part II of Schedule L		22	
Liab	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	52.046	25	1 161 960
	26	Total liabilities. Add lines 17 through 25	53,046 936,539	25 26	1,161,860
	20		930,339	20	1,100,000
e S		Organizations that follow SFAS 117 (ASC 958), check here ▶			
j.	27	Unrestricted net assets	2,440,018	27	3,022,652
ala	28		2,440,010	28	0,022,002
Ε Θ	29	Temporarily restricted net assets		28	
Fund Balances	23	·		29	
ō		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
sets	30	Capital stock or trust principal, or current funds		30	
56	31	Paid-in or capital surplus, or land, building or equipment fund		31	

Retained earnings, endowment, accumulated income, or other funds

Total liabilities and net assets/fund balances

Total net assets or fund balances . .

32

33

34

2,440,018

3,376,557

3,022,652

4,189,512

If the organization changed its method of accounting from a prior year or checked "Other," explain in

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

If the organization changed either its oversight process or selection process during the tax year, explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

Prior period adjustments .

Part XIII Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

column (B))

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Other changes in net assets or fund balances (explain in Schedule O) . 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

Cash ✓ Accrual COther

Both consolidated and separate basis

Both consolidated and separate basis

7 8 9 10 Check if Schedule O contains a response or note to any line in this Part XII

3,022,652 Yes

2a

2b

2c

3a

Yes

Yes

Page 12

2,349,257

1,766,623

582,634

2,440,018

▽

No

Νo

Nο

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

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. OMB No 1545-0047

DLN: 93493063000147

Open to Public Department of the ► Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at $\underline{www.irs.gov/form990}$. Treasury Inspection Internal Revenue Service **Employer identification number** Name of the organization IUPAT District Council No 21 Job

кес	overy Fund					23-2	860609		
Pa	rt I Organizations Maintaining Donor Complete if the organization answere					nds o	r Accounts	•	
	Complete if the organization unswere	(a) Donor advised			1110 01	(b)F	unds and othe	r account	:s
L	Total number at end of year					(-)			
2	Aggregate value of contributions to (during year)								
3	Aggregate value of grants from (during year)								
1	Aggregate value at end of year								
5	Did the organization inform all donors and donor a funds are the organization's property, subject to t	_				r advıs	ed	☐ Yes	□ No
5	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?						purpose	☐ Yes	□No
Pai	rt II Conservation Easements. Comple	ete if the organizat	ion a	answered	"Yes" or	Form	990, Part I\		1 110
1	Purpose(s) of conservation easements held by th						•		
	Preservation of land for public use (e.g., recreeducation)	eation or	Г	Preserva	ition of an	hıstorı	cally importan	t land are	a
	Protection of natural habitat		Ē	Preserva	ition of a c	ertified	historic struc	ture	
	Preservation of open space								
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conse	ervati	ion contrib	ution in th	e form	of a conservat	ion	
					Γ		Held at the	End of th	e Year
а	Total number of conservation easements					2a			
b	Total acreage restricted by conservation easeme	ents				2b			
c	Number of conservation easements on a certified	historic structure in	clude	ed ın (a)		2c			
d	Number of conservation easements included in (o historic structure listed in the National Register	c) acquired after 8/17	/06,	and not or	n a	2d			
3	Number of conservation easements modified, train	nsferred, released, ex	tıngı	ushed, or t	erminated	by the	organization (during the	
	tax year ▶								
1	Number of states where property subject to cons	ervation easement is	loca	ted ▶		_			
5	Does the organization have a written policy regar violations, and enforcement of the conservation e		ntorn	ng, inspect	ion, handl	ing of	┌ y	es 🗀	No
5	Staff and volunteer hours devoted to monitoring, year	inspecting, handling o	of vio	lations, an	d enforcin	g cons	•	•	
	>								
7	A mount of expenses incurred in monitoring, inspe	ecting, handling of vio	latio	ns, and en	forcing coi	nserva	tion easement	s durıng tl	ne year
	▶ \$								
3	Does each conservation easement reported on III (B)(I) and section $170(h)(4)(B)(II)^7$	ne 2(d) above satisfy	the r	requiremer	nts of sect	on 170	O(h)(4)	es 🗀	No
•	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the							
ar	t III Organizations Maintaining Collec					r Oth	er Similar <i>i</i>	Assets.	
	Complete if the organization answere If the organization elected, as permitted under SF					ıo ctat	oment and half	anco choo	.+
La	works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footi	assets held for publi	c ext	nibition, ed	ucation, o	r resea	rch in furthera		
b	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for publi							olic
(i) Revenue included on Form 990, Part VIII, line 1	L			1	\$			
(i	i) Assets included in Form 990, Part X				>	\$			
2	If the organization received or held works of art, he following amounts required to be reported under S				assets for				
а	Revenue included on Form 990, Part VIII, line 1	•					▶ \$		

Assets included in Form 990, Part X

Par	t III	Organizations Maintaining (continued)	Collections of A	rt, His	toric	al T	reas	ures, or (Other	Similar A	ssets
3		the organization's acquisition, acception items (check all that apply)	ession, and other rec	ords, ch	neck ar	ny of	the fol	lowing that	are a s	gnıfıcant use	e of its
а		Public exhibition		d		Loar	n or ex	change pro	grams		
b	Γ.	Scholarly research		e	Г	Oth	er				
c		Preservation for future generations									
4	Provi Part)	de a description of the organization's KIII	s collections and exp	laın hov	w they	furth	er the	organızatıoı	n's exer	mpt purpose	ın
5		g the year, did the organization solic s to be sold to raise funds rather tha								ar Ves	s
Pa	rt IV		ngements.	-							'
1a		e organization an agent, trustee, cus ded on Form 990, Part X?	todian or other interr	mediary	for co	ntribi	utions	or other as:	sets no	t Ves	; No
b	If'	'Yes," explain the arrangement in Pa	art XIII and complete	e the fol	lowing	table	e	1		A mo	ount
C	Be	ginning balance						10	:		
d	Αd	ditions during the year						1d			
е	Dis	tributions during the year						1e			
f		ding balance						1f			
2 a	Did th	ne organization include an amount or	n Form 990, Part X, I	ıne 21,	for esc	row	orcust	odial accou	ınt lıabı	lity? Yes	i
b	If"Ye	es," explain the arrangement in Part	XIII Check here if t	he expl	anatior	n has	been	provided in	Part XI	II	
Pa	rt V	Endowment Funds. Complete									
		·	(a)Current year		or year			o years back		e years back	(e)Four years back
1 a	Begır	nning of year balance									
b	C ont	ributions · · · · · · ·									
c	Netı losse	nvestment earnings, gains, and es									
d	Gran	ts or scholarships				_					
e		r expenditures for facilities programs 									
f	A dmi	nistrative expenses									
g		of year balance									
2	Provi	de the estimated percentage of the o	current year end bala	nce (lır	ie 1g, d	olun	nn (a))	held as			
а	Board	l designated or quasi-endowment ▶									
b	Perm	anent endowment ▶									
c		orarily restricted endowment > ercentages on lines 2a, 2b, and 2c :	should equal 100%								
3a	A re tl	nere endowment funds not in the pos ization by	·	ızatıon	that ar	e hel	ld and	admınıstere	d for th	e	Yes No
		related organizations				٠. ٠		•		3a 3a	
b		es" on 3a(II), are the related organiza					? .			3	b
4	_	ribe in Part XIII the intended uses o		endowm	ent fur	ıds					
Pa	rt VI	Land, Buildings, and Equiporation a		orm 9	90. Pa	art IV	V. line	11a.See	Form 9	990. Part X	. line 10.
		Description of property		(a	Cost o		r basıs	(b) Cost or other I (other)		Accumulated (c)depreciation	(d)Book value
1a	Land							(/			
b	Buildin	gs									
		nold improvements		.							
		nent		.							
e	Other										
		lines 1a through 1e (Column (d) mus		X colu	mn (B)	line	10(c)	1	<u> </u>	•	

	See Form 990, Part X, line 12.			
	(a) Description of security or categority(including name of security)	ory	(b) Book value	(c)Method of valuation Cost or end-of-year market valu
(1)Financial	derivatives held equity interests			
(3) O ther	mera equity interests			
	n (b) must equal Form 990, Part X, col (B) line 12) Investments—Program Related.			
alt VIII	Complete if the organization answer	red 'Yes' on Form 990		
	(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market value
	(h)t	•		
	n (b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organiza		orm 990, Part IV, line	
	(a) De	scription		(b) Book value
	nn (b) must equal Form 990, Part X, col (B) lii			
	Other Liabilities. Complete if the o See Form 990, Part X, line 25.		Yes on Form 990,	Part IV, line 11e or 11f.
1.	(a) Description of liability	(b) Book value	_	
Federal inco	me taxes			
Due to relate	ed entity	41,3	65	
Unexpended	lactive subsidies	1.120.4	95 I	
Unexpended	active subsidies	1,120,4	95	
Unexpended	active subsidies	1,120,4	95	
Unexpended	active subsidies	1,120,4	95	
Unexpended	active subsidies	1,120,4	95	
Unexpended	active subsidies	1,120,4	95	
Unexpended	active subsidies	1,120,4	95	
Unexpended	active subsidies	1,120,4	95	
Unexpended	active subsidies	1,120,4	95	
	n (b) must equal Form 990, Part X, col (B) line 25)	1,120,4		

Schedule D (Form 990) 2015

1

2

а

b

c d

3

Part XIII

information

Part X, Line 2

Return Reference

1,871,026

1,871,026

2e

3

4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII) 4b 478,231		
c	Add lines 4a and 4b	4c	478,231
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	2,349,257
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per	Return.
1	Total expenses and losses per audited financial statements	1	1,288,392
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)............. 2d		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	1,288,392
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	478,231
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	1,766,623

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

Explanation

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 US 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.

2a

2b

2c

2d

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

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

of the Nonprofit/Local

Total revenue, gains, and other support per audited financial statements . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Net unrealized gains (losses) on investments . . .

Supplemental Information

Donated services and use of facilities .

Recoveries of prior year grants .

Other (Describe in Part XIII) .

Add lines 2a through 2d .

Subtract line 2e from line 1 .

Schedule D (Form 990) 2015		Page 5
Part XIIII Supplement	al Information <i>(continued)</i>	
Return Reference	Explanation	
Part XII, Line 4b - Other Adjustments	Subsidies canceled 478,231	
		_
	•	

efile GRAPHIC print - DO NOT PROCESS As Filed Data -Schedule I Grants and Other Assistance to Organizations, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Department of the ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization IUPAT District Council No 21 Job Recovery Fund Part I **General Information on Grants and Assistance** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Employer identification number 23-2860609 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 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 Part II that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (d) A mount of cash **(b)** EIN (c) IRC section (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance or government (book, FMV, assistance appraisal, other) See Additional Data Table Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

DLN: 93493063000147OMB No 1545-0047

2015

Open to Public

Inspection

Additional Data

Road

Philadelphia, PA 191541297

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 **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non-(f) Method of valuation (g) Description of (h) Purpose of grant ıf applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) District Council 21 Annuity 44,807 Subsidize benefit fund 23-7390182 401(a)/501(a) Fund to aid contributing 2980 Southampton-Byberry employer in competitive Road bidding Philadelphia, PA 191541297 District Council 21 Health & 91-2036994 501(c)9 806,237 Subsidize benefit fund Welfare Fund to aid contributing 2980 Southampton-Byberry employer in competitive Road bidding Philadelphia, PA 191541297 District Council 21 IAF 501(c)(3) 3,646 Subsidize benefit fund 2980 Southampton-Byberry to aid contributing

employer in competitive

bidding

(a) Name and address of (b) EIN (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (c) IRC section (d) A mount of cash organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or aovernment assistance other) 23-6416214 501(c)(3) 20,320 Subsidize benefit fund Finishing Trades Institute of the Mid-Atlantic Region to aid contributing ompetitive

employer in competitive

bidding

2190 hornig road _philadelphia,PA 19116						employer in competitive bidding
ıupaT finishing trades institute 7230 parkway drive	52-1923143	501(c)(3)	6,304			Subsidize benefit fund to aid contributing employer in competitive

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

hanover, MD 21076

hanover, MD 21076 bidding

utına ompetitive iupaT industry Annuity plan 52-6073909 401(a)/501(a) 31,639 Subsidize benefit fund 7234 parkway drive to aid contributing

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance arant or government assistance other) iupaT Imci 52-6776506 501(c)(5) 6,300 Subsidize benefit fund 7234 parkway drive to aid contributing hanover, MD 21076 lemployer in competitive

76,252

biddina

bidding

Subsidize benefit fund

employer in competitive

to aid contributing

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

401(a)/501(a)

52-6073909

TUPAT Pension

7234 parkway drive

hanover, MD 21076

2015 Open to Public

OMB No. 1545-0047

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.

Inspection

Employer identification number

Recovery Fund

990-EZ)

Treasurv

Service

Department of the

Internal Revenue

Name of the organization

JUPAT District Council No. 21, Joh.

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

Return Reference Explanation

Form 990, Part VI, Section International Union of Painters and Allied Trades District Council 21 Job Recovery Fund makes its governing

990 Schedule O, Supplemental Information

C, line 19	documents and financial statements available to the public upon request
,	Micheal Thurman - 3151 Weikel Street, Philadelphia, PA 19134 Evan Lambros - 721 Wicker Av e , Bensalem, PA 19020 angela tilotta - PO Box 186, Wallingford, PA 19086 Paul Tsourou s - 1500 River Road, Croydon, PA 19021

990 Schedule O, Supplemental Information

Return Explanation

Reference

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

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Name, address, and EIN (if applicable) of disregarded entity

DLN: 93493063000147 OMB No 1545-0047

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2015

Open to Public Inspection

Department of the Treasury

SCHEDULE R

(Form 990)

Recovery Fund

Part I

▶ Attach to Form 990.

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

(d)

Total income

(e)

End-of-year assets

(c)

Legal domicile (state

or foreign country)

Internal Revenue Service Name of the organization IUPAT District Council No 21 Job

Identification of Disregarded Entities Complete of the organization answered "Yes" on Form 990, Part IV, line 33.

(b)

Primary activity

Employer identification number 23-2860609

(f)

Direct controlling

entity

							,
Part II Identification of Related Tax-Exempt Organia or more related tax-exempt organizations during t		he organization ar	nswered "Yes" on F	Form 990, Part IV,	line 34 because it	had on	е
(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	Section (13) co	(g) n 512(b) ontrolled itity?
						Yes	No
(1)IUPAT District Council 21 Welfare Fund 2980 Southampton-Btberry Road	Health & Welfare Fund	PA	501(c)9				No
Philadelphia, PA 191541297 91-2036994							
(2)IUPAT District Council 21 Annuity Fund 2980 Southampton-Btberry Road	Annuity Fund	PA	401(a)/501(a)				No
Philadelphia, PA 191541297 23-7390182							
					+		-
For Paperwork Reduction Act Notice, see the Instructions for Form 990).	Cat No 501	.35Y		Schedule R (For	m 990) 2	2015

Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 996), Part IV,	line 34
	because it had one or more related organizations treated as a partnership during the tax year.		

Primary activity	nary activity (c) Legal domicile (state or foreign country)	ry activity Legal Direct Predominant Share of Share of end-of-year allocations? allocations?		rimary activity Legal Direct Predominant Share of Share of Disproprtionate C domicile (state or foreign country) Excluded from tax under sections 512- Share of Share of C Disproprtionate C am Share of total income end-of-year allocations? Sci (F	Primary activity Legal domicile (state or foreign	Legal Direct domicile controlling i state or entity foreign	Predominant income(related, unrelated, excluded from tax under sections 512-	Share of	are of Share of Income end-of-year	Share of Disprop		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana partr	aging	Percentage ownership
			311)			Yes	No		Yes	No					
										<u> </u>					
								<u> </u>	-	\vdash					
										\vdash					
			+		 	 	\vdash			\vdash					
									ĺ						
							\vdash								
		domicile (state or foreign	domicile controlling (state or entity foreign	domicile controlling income(related, (state or entity unrelated, foreign country) excluded from tax under	domicile (state or foreign country) country) income(related, unrelated, excluded from tax under sections 512-	domicile (state or entity (state or foreign country) Income(related, excluded from tax under sections 512-	domicile controlling income(related, unrelated, foreign country) excluded from tax under sections 512- 514)	domicile (state or entity foreign country) entity = language (state or foreign country) excluded from tax under sections 512- 514) total income end-of-year allocations?	domicile (state or foreign country) Income(related, excluded from tax under sections 512- 514) Income(related, unrelated, excluded from tax under sections 512- 514) Income(related, unrelated, excluded from tax under sections 512- 514) Income(related, unrelated, excluded from tax under sections 512- 514) Income(related, unrelated, excluded from tax under sections 512- 514) Income(related, unrelated, excluded from tax under sections 512- 514) Income(related, unrelated, excluded from tax under sections 512- 514) Income(related, unrelated, excluded from tax under sections 512- 514) Income(related, unrelated, excluded from tax under sections 512- 514) Income(related, unrelated, excluded from tax under sections 512- 514) Income(related, unrelated, excluded from tax under sections 512- 514) Income(related, unrelated, excluded from tax under sections 512- 514) Income(related, unrelated, excluded from tax under sections 512- 514) Income(related, unrelated, excluded from tax under sections 512- 514) Income(related, unrelated, unrelated, excluded from tax under sections 512- 514) Income(related, unrelated,	domicile (state or entity foreign country) Income(related, excluded from tax under sections 512- 514) Income(related, unrelated, excluded from tax under sections 512- 514) Income(related, unrelated, excluded from tax under sections 512- 514) Income end-of-year allocations? Income(related, unrelated, excluded from tax under sections 512- 514) Income end-of-year allocations? Income end-of-year alloc	domicile (state or entity foreign country) Income(related, excluded from tax under sections 512- 514) Income(related, unrelated, excluded from tax under sections 512- 514) Income(related, unrelated, excluded from tax under sections 512- 514) Income(related, unrelated, excluded from tax under sections 512- 514) Income(related, unrelated, excluded from tax under sections 512- 514) Income(related, unrelated, excluded from tax under sections 512- 514) Income(related, unrelated, excluded from tax under sections 512- 514) Income(related, unrelated, excluded from tax under sections 512- 514) Income(related, unrelated, excluded from tax under sections 512- 514) Income(related, unrelated, excluded from tax under sections 512- 514) Income(related, unrelated, excluded from tax under sections 512- 514) Income(related, unrelated, excluded from tax under sections 512- 514) Income(related, unrelated, excluded from tax under sections 512- 514) Income(related, unrelated, excluded from tax under sections 512- 514) Income(related, unrelated, excluded from tax under sections 512- 514) Income(related, unrelated, excluded from tax under sections 512- 514) Income(related, unrelated, excluded from tax under sections 512- 514) Income(related, unrelated, excluded from tax under sections 512- 514) Income(related, unrelated, excluded from tax under sections 512- 514) Income(related, unrelated, u				

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?	
G A11: 10: T11								Yes	No
See Additional Data Table									

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

No

No

No

Yes

1a

1b

Part V	Transactions With Related Orga	nizations Complete	if the organization answered	l "Yes" on Form 990	Part IV, line 34, 35b, or 36.

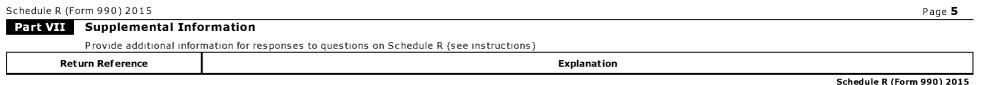
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

c Gift, grant, or capital contribution from related organization(s)				IC	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
				1 g	No
				1h	No
				1i	No
				1j	No
k Lease of facilities, equipment, or other assets from related organization(s)				1k	No
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
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n Y	es
o Sharing of paid employees with related organization(s)				10 Y	es
p Reimbursement paid to related organization(s) for expenses				1p Y	es
q Reimbursement paid by related organization(s) for expenses				1q	No
${f r}$ Other transfer of cash or property to related organization(s)				1r	No
s Other transfer of cash or property from related organization(s)				1 s	No
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) i 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) 5 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 covered relationships and transaction threshor type (a-s) Method of determining type (a-s) Method of determining type (a-s)	st				
(a) Name of related organization	Transaction		(d) Method of determining	amount invo	olved
(1)IUPAT District Council 21 Welfare Fund	Р	41,365			
					-

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 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)	org	(e) all partners section i01(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(1) 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 I	
													<u> </u>



Software ID: **Software Version:**

EIN: 23-2860609

Name: IUPAT District Council No 21 Job Recovery Fund

Form 990, Schedule R, Part IV - Ider	ntification of Rel	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	Sect 512(b) contro entit	tion)(13) olled ty?
(1) 3-R PAINTING COMPANY 122 DRUMMOND AVENUE NEPTUNE CITY, NJ 07753		NJ						Yes	No No
(1) A & J BUILDERS INC 721 WICKER AVENUE BENSALEM, PA 19020		PA							No
(2) A G A DRYWALL LLC 430 COMMERCE LANE WEST BERLIN, NJ 08091		NJ							No
(3) A P CONSTRUCTION OA One Crescent Drive - Suite 104 PHILADELPHIA, PA 19112		PA							No
(4) ACOUSTICS PLUS INC P O BOX 262 HARLEYSVILLE, PA 19438		PA							No
(5) ADIRONDACK SCENIC INC 439 County Route 45 Argyle, NY 12809		NY							No
(6) ADVANCED COMMERCIAL INTERIORS 805 HENDERSON BLVD FOLCROFT, PA 19032		PA							No
(7) AIRPORT CONSTRUCTION SERVICES 1 S CHESTER PIKE GLENOLDEN, PA 19036		PA							No
(8) ALL TECH DECORATING COMPANY OA 1227 NAPERVILLE DRIVE ROMEOVILLE, IL 60446		IL							No
(9) ALL WALLS & CEILINGS 3619 CHAPEL ROAD NEWTOWN SQUARE, PA 19073		PA							No
(10) ALLIED INTERIOR CONTRACTORS 110 AMERICAN BOULEVARD TURNERSVILLE, NJ 08012		NJ							No
(11) ALLIED PAINTING 4 LARWIN ROAD CHERRY HILL, NJ 08034		NJ							No
(12) ALLSPEC CONSTRUCTION INC 175 COMMERCE DRIVE FT WASHINGTON, PA 19034		PA							No
(13) ALN CONSTRUCTION 104 SANDY DRIVE NEWARK, DE 19713		DE							No
(14) 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 (b) (c) (d) (e) (i) (f) (g) (h) Direct controlling | Type of entity Name, address, and EIN of Primary activity Legal Share of total Share of end-of-Percentage Section related organization domicile entity (C corp, S ıncome year ownership 512(b)(13) (state or foreign corp, controlled assets country) or trust) entity? Yes No (16) ALPHA PAINTINGLIBERTY MAINTEN ΜD Νo 6800 QUAD AVENUE BALTIMORE, MD 21237 (1) AMERICAN INTERIOR CONSTRINC PAΝo 3560 WINDING WAY NEWTOWN SQUARE, PA 19073 (2) ANCHOR PAINTING INC РΑ Νo 214 SUFFOLK RD FLOURTOWN, PA 19031 (3) ANDERSEN INTERIOR CONTRACTING NJ Νo P O BOX 10362 FAIRFIELD, NJ 07004 (4) APEX FINISHING AND PAINTING NJ Νo 23 Lafayette Road Audubon, NJ 08106 (5) APPLEWOOD ENTERPRISES РΑ Νo 331 MAPLE AVENUE HORSHAM, PA 19044 (6) ARENA MAINTENANCE SOLUTIONS РΑ Νo 331 MAPLE AVENUE HORSHAM, PA 19044 (7) ARTISAN DISPLAY INC РΑ Νo 1239 EAST 6TH STREET RED HILL, PA 18076 (8) ASSOCIATED SPECIALTY CONTRACTG РΑ Νo 98 LACRUE AVE GLEN MILLS, PA 19342 (9) ATHENA CONTRACTING INC PΑ Νo 2825 SOUTH WARNOCK STREET PHILADELPHIA, PA 19148 (10) ATLAS PAINTING & SHEETING CORP NY Νo 465 CREEKSIDE DRIVE AMHERST, NY 14228 (11) ATRIUM INTERNATIONAL PΑ Νo 600 W GERMANTOWN PIKE PLYMOUTH MEETING, PA 19462 (12) ATSALIS BROTHERS PAINTING CO МΙ Νo 24595 GROESBECK HIGHWAY **WARREN, MI 48089** (13) AVALOTIS CORPORATION PAΝo 400 JONES STREET VERONA, PA 15147 (14) B J MCGLONE & CO OA NJ Νo 40 BRUNSWICK AVE EDISON, NJ 08818

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (b) (c) (d) (e) (h) (i) (g) Name, address, and EIN of Primary activity Legal Direct controlling | Type of entity Share of total Share of end-of-Percentage Section related organization domicile entity (C corp, S ıncome year ownership 512(b)(13) controlled (state or foreign corp, assets country) or trust) entity? Yes No (31) B V F CONSTRUCTION CO PAΝo 78 TOMLINSON RD **HUNTINGDON VALLEY, PA 19006** (1) BCT WALLS & CEILINGS PΑ Νo 94 WALKER LANE NEWTOWN, PA 18910 РΑ (2) BEDWELL COMPANY Νo 1380 WILMINGTON PIKE WEST CHESTER, PA 19381 (3) BIG MOUNTAIN IMAGING PΑ Νo 3201 SOUTH 26TH STREET PHILADELPHIA, PA 19145 (4) BIGELOW BROTHERS NJ Νo P O BOX 264 HADDON HEIGHT, NJ 08035 (5) BLASZ CONSTRUCTION РΑ Νo 830 PENNSYLVANIA BLVD FEASTERVILLE, PA 19053 (6) BOCK CONSTRUCTION РΑ Νo 2800 SOUTHAMPTON ROAD PHILADELPHIA, PA 19154 (7) BOWEN PAINTING INC NJ Νo ATTN JOHN BOWEN GLASSBORO, NJ 08028 (8) BRAND ENERGY SERVICES NJ Νo 740 VETERANS DRIVE SWEDESBORO, NJ 08085 (9) BRANDYWINE INTERIORS DE Νo 34 INDUSTRIAL BLVD NEW CASTLE, DE 19720 (10) BRIDGES R US PAINTING CO INC ОН Νo 419 Blossom Ave Campbell, OH 44405 (11) BUTTONWOOD CO INC РΑ Νo РО ВОХ EAGLEVILLE, PA 19408 (12) C ANTHONY PAINTING INC РΑ Νo 199 HEFFNER ROAD LIMERICK, PA 19468 (13) C ERICKSON & SONS PΑ Νo 2200 ARCH ST PHILADELPHIA, PA 19103 (14) CPC ENTERPRISES OB РΑ Νo 1412 Walnut Street Norristown, PA 19401

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)	(f) Share of total Income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Secti 512(b) contro entit	tion)(13) olled ty?			
(46) CANNON SLINE INC(OA) 1325 W DETROIT BLVD PENSACOLA, FL 32534		FL							No			
(1) CAVANAUGH WALL SOLUTIONS 602 JEFFERS CIRCLE EXTON, PA 19341		PA		1					No			
(2) CEILINGS INC P O BOX 298 NORRISTOWN, PA 19404		PA		1					No			
(3) CENTEX ENVIRONMENTS 1050 COLWELL LANE CONSHOHOCKEN, PA 19428		PA							No			
(4) CHOICE COATING INC 201 WELSFORD RD FAIRLESS HILLS, PA 19030		PA							No			
(5) CIRCLE WALLCOVERINGS 111 PARK DRIVE MONTGOMERYVILLE, PA 18936		PA							No			
(6) CIRIGNANO CONTRACTING 750 W CALIFORNIA AVENUE ABSECON, NJ 08201		NJ							No			
(7) CLEMENS CONSTRUCTION COMPANY 1435 WALNUT STREET PHILADELPHIA, PA 19102		PA							No			
(8) COASTLINE CORPORATION 414 W DELILAH RD PLEASANTVILLE, NJ 08232		NJ							No			
(9) COMMERCIAL WALLCOVERING 4201 NESHAMINY BLVD BENSALEM, PA 19020		PA							No			
(10) COMPONENT ASSEMBLY SYSTEMS 620 FIFTH AVENUE PELHAM, NY 10803		NY							No			
(11) CORCON INC OA 3763 MCCARTNEY ROAD LOWELLVILLE, OH 44436		ОН							No			
(12) DC ELECTRIC INC 3036 TAFT RD EAST NORRITON, PA 19403		PA							No			
(13) DALE CONSTRUCTION CO INC 70 LIMEKILN PIKE GLENSIDE, PA 19038		PA							No			
(14) DANCO PAINTING LLC 3020 S BROAD STREET PHILADELPHIA, PA 19145		PA							No			
A -		•	·	•	-		•					

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)	(f) Share of total Income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Secti 512(b) contro entit	tion)(13) olled ty?			
(61) DC21 ADMINISTRATION OFFICES 2980 SOUTHAMPTON-BYBERRY PHILADELPHIA, PA 19154		PA							No			
(1) DELTA DRYWALL 430 COMMERCE LANE WEST BERLIN, NJ 08091		NJ		1					No			
(2) DEPALMA CONTRACTING INC 2113 Route 37 East Toms River, NJ 08753		NJ		!					No			
(3) DUGGAN & MARCON INC OA 3400 HIGH POINT BOULEVARD BETHLEHEM, PA 18017		PA							No			
(4) DUPUY CONSTRUCTION SERVICES 25 SOUTH MAIN ST 5 YARDLEY, PA 19067		PA		1					No			
(5) DV CONSTRUCTION SERVICES 942 BLACK ROCK ROAD GLADWYNE, PA 19035		PA		1					No			
(6) EAST COAST WALL SYSTEMS LLC 101 STACY HAINES ROAD LUMBERTON, NJ 08048		NJ							No			
(7) EDI WALLCOVERING CO 111 PARK DRIVE MONTGOMERYVILLE, PA 18936		PA							No			
(8) ELITE PAINTING 204 BELLA DRIVE BROOMALL, PA 19008		PA		1					No			
(9) ENVIRO PAINT LLC 6 PRINCE STREET BORDENTOWN, NJ 08505		NJ		1					No			
(10) EQUINOX MANAGEMENT & CO 1535 N SYDENHAM ST PHILADELPHIA, PA 19121		PA							No			
(11) FASTRACK CONSTRUCTION 175 COMMERCE DRIVE FT WASHINGTON, PA 19034		PA							No			
(12) FINE GROUP 1160 RT 22 WEST MOUNTAINSIDE, NJ 07092		NJ							No			
(13) FLORKOWSKI BUILDERS 2725 E CAMBRIA STREET PHILADELPHIA, PA 19134		PA							No			
(14) FLUOR MAINTENANCE SERVICE 240 DALWILL ST MANDEVILLE, LA 70471		LA							No			
1												

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (b) (c) (d) (e) (i) (g) (h) Name, address, and EIN of Primary activity Legal Direct controlling | Type of entity Share of total Share of end-of-Percentage Section related organization domicile entity (C corp, S ıncome year ownership 512(b)(13) controlled (state or foreign corp, assets country) or trust) entity? Yes No (76) FRANK LUTTER INC PAΝo **PO BOX 58** AMBLER, PA 19002 (1) FROMKIN BROS INC OA NJ Νo 125 CLEARVIEW ROAD EDISON, NJ 08818 (2) G C ZARNAS & CO INC РΑ Νo 850 JENNINGS ST BETHLEHEM, PA 18017 (3) GPE INC NJ Νo 812 State Road Princeton, NJ 08540 (4) GRACIE PAINTING LLC РΑ Νo 1222 E COLUMBIA AVE 24 PHILADELPHIA, PA 19125 (5) GRAHAM PAINTING РΑ Νo 7144 WISSINOMING STREET PHILADELPHIA, PA 19135 (6) GUILD MATERIAL APPLICATION INC РΑ Νo 721 SHELBOURNE ROAD READING, PA 19606 (7) GUY C LONG INC РΑ Νo 809 MONTBARD DR WEST CHESTER, PA 19382 (8) HAGEN CONSTRUCTION РΑ Νo 2207 STATE ROAD BENSALEM, PA 19020 (9) HAHR & LLYONS CONST LLC OA NJ Νo 24 Cokesbury Road - Suite 8 Lebanon, NJ 08833 (10) HEARTWOOD BUILDING GROUP PAΝo 4 SUMMIT PLACE PHILADELPHIA, PA 19128 (11) HELBLING BROS INT РΑ Νo 140 FRANKLIN AVE CHELTENHAM, PA 19012 (12) HERCULES PAINTING COMPANY РΑ Νo 1102 SAMPSON STREET NEW CASTLE, PA 16101 (13) HERCULESVIMAS PNTG JV LLC OA РΑ Νo 1102 SAMPSON ST NEW CASTLE, PA 16101 (14) HISPANIC VENTURES РΑ Νo 100 N PHILADELPHIA, PA 19103

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (b) (c) (d) (e) (i) (g) (h) Name, address, and EIN of Primary activity Legal Direct controlling | Type of entity Share of total Share of end-of-Percentage Section related organization domicile entity (C corp, S ıncome year ownership 512(b)(13) (state or foreign corp, controlled assets country) or trust) entity? Yes No (91) HMS INTERIORS INC PΑ Νo 380 THREE TUN ROAD MALVERN, PA 19355 (1) IJS PΑ Νo 10 HUNT ROAD LEVITTOWN, PA 19056 (2) INTEGRITY INTERIORS РΑ Νo 280 BELLA LANE KING OF PRUSSIA, PA 19406 (3) INTERIOR INSTALLATION SRVCS OA WI Νo PO BOX 10236 GREEN BAY, WI 54307 (4) J & M INTERIORS OB CA Νo 1308 N Magnolia Ave Suite D El Cajon, CA 92020 (5) J J WHITE INC РΑ Νo 5500 BINGHAM ST PHILADELPHIA, PA 19120 (6) JADE PAINTING ENTERPRISE РΑ Νo 1230 E COLUMBIA AVENUE PHILADELPHIA, PA 19125 (7) JAG'D CONSTRUCTION ОН Νo 545 COITSVILLE HUBBARD RD YOUNGSTOWN, OH 44505 (8) JAMES HARPER PAINTING РΑ Νo 332 TRENTON RD FAIRLESS HILLS, PA 19030 (9) JOHN CANNING & CO LTD(OA) СТ Νo 150 COMMERCE CT CHESHIRE, CT 06410 (10) JOHN SMC MANUS INC PAΝo 9 SMITHBRIDGE ROAD CHESTER HEIGHTS, PA 19017 (11) JOHN WEBER INC РΑ Νo 4718 A STREET PHILADELPHIA, PA 19120 (12) JOHNSON & GRIFFITHS РΑ Νo 1004 Green Street Harrisburg, PA 17102 (13) JUPITER PAINTING CO РΑ Νo 1500 RIVER ROAD CROYDON, PA 19021 (14) KAY & SONS РΑ Νo 56 BUTTONWOOD STREET NORRISTOWN, PA 19401

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