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# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

**A** For the 2007 calendar year, or tax year beginning 8/1/2007, and ending 7/31/2008

**B** Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Termination  
☐ Amended return  
☐ Application pending

**C** Name of organization International Assoc of Heat & Frost LOCAL 12 A ASBESTOS WORKERS UNION  
 Number and street (or P O box if mail is not delivered to street address) Room/suite  
21-10 NEWTOWN AVENUE  
 City or town State or country ZIP + 4  
ASTORIA NY 11102

**D** Employer identification number 11-3160468

**E** Telephone number 718-837-3203

**F** Accounting method: ☐ Cash ☒ Accrual  
☐ Other (specify) ▶

**G** Website: ▶

**J** Organization type (check only one) ☒ 501(c) ( 5 ) (insert no) ☐ 4947(a)(1) or ☐ 527

**K** Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 791,552

**H and I** are not applicable to section 527 organizations.  
**H(a)** Is this a group return for affiliates? ☐ Yes ☐ No  
**H(b)** If "Yes," enter number of affiliates ▶  
**H(c)** Are all affiliates included? ☐ Yes ☐ No  
 (If "No," attach a list. See instructions.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☐ No  
**I** Group Exemption Number ▶

**M** Check ☒ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)**

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:			
	<b>a</b> Contributions to donor advised funds	<b>1a</b>		0
	<b>b</b> Direct public support (not included on line 1a)	<b>1b</b>		0
	<b>c</b> Indirect public support (not included on line 1a)	<b>1c</b>		0
	<b>d</b> Government contributions (grants) (not included on line 1a)	<b>1d</b>		0
	<b>e</b> Total (add lines 1a through 1d) (cash \$ <u>0</u> noncash \$ <u>0</u> )	<b>1e</b>		0
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		0
	<b>3</b> Membership dues and assessments	<b>3</b>		791,552
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>		0
	<b>5</b> Dividends and interest from securities	<b>5</b>		0
	<b>6a</b> Gross rents	<b>6a</b>		
	<b>b</b> Less: rental expenses	<b>6b</b>		
<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a	<b>6c</b>		0	
<b>7</b> Other investment income (describe ▶)	<b>7</b>		0	
Expenses	<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
		0	0	
	<b>b</b> Less: cost or other basis and sales expenses	0	0	
	<b>c</b> Gain or (loss) (attach schedule)	0	0	
	<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B)	<b>8d</b>		0
	<b>9</b> Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>			
	<b>a</b> Gross revenue (not including \$ <u>0</u> of contributions reported on line 1b)	<b>9a</b>		0
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>		0
	<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a	<b>9c</b>		0
	<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>		0
	<b>b</b> Less: cost of goods sold	<b>10b</b>		0
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	<b>10c</b>		0
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>		0	
<b>12</b> Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<b>12</b>		791,552	
Net Assets	<b>13</b> Program services (from line 44, column (B))	<b>13</b>		148,915
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		0
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>		0
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>		0
	<b>17</b> Total expenses. Add lines 16 and 44, column (A)	<b>17</b>		148,915
Net Assets	<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12	<b>18</b>		642,637
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		32,189
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>		0
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20	<b>21</b>		674,826

## Change of Address

OMB No. 1545-1183

▶ Please type or print.

▶ See instructions on back.

▶ Do not attach this form to your return.

### Part I Complete This Part To Change Your Home Mailing Address

Check all boxes this change affects:

- 1 ☐ Individual income tax returns (Forms 1040, 1040A, 1040EZ, 1040NR, etc.)  
▶ If your last return was a joint return and you are now establishing a residence separate from the spouse with whom you filed that return, check here . . . . . ☐
- 2 ☐ Gift, estate, or generation-skipping transfer tax returns (Forms 706, 709, etc.)  
▶ For Forms 706 and 706-NA, enter the decedent's name and social security number below.

▶ Decedent's name

▶ Social security number

3a Your name (first name, initial, and last name)

3b Your social security number

4a Spouse's name (first name, initial, and last name)

4b Spouse's social security number

5 Prior name(s). See instructions.

6a Old address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.

Apt. no.

6b Spouse's old address, if different from line 6a (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.

Apt. no.

7 New address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.

Apt. no.

### Part II Complete This Part To Change Your Business Mailing Address or Business Location

Check all boxes this change affects:

- 8 ☒ Employment, excise, income, and other business returns (Forms 720, 940, 940-EZ, 941, 990, 1041, 1065, 1120, etc.)
- 9 ☐ Employee plan returns (Forms 5500, 5500-EZ, etc.)
- 10 ☒ Business location (UNION)

11a Business name

11b Employer identification number

INTERNATIONAL ASSOC OF HEAT FROST INSULATORS & ASBESTOS WORKERS NY-NE

06-6321446

12 Old mailing address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.

Room or suite no.

PO BOX 2010

WAPPINGERS FALLS, NY 12590-9010102

13 New mailing address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.

Room or suite no.

21-10 NEWTOWN AVENUE  
ASTORIA, NY 11102

14 New business location (no., street, city or town, state, and ZIP code). If a foreign address, see instructions.

Room or suite no.

### Part III Signature

Daytime telephone number of person to contact (optional) ▶ (718) 937-3203

Sign Here

Your signature

Date

If joint return, spouse's signature

Date

If Part II completed, signature of owner, officer, or representative Date

TRUSTEE - BUS. MGR.

# Power of Attorney and Declaration of Representative

OMB No 1545-0150

For IRS Use Only

Received by: \_\_\_\_\_

Name \_\_\_\_\_

Telephone \_\_\_\_\_

Function \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

► Type or print. ► See the separate instructions.

## Part I Power of Attorney

Caution: Form 2848 will not be honored for any purpose other than representation before the IRS

### 1 Taxpayer information. Taxpayer(s) must sign and date this form on page 2, line 9.

Taxpayer name(s) and address

INTERNATIONAL ASSOC OF HEAT FROST  
INSULATORS & ASBESTOS WORKERS NY-NE  
21-10 NEWTOWN AVENUE  
ASTORIA, NY 11102

Social security number(s)

Employer identification  
number

06-6321446

Daytime telephone number  
(718) 937-3203

Plan number (if applicable)

hereby appoint(s) the following representative(s) as attorney(s)-in-fact.

### 2 Representative(s) must sign and date this form on page 2, Part II.

Name and address

DONALD VALANE of VOLK & VALANE LLC  
39 WEST 32ND ST # 1602  
NEW YORK, NY 10001

CAF No 2005-56127R

Telephone No (212) 967-2305

Fax No (866) 301-3999

Check if new Address ☐ Telephone No ☐ Fax No ☐

Name and address

CAF No. \_\_\_\_\_

Telephone No \_\_\_\_\_

Fax No. \_\_\_\_\_

Check if new Address ☐ Telephone No ☐ Fax No ☐

Name and address

CAF No. \_\_\_\_\_

Telephone No \_\_\_\_\_

Fax No \_\_\_\_\_

Check if new Address ☐ Telephone No ☐ Fax No ☐

to represent the taxpayer(s) before the Internal Revenue Service for the following tax matters

### 3 Tax matters

Type of Tax (Income, Employment, Excise, etc ) or Civil Penalty (see the instructions for line 3)	Tax Form Number (1040, 941, 720, etc )	Year(s) or Period(s) (see the instructions for line 3)
NON-PROFIT FILING	990	2006-2010

4 Specific use not recorded on Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. See the instructions for Line 4. Specific Uses Not Recorded on CAF. ☐

5 Acts authorized. The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The authority does not include the power to receive refund checks (see line 6 below), the power to substitute another representative or add additional representatives, the power to sign certain returns, or the power to execute a request for disclosure of tax returns or return information to a third party. See the line 5 instructions for more information.

**Exceptions.** An unenrolled return preparer cannot sign any document for a taxpayer and may only represent taxpayers in limited situations. See **Unenrolled Return Preparer** on page 1 of the instructions. An enrolled actuary may only represent taxpayers to the extent provided in section 10 3(d) of Treasury Department Circular No. 230 (Circular 230). An enrolled retirement plan administrator may only represent taxpayers to the extent provided in section 10 3(e) of Circular 230. See the line 5 instructions for restrictions on tax matters partners. In most cases, the student practitioner's (levels k and l) authority is limited (for example, they may only practice under the supervision of another practitioner).

List any specific additions or deletions to the acts otherwise authorized in this power of attorney \_\_\_\_\_

6 Receipt of refund checks. If you want to authorize a representative named on line 2 to receive, BUT NOT TO ENDORSE OR CASH, refund checks, initial here \_\_\_\_\_ and list the name of that representative below

Name of representative to receive refund check(s) ►

**7 Notices and communications.** Original notices and other written communications will be sent to you and a copy to the first representative listed on line 2

a If you also want the second representative listed to receive a copy of notices and communications, check this box ☐

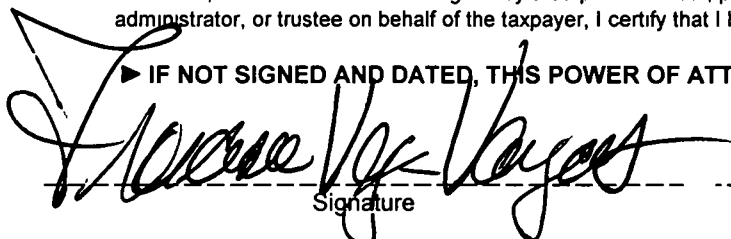
b If you do not want any notices or communications sent to your representative(s), check this box ☐

**8 Retention/revocation of prior power(s) of attorney.** The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same tax matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check here ☐

**YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.**

**9 Signature of taxpayer(s).** If a tax matter concerns a joint return, both husband and wife must sign if joint representation is requested, otherwise, see the instructions. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

▶ IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED.



Signature

2/14/2011

Date

BUSINESS MANAGER

Title (if applicable)

FRANCISCO VEGA VARGAS

Print Name

31086

PIN Number

INTERNATIONAL ASSOC OF HEAT FROST

Print name of taxpayer from line 1 if other than individual

Signature

Date

Title (if applicable)

Print Name

PIN Number

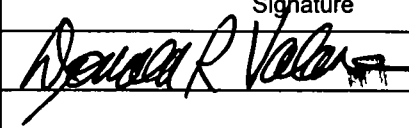
## Part II Declaration of Representative

**Caution:** Students with a special order to represent taxpayers in qualified Low Income Taxpayer Clinics or the Student Tax Clinic Program (levels k and l), see the instructions for Part II

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service,
- I am aware of regulations contained in Circular 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others;
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified there, and
- I am one of the following
  - a Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below
  - b Certified Public Accountant—duly qualified to practice as a certified public accountant in the jurisdiction shown below
  - c Enrolled Agent—enrolled as an agent under the requirements of Circular 230
  - d Officer—a bona fide officer of the taxpayer's organization.
  - e Full-Time Employee—a full-time employee of the taxpayer.
  - f Family Member—a member of the taxpayer's immediate family (for example, spouse, parent, child, brother, or sister).
  - g Enrolled Actuary—enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Internal Revenue Service is limited by section 10.3(d) of Circular 230)
  - h Unenrolled Return Preparer—the authority to practice before the Internal Revenue Service is limited by Circular 230, section 10.7(c)(1)(viii). You must have prepared the return in question and the return must be under examination by the IRS. See **Unenrolled Return Preparer** on page 1 of the instructions.
  - k Student Attorney—student who receives permission to practice before the IRS by virtue of their status as a law student under section 10.7(d) of Circular 230
  - l Student CPA—student who receives permission to practice before the IRS by virtue of their status as a CPA student under section 10.7(d) of Circular 230
  - r Enrolled Retirement Plan Agent—enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e))

▶ IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED. See the Part II instructions.

Designation—Insert above letter (a–r)	Jurisdiction (state) or identification	Signature	Date
B	NY		2/14/2011