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Form 990-EZ

Department of the Treasury
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-1150

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 08-01-2015, and ending 07-31-2016

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

C Name of organization
INTERNATIONAL BROTHERHOOD OF PAINTERS &
ALLIED TRADES LOCAL 376
% TROY NOTRANGELO
Number and street (or P O box, if mail is not delivered to street address) Room/suite
404 NEBRASKA ST
City or town, state or province, country, and ZIP or foreign postal code
VALLEJO, CA 94590

D Employer identification number
94-0925639
E Telephone number
(707) 644-2249
F Group Exemption Number ▶ 0444

G Accounting Method ☐ Cash ☐ Accrual Other (specify) ▶
MODIFIED CASH

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

I Website: ▶

J Tax-exempt status (check only one) - ☐ 501(c)(3) ☒ 501(c)(5) ◀(insert no) ☐ 4947(a)(1) or ☐ 527

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

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 160,738

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)									
Check if the organization used Schedule O to respond to any question in this Part I									
Revenue	1	Contributions, gifts, grants, and similar amounts received						1	
	2	Program service revenue including government fees and contracts						2	
	3	Membership dues and assessments						3	157,881
	4	Investment income						4	2,662
	5a	Gross amount from sale of assets other than inventory				5a		5c	
	b	Less cost or other basis and sales expenses				5b	0		
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)								
	6	Gaming and fundraising events						6d	
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)				6a			
	b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)				6b			
c	Less direct expenses from gaming and fundraising events				6c	0			
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)						7c		
7a	Gross sales of inventory, less returns and allowances				7a				
b	Less cost of goods sold				7b	0			
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)						7c		
8	Other revenue (describe in Schedule O)						8	195	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8						9	160,738	
Expenses	10	Grants and similar amounts paid (list in Schedule O)						10	
	11	Benefits paid to or for members						11	7,649
	12	Salaries, other compensation, and employee benefits						12	4,045
	13	Professional fees and other payments to independent contractors						13	5,827
	14	Occupancy, rent, utilities, and maintenance						14	7,678
	15	Printing, publications, postage, and shipping						15	1,564
	16	Other expenses (describe in Schedule O)						16	140,131
17	Total expenses. Add lines 10 through 16						17	166,894	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)						18	-6,156
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)						19	315,082
	20	Other changes in net assets or fund balances (explain in Schedule O)						20	-1,554
	21	Net assets or fund balances at end of year. Combine lines 18 through 20						21	307,372

Part II

Balance Sheets (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II

☒

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	314,912	22	307,372
23 Land and buildings	170	23	0
24 Other assets (describe in Schedule O)	0	24	0
25 Total assets	315,082	25	307,372
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	315,082	27	307,372

Part IIIStatement of Program Service Accomplishments (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III

☒

What is the organization's primary exempt purpose?
TO FOSTER AND ADOPT WAYS AND MEANS FOR THE CONTINUOUS IMPROVEMENT OF THE WORKING AND LIVING STANDARDS OF THE MEMBERS OF THIS UNION, TO SECURE LEGISLATION IN THE INTERESTS OF OUR MEMBERS, TO BRING ABOUT HIGHER WAGES, SHORTER HOURS AND BETTER WORKING CONDITIONS FOR THEM, TO INFLUENCE PUBLIC OPINION BY PEACEFUL AND LEGAL METHODS IN FAVOR OF OUR AFFILIATED ORGANIZATIONS AND ALL ORGANIZED LABOR GENERALLY, TO PROMOTE, ENCOURAGE AND BRING INTO EXISTENCE SATISFACTORY CONTRACTUAL RELATIONSHIPS WITH EMPLOYERS IN THE INDUSTRIES FROM WHICH THE MEMBERS OF OUR AFFILIATES ARE DRAWN, TO ADVANCE AND MAINTAIN BETTER RELATIONS BETWEEN OUR MEMBERS AND THEIR EMPLOYERS, AND TO OTHERWISE ENRICH THE LIVES OF OUR MEMBERS AND THEIR FAMILIES, ALL OTHER WORKING MEN AND WOMEN, AND ALL MANKIND

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

28
See Additional Data Table

(Grants \$) If this amount includes foreign grants, check here

☐

28a

29

(Grants \$) If this amount includes foreign grants, check here

☐

29a

30

(Grants \$) If this amount includes foreign grants, check here

☐

30a

31 Other program services (describe in Schedule O)
(Grants \$) If this amount includes foreign grants, check here

☐

31a

32 Total program service expenses (add lines 28a through 31a)

☐

32

Part IV

List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV.

☐

(a) Name and title	(b) Average hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
MARK SNOWDEN FINANCIAL SECRETARY	1 0	70	0	0
JAMES ROSE FINANCIAL SECRETARY (FORMER)	1 0	450	0	0
ERIC BASSI PRESIDENT	1 0	660	0	0
CHRIS TRIBURZI TRUSTEE	1 0	0	0	0
MCKINLEY NELSON WARDEN	1 0	210	0	0
KEITH HUNTER RECORDING SECRETARY	1 0	400	0	0
ANZANO RODRIGUEZ TREASURER	1 0	550	0	0
WILLIAM WALKER TRUSTEE	1 0	850	0	0
JOAQUIN RODRIGUEZ TRUSTEE	1 0	310	0	0
PEDRO MEDRANO VICE PRESIDENT	1 0	240	0	0
tim dillard trustee (former)	1 0	105	0	0

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

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <div>37a</div>		
b	Did the organization file Form 1120-POL for this year?	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . <div>38b</div>		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 <div>39a</div>	0	
b	Gross receipts, included on line 9, for public use of club facilities <div>39b</div>	0	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed ▶		
42a	The organization's books are in care of ▶ TROY NOTRANGELO Telephone no ▶ (707) 644-2249 Located at ▶ 404 NEBRASKA ST VALLEJO, CA ZIP + 4 ▶ 945903878		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶	42b	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
c	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country ▶	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ and enter the amount of tax-exempt interest received or accrued during the tax year <div>43</div>		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	No

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No

Part VI

Section 501(c)(3) organizations only

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

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

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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

52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A

YesNo

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

Sign Here	***** Signature of officer		2016-12-14 Date				
	PEDRO MEDRANO VICE PRESIDENT Type or print name and title						
Paid Preparer Use Only	Print/Type preparer's name Catherine Gardner		Preparer's signature		Date	Check <input type="checkbox"/> if self-employed	PTIN P00350865
	Firm's name ▶ MILLER KAPLAN ARASE LLP					Firm's EIN ▶	
	Firm's address ▶ 44 MONTGOMERY ST STE 3701 SAN FRANCISCO, CA 941044831					Phone no (415) 956-3600	

May the IRS discuss this return with the preparer shown above? See instructions

YesNo

Additional Data

Software ID:
Software Version:
EIN: 94-0925639
Name: INTERNATIONAL BROTHERHOOD OF PAINTERS &
ALLIED TRADES LOCAL 376

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.		Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
28 ATTACHMENT 4 (Grants \$)		28a	
If this amount includes foreign grants, check here . . . <input type="checkbox"/>			

SCHEDULE O
(Form 990 or
990-EZ)Department of the
Treasury
Internal Revenue
Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2015**Open to Public
Inspection**Name of the organization
INTERNATIONAL BROTHERHOOD OF PAINTERS &
ALLIED TRADES LOCAL 376**Employer identification number**

94-0925639

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART I LINE 8	Description MISCELLANEOUS INCOME Amount 195
FORM 990EZ PART I LINE 16	Description EVENT CONTRIBUTIONS Amount 11100

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART I LINE 16	Description TELEPHONE AND TELECOMMUNICATIONS Amount 2018
FORM 990EZ PART I LINE 16	Description PER CAPITA TAXES Amount 90226

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART I LINE 16	Description MISCELLANEOUS Amount 200
FORM 990EZ PART I LINE 16	Description DEPRECIATION EXPENSE Amount 170

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART I LINE 16	Description OFFICE SUPPLIES Amount 6144
FORM 990EZ PART I LINE 16	Description OTHER OFFICE EXPENSES Amount 315

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART I LINE 16	Description PROMOTIONAL ITEMS Amount 5089
FORM 990EZ PART I LINE 16	Description CONVENTIONS Amount 8037

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART I LINE 16	Description BANK AND CREDIT CARD FEES Amount 4647
FORM 990EZ PART I LINE 16	Description INSURANCE Amount 1557

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART I LINE 16	Description PICNIC Amount 8131
FORM 990EZ PART I LINE 16	Description MEETING EXPENSES Amount 2497

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART I LINE 20	Description UNREALIZED DEPRECIATION IN FAIR MARKET Amount
FORM 990EZ PART I LINE 20	Description VALUE OF INVESTMENTS Amount -1554