

Click on the question-mark icons to display help windows.  
The information provided will enable you to file a more complete return and reduce the chances the IRS has to contact you.

Form 990-EZ

## Short Form

## Return of Organization Exempt From Income Tax

OMB No 1545-1150

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

2018

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

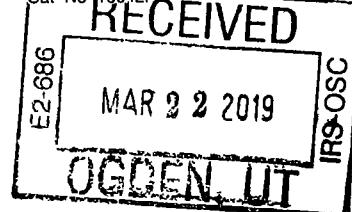
► Do not enter social security numbers on this form as it may be made public.

► Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

<b>A For the 2018 calendar year, or tax year beginning</b>		January 1	, 2018, and ending	December 31	, 2018	
<b>B Check if applicable</b>		<b>C Name of organization</b> <span style="border: 1px solid black; padding: 2px;">?1</span>		<b>D Employer identification number</b> <span style="border: 1px solid black; padding: 2px;">?1</span>		
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		International Union of Painters and Allied Trades Local 1915 Number and street (or P O box, if mail is not delivered to street address) <span style="border: 1px solid black; padding: 2px;">?1</span>		02-6013079 Room/suite <span style="border: 1px solid black; padding: 2px;">?1</span> E Telephone number 207-438-2507		
		P.O. Box 32 City or town, state or province, country, and ZIP or foreign postal code Kittery, Maine 03904		F Group Exemption Number <span style="border: 1px solid black; padding: 2px;">?1</span>		
<b>G Accounting Method</b>		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ►		<b>H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B</b> <span style="border: 1px solid black; padding: 2px;">?1</span> (Form 990, 990-EZ, or 990-PF)		
<b>I Website:</b> ►						
<b>J Tax-exempt status (check only one)</b> — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 5 ) <span style="border: 1px solid black; padding: 2px;">?1</span> (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527						
<b>K Form of organization.</b> <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other		Labor Union				
<b>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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ</b> ► \$						
<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (see the instructions for Part I) <span style="border: 1px solid black; padding: 2px;">?1</span>						
Check if the organization used Schedule O to respond to any question in this Part I <span style="border: 1px solid black; padding: 2px;">?1</span>						
<b>Revenue</b>	1 Contributions, gifts, grants, and similar amounts received			1	0	
	2 Program service revenue including government fees and contracts			2	0	
	3 Membership dues and assessments			3	66.875	
	4 Investment income			4	0	
	5a Gross amount from sale of assets other than inventory	<span style="border: 1px solid black; padding: 2px;">5a</span>			5c	0
	b Less cost or other basis and sales expenses	<span style="border: 1px solid black; padding: 2px;">5b</span>				
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)					
	6 Gaming and fundraising events:					
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	<span style="border: 1px solid black; padding: 2px;">6a</span>				
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)	<span style="border: 1px solid black; padding: 2px;">6b</span>					
c Less: direct expenses from gaming and fundraising events	<span style="border: 1px solid black; padding: 2px;">6c</span>					
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)				6d	0	
7a Gross sales of inventory, less returns and allowances	<span style="border: 1px solid black; padding: 2px;">7a</span>			7c	0	
b Less: cost of goods sold	<span style="border: 1px solid black; padding: 2px;">7b</span>			8	0	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				9	66,875	
8 Other revenue (describe in Schedule O)				10	0	
9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				11	0	
<b>Expenses</b>	10 Grants and similar amounts paid (list in Schedule O)			12	3,391	
	11 Benefits paid to or for members			13	0	
	12 Salaries, other compensation, and employee benefits <span style="border: 1px solid black; padding: 2px;">?1</span>			14	1.790	
	13 Professional fees and other payments to independent contractors <span style="border: 1px solid black; padding: 2px;">?1</span>			15	0	
	14 Occupancy, rent, utilities, and maintenance			16	55.753	
	15 Printing, publications, postage, and shipping			17	60,934	
	16 Other expenses (describe in Schedule O) <span style="border: 1px solid black; padding: 2px;">?1</span>			18	5,941	
	17 <b>Total expenses.</b> Add lines 10 through 16			19	27,170	
<b>Net Assets</b>	18 Excess or (deficit) for the year (Subtract line 17 from line 9)			20	0	
	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)			21	33,111	
	20 Other changes in net assets or fund balances (explain in Schedule O)					
	21 Net assets or fund balances at end of year. Combine lines 18 through 20					

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642J Form 990-EZ (2018)



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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 . . . . .	27.170	22
23	Land and buildings . . . . .	0	23
24	Other assets (describe in Schedule O) . . . . .	0	24
25	<b>Total assets</b> . . . . .	<b>27.170</b>	<b>25</b>
26	<b>Total liabilities</b> (describe in Schedule O) . . . . .	<b>0</b>	<b>26</b>
27	<b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	<b>27.170</b>	<b>27</b>
			33.111

### Part III Statement 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 Provide Support Services to Members**

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

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

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

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30

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

**31 Other program services (describe in Schedule O) . . . . .**

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

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

**List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated)

**Part V Other 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	
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	
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)?	
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	
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	
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	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	
b	Did the organization file <b>Form 1120-POL</b> for this year?	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	
39	Section 501(c)(7) organizations. Enter:	
a	Initiation fees and capital contributions included on line 9 39a	
b	Gross receipts, included on line 9, for public use of club facilities 39b	
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	
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 40b	
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 40e	
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	
41	List the states with which a copy of this return is filed ► _____	
42a	The organization's books are in care of ► <b>Richard Smith</b> Telephone no ► <b>207-438-2507</b> Located at ► <b>1 Seavey Island Kittery Maine</b> ZIP + 4 ► <b>03904</b>	
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 ► _____ 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 United States? If "Yes," enter the name of the foreign country ► _____	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here ► <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ► 43	
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	
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	
c	Did the organization receive any payments for indoor tanning services during the year? 44c	
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	
b	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	

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

**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

1

Check if the organization used Schedule C to respond to any question in this Part V.		
	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	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	
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."		

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

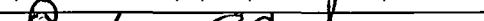
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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  Yes  No

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.

<b>Sign Here</b>		<b>3-19-19</b>
	Signature of officer	Date
		
	Type or print name and title	

**SCHEDULE O**  
(Form 990 or 990-EZ)

## **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.**

Department of the Treasury  
Internal Revenue Service

- ▶ Attach to Form 990 or 990-EZ.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

**Open to Public  
Inspection**

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Name of the organization

**NAME OF THE ORGANIZATION:**

**Employer identification number**

01-6029479

Form 990-ez, Part 1, Line 16, Other Expenses: Council Delegate Meetings: 966

**Form 990-ez, Part 1, Line 16, Other Expenses: Donations: 560**

**Form 990-ez, Part 1, Line 16, Other Expenses: Per Capita Tax: 54,227**