

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





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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)

2010

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u> </u>	For the 2	011 calend	lar year, or tax yea	ir beginning	1/1/2010	, 2011, a	nd ending	12/31	/2010	, 20 10	
В	Check if ap	oplicable C	Name of organization	Int'l Assoc. of	f Heat & Frost Ins	sulators and All	ied Worker	rs	D Employe	er identification numb	er
	Address ch	nange	Doing Business As U	Jnion						35-0929098	
_	Name char	• —	Number and street (or	PO box if mail i	s not delivered to str	eet address)	Room/suite		E Telephor	ne number	
	Initial return		302 South East Stre	·oot		•			·		
			City or town, state or o		<u> </u>	<del> </del>	L				
片	Terminated	-0	•		T •						24205
ᆜ	Amended r		dianapolis, In 4622						<b>G</b> Gross re	eceipts \$ 90	1295
Ш	Application	n pending F	Name and address of	principal officer	Jerry Stewart-	same as above		H(a)	-		
								H(b) Are all	affiliates in	ncluded? 🗹 Yes 🗌	No
ı	Tax-exemp	ot status	501(c)(3)	<b>✓</b> 501(c) (	5 ) ◀ (insert no ) [	4947(a)(1) or	<b>527</b>	If "No	o," attach a	list (see instructions)	
J	Website:	▶ Insula	tors18.org					H(c) Group	exemption	number ▶ 022	25
ĸ	Form of ord	anization 🗍	Corporation Trust	Association	n	L Yea	r of formation	•			In .
	art I	Summar							1		
				ation's mission	or most signific	cant activities:	we are o	ne of the c	onstructio	on trades that train	
		•	_		-		We are o				
9	_ <u>.</u> *	workers by	school or on the j	ob training in	THE HEIG OF HISUIA						
ā						<del>-</del>					
Ę			<u></u>								
Activities & Governance	<b>2</b> C	Check this	box ▶ ☐ If the or	ganization dis	scontinued its op	perations or di	sposed of	more than	25% of	ıts net assets.	
5	3 N	lumber of	voting members	of the governi	ng body (Part VI	l, line 1a)			3		270
ŝ	4 N	lumber of	independent votii	na members (	of the governing	body (Part VI.	line 1b)		4		0
i≟			er of individuals e	-					5	· · ·	307
⋛	1		er of volunteers (		•	(	,		6		0
¥	1		-			· · · · ·			<u> </u>		
	1		ated business rev		·	-			7a	·	
	<b>b</b> N	let unre <u>lat</u>	ed business taxal	ble income fro	om Form 990-1,	line 34	<del></del>	<u> </u>	7b		0
								Pnor Ye	ar	Current Year	
بو	<b>8</b> C	Contributio	ns and grants (Pa		1220534	89	2359				
Revenue	<b>9</b> P	9 Program service revenue (Part VIII, line 2g)									0
ě	10 Ir	nvestment	income (Part VIII,	, column (A), I	ines 3, 4, and 70	d)	$ abla$		0		0
ř			,	, ,,,		-					
_	L <b>11</b> C	Other rever	nue (Part VIII, colu	ımn (A), lines :	5, 6d, 8c, 9c, 10	c. and 11e)			8316		8936
_		Other rever	nue (Part VIII, colu	ımn (A), lınes	5, 6d, 8c, 9c, 10	c, and 11e) .			8316		8936
	12								8316		8936
<u>-</u>	12 ·	Grants and	sımılar amounts	paid (Part IX,	column (A), lines	s 1–3)				16	
	12 13 G 14 B	Grants and		paid (Part IX,	column (A), lines	s 1–3)			8316 148771	16	8936
	12 13 G 14 B 15	Grants and Benefits pa	similar amounts	paid (Part IX, pers (Part IX, c	column (A), lines	s 1–3) 1)			148771	16	61533
	12 13 G 14 B 15 16a P	Grants and Benefits pa	similar amounts aid to or for memb	paid (Part IX, pers (Part IX, co	column (A), lines column (A), line 4 umn (A), line 11e	s 1–3) l)				16	
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Part	<del></del>								
1		esponse to any question in this Part	<u> </u>	<u>'···</u>					
'	Briefly describe the organization's mission:  We teach and train people the insulation trade, of which we then refer them out to contractor who employ their skills. The member as								
	they are called are given benefits that help with living a comfortable life for his or her family.								
2	Did the organization undertake any signi	ficant program services during the ye							
	•			Yes 🗹 No					
_	If "Yes," describe these new services on								
3	Did the organization cease conducting services?			Yes Me					
	If "Yes," describe these changes on Scho			Yes 🗹 No					
4	Describe the organization's program ser		three largest program services as	measured by					
7	expenses. Section 501(c)(3) and 501(c)(								
	grants and allocations to others, the tota								
4a	(Code. ) (Expenses \$	including grants of \$	) (Revenue \$	)					
			·						
	•••								
	•								
4b	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$						
4-	(Code: \( \( \sum_{\text{code}} \)	unalization promise of C	\ (Davienus ft						
4c	(Code:) (Expenses \$	including grants of \$	) (Revenue 5	)					
		·							
			·						
4d	Other program services (Describe in Sch								
	(Expenses \$ including g	rants of \$ ) (Revenue	)						
4e	Total program service expenses ▶								

	90 (2011)			Page 3
Part	Checklist of Required Schedules		Г <del>у</del>	I
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	Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
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		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
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	✓	
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21; 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		1
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, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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		<sup>'</sup>
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		/
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
. е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<b>✓</b>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<b>✓</b>
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	✓	
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, XII, and XIII is optional.	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>✓</b>
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	✓
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		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
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		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20h	İ	

Checklist of Required Schedules (continued)

		1	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		<b>√</b>
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		<b>√</b>
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		<b>√</b>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<b>√</b>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<b>√</b>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<b>√</b>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	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 conservation contributions? If "Yes," complete Schedule M	29 30		√ √
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I </i>	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		✓
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R</i> , <i>Part VI</i>	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38		

Part				_
•	'Check if Schedule O contains a response to any question in this Part V	<u> </u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	1c		<b>√</b>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 11		·	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			L
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		L
4a	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)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	<del></del>		<u> </u>
_	gifts were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	(0)		
·	required to file Form 8282?	7c		<b>/</b>
a	If "Yes," indicate the number of Forms 8282 filed during the year	70		<b>-</b>
d e		<del> </del>		<del>-,</del> -
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		<b>✓</b>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<del></del>		<b>√</b>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<b>√</b>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<b>-</b>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
_	organization, have excess business holdings at any time during the year?	8		<b>✓</b>
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		<b>√</b>
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<b>✓</b>
10	Section 501(c)(7) organizations. Enter:	i l		
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter	1 1		
a	Gross income from members or shareholders	1 1		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		✓_
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		✓
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which	i 1		1
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.								
	Check if Schedule O contains a response to any question in this Part VI			. 🗆					
Secti	on A. Governing Body and Management								
1a	Enter the number of voting members of the governing body at the end of the tax year.  If there are material differences in voting rights among members of the governing body, or		Yes	No					
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O								
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	<u> </u>	1					
3	3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .								
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5_		✓					
6 7a	Did the organization have members or stockholders?	6 7a		✓ ✓					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	1	-					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	1						
b	Each committee with authority to act on behalf of the governing body?	8b	1	ļ					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9		<b>✓</b>					
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue C	Ode., Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		1					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		✓					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		l	_					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b		1					
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	120		<b>✓</b>					
13	Did the organization have a written whistleblower policy?	13		1					
14 15	Did the organization have a written document retention and destruction policy?	14		1					
9	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	15a		1					
a b	Other officers or key employees of the organization	15b	-	1					
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100		<del>  '                                   </del>					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		1					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		-						
Saati	organization's exempt status with respect to such arrangements?	16b	<u> </u>	<u> </u>					
17	List the states with which a copy of this Form 990 is required to be filed ► Indiana								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501	(c)(3)s	only					
	☐ Own website ☐ Another's website ☐ Upon request								
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.			olicy					
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	Э						

Form	990	(2011)	1

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

Check if Schedule O contains a response to any	guestion in this Part VII $\ldots$
Check it ochequie o contains a response to any	question in this rant vir

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order. individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization no	r any relate	d org	anız	atic	n c	ompe	nsa	ited any curren	t officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	box office Individua	unles	Pos eck s pe	rson	e than of its both or/trus Highest compensated	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Andrew Cobett Trustee	vary	<b>✓</b>				8.		1294	0	0
(2) Robert Swords Trustee+E-Board										
(3) Jeremy Peters Trustee+E-Board	vary	<b>✓</b>						0	0	0
(4) Douglas Stuckey Pres	vary	•		1				3588	0	0
(5) Dave Price v-Pres	vary			<u>,</u>				1255	0	0
(6) Jerry Stewart-fin. Secretary	20-30			1				32461	0	0
(7) Paul Kramer E-Board	vary			<b>✓</b>				0	0	0
(8) Philip Thompson E-Board	vary			<b>\</b>				0	0	0
(9) Noah Townsend E-Board	vary			1				0	0	0
(10) Scott Collier Buis. Manager	 173 5Mo,					1		73140	0	0
(11) Samuel Kramer Organizer	173.5 mo.					1		69758	0	0
(12) Heather McClain secretary	40					1		24774	0	0
(13) Anthony Magna- member	vary					1		508	0	0
(14) Patrick Meredith- member	vary					1		2300	0	0

Part	Section A. Officers, Directors, Trust	tees, Key E	mploy	/ees			lighes	st C	ompensated E	mployees (co	ontinue	∌d)		
					-	C) Ition						·	_	•
	(A) Name and title		(do not check more than o						(D)	(E)				
	Average hours per					ıs both or/trust		Reportable compensation	Reportable compensation to			imated ount of		
	week (describe		_		_	r	·	from the	related organization			ther	<b>.</b>	
			Individual trustee or director	Institutional	Officer	Key er	ghes	Former	organization	(W-2/1099-MI			ensatio m the	"11
		related organizations	tual	tion		employee	yee c	*	(W-2/1099-MISC)		i		nızatıor related	
			trus	al tn		уее	mpe						neiateu	
		O)	ee	trustee			Highest compensated employee							
				Ü			ē							
(15) Ca	rol Miller- member	,				١.		l						
44.00.40		1				<b>✓</b>		_	1294		0			0
(16) Ke	nneth Spivey- member					,			1294		o			0
(17)	<u></u>			-		-			1294		+			
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1b	Sub-total	 VII Contin	 		•		•		209078	_	_0			0
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)			•	•	•			211666			-		
2	Total number of individuals (including but	t not limited	-		list	ted	ahove	2) 10		ore than \$10	0 000	of.		
_	reportable compensation from the organi		10 (	.000	,		above	٠, ••	mo received iii	ore triair wro	0,000	01		
										<del></del>			Yes	No
3	Did the organization list any former of							emp	oloyee, or high	est compen	sated			
	employee on line 1a? If "Yes," complete							•				3	<u> </u>	1
4	For any individual listed on line 1a, is the													
	organization and related organizations individual	greater th	an \$	150,	JUUC	)? [	r "Ye	s, ¨	complete Scr	neaule J tor	sucn	1	1	
5	Did any person listed on line 1a receive of	r accrue co	 nmne	nea	tınn	fro	· m anv	Lun	 related organi	zation or indi	 vidual	4	$\vdash$	├
3	for services rendered to the organization		•									5	1	
Section	on B. Independent Contractors	<u> </u>							<del>-</del>		-			
1	Complete this table for your five highest	compensat	ed in	dep	end	lent	contr	act	ors that receive	ed more than	\$100	,000 of	f	
	compensation from the organization. Rep	ort compe	nsatio	on f	or th	he c	alend	lar y	year ending wit	h or within th	ne org	anızatı	on's t	ax
	year.													
	(A)	lrana							(B) Description of s		,	(C) Compens		
	Name and business add							<u> </u>	Description or s	ervices				
		<del></del> -						-	<u> </u>					
								-						<del></del>
			_					$\vdash$						
		<u> </u>												
2	Total number of independent contractor	ors (ıncludı	ng bu	ıt n	ot	lımıt	ed to	th	nose listed ab	ove) who	_			
	received more than \$100,000 of compens	sation from	the o	rgar	nıza	tion	<b>&gt;</b>							

Part	VIII	Statement of Revenue				
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts nts	1a	Federated campaigns 1a 0				
irar	b	Membership dues 1b 892359				
Đ, Ě	С	Fundraising events 1c 0				
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations 1d 0				
S, E	е	Government grants (contributions) 1e 0				
io is	f	All other contributions, gifts, grants,				
the		and similar amounts not included above 1f 8936				
필질	g	Noncash contributions included in lines 1a-1f \$ 0				
Sor	h	<b>Total.</b> Add lines 1a–1f ▶	901295			
		Business Code			-	
en	2a			-		•
ě	b			•		
9	c					-
<u>Z</u>	d					
n S	e					
Jran	f	All other program service revenue . 0				
Program Service Revenue	g	Total. Add lines 2a–2f	0			L
	3	Investment income (including dividends, interest,	- i			-
		and other similar amounts)	0	0	0	o
	4	Income from investment of tax-exempt bond proceeds ▶	0	0	0	0
	5	Royalties	0	0	0	0
	•	(i) Real (ii) Personal		J		•
	6a	Gross rents 0 0				
	b	Less rental expenses 0 0				
	C	Rental income or (loss) 0 0				
	d	Net rental income or (loss)	0	0	0	n
	7a	Gross amount from sales of (i) Securities (ii) Other				
	, .	assets other than inventory 0 0			'	
	b	Less: cost or other basis and sales expenses 0 0				
-	С	Gain or (loss) 0 0				
	d	Net gain or (loss)	0	0	0	0
Other Revenue	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c) See Part IV, line 18 a 0				
Ę	b	Less: direct expenses b 0				
0	С	Net income or (loss) from fundraising events . >	o		o	0
		Gross income from gaming activities				
		See Part IV, line 19 a 0				
	b	Less: direct expenses b 0				
	С	Net income or (loss) from gaming activities ▶	o	o	o	) o
	10a	Gross sales of inventory, less		•		
		returns and allowances a 0				
	ь	Less: cost of goods sold b				
	c	Net income or (loss) from sales of inventory	o	o	О	i o
	⊢ <u> </u>	Miscellaneous Revenue Business Code				
	11a		İ			1
	b					
	c					-
	ď	All other revenue 0	0	0	0	0
	e	<b>Total.</b> Add lines 11a–11d	0			
	12	Total revenue. See instructions	901295	0	0	0

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	Check if Schedule O contains a response to any question in this Part IX									
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses					
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	0	0							
2	Grants and other assistance to individuals in the United States See Part IV, line 22	14924	0		l I					
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0	0							
4 5	Benefits paid to or for members  Compensation of current officers, directors, trustees, and key employees	92535 134820	0	0	0					
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	o	0	0	0					
7 8	Other salaries and wages	0	0	0	0					
9	Other employee benefits	57105 34130	0	0	0					
10	Payroll taxes	47024	0	12906	0					
11	Fees for services (non-employees)									
а	Management	0	0	0	0					
b	Legal	2064 1475	0	0	0					
c d	Accounting	14/3	0	0	0					
e	Professional fundraising services See Part IV, line 17	0		0	0					
f	Investment management fees .	0	0	0	0					
g	Other	0	0	0	0					
12	Advertising and promotion	85500	0	0	0					
13	Office expenses	48248	0	0	0					
14	Information technology	0	0	0	0					
15	Royalties	0	0	0	0					
16	Occupancy	0	0	0	0					
17	Travel	17166	0	0	0					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				•					
19	·	0 4688	0	0	0					
20	Conferences, conventions, and meetings . Interest	4000	0	0	0					
21	Payments to affiliates	151420	0	0	0					
22	Depreciation, depletion, and amortization	0	0	0	0					
23	Insurance	11228	0	0	0					
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	Xmas Party-Golf Outing-Picnic	13323	0	0	0					
b	Market Recovery Fund	363963	0	0	0					
C										
d	All other expenses									
е 25	All other expenses  Total functional expenses. Add lines 1 through 24e	1079613	0	12906	0					
25 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 following SOP 98-2 (ASC 958-720)	10/9613	0	12906	0					

Р	art X	Balance Sheet			
•		•	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	766627	1	575403
Assets	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
		Schedule L	0	5	0
	6	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)	0	6	0
	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D 10a 288260			
	_			40	
	b	Less accumulated depreciation 10b 174115	109648	110	114145
	11	Investments—publicly traded securities	0		0
	12 13	Investments—other securities See Part IV, line 11		13	0
	14	Intangible assets	0		0
	15	Other assets See Part IV, line 11	0		0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	876275		689548
	17	Accounts payable and accrued expenses	0		0
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
ွှ	22	Payables to current and former officers, directors, trustees, key			
Liabilities		employees, highest compensated employees, and disqualified persons.			
ğ		Complete Part II of Schedule L	0	22	0
ت ٠	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	0		0
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	. 0	26	0
ses		lines 27 through 29, and lines 33 and 34.			
auc	27	Unrestricted net assets	0	27	0
Bal	28	Temporarily restricted net assets	0	28	0
ᅙ	29	Permanently restricted net assets	0	29	0
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ► ✓ and complete lines 30 through 34.			
S 0	30	Capital stock or trust principal, or current funds	0	30	o'
set	31	Paid-in or capital surplus, or land, building, or equipment fund	0	31	0
As	32	Retained earnings, endowment, accumulated income, or other funds.	0	32	0
et /	33	Total net assets or fund balances	766627	33	575403
~	34	Total liabilities and net assets/fund balances	766627	34	575403
	•				Form <b>990</b> (2011)

Form 9	90 (2011)		Pa	ige:12
Par	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI	<u> :</u>	<u></u>	<u>.</u>
1	Total revenue (must equal Part VIII, column (A), line 12)		90	01295
2	Total expenses (must equal Part IX, column (A), line 25)			
3	3 Revenue less expenses. Subtract line 2 from line 1			1224
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	766627 0		
5	Other changes in net assets or fund balances (explain in Schedule O)			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,			
	column (B))			
Part	XII Financial Statements and Reporting			_
	Check if Schedule O contains a response to any question in this Part XII	<del></del>		
			Yes	No
1	Accounting method used to prepare the Form 990:  Cash  Accrual  Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	'	<b>/</b>
b	Were the organization's financial statements audited by an independent accountant?	2b	<b>✓</b>	
С			1	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both.			1
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			<u> </u>
-	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
		Forr	n <b>990</b>	(2011)

#### SCHEDULE D (Form 990)

## **Supplemental Financial Statements**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name o	f the organization		Employer identification number
Intern	ational Association Of Heat & Frost Insulators a	35-0929098	
		or Advised Funds or Other Similar Fu	nds or Accounts. Complete if the
	organization answered "Yes" to F		·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year) .		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and	donor advisors in writing that the assets	held in donor advised
	funds are the organization's property, subje		
6	Did the organization inform all grantees, do	nors, and donor advisors in writing that gr	ant funds can be used
	only for charitable purposes and not for the		
Par		olete if the organization answered "Yes	
1	Purpose(s) of conservation easements held		
	Preservation of land for public use (e.g.,		of an historically important land area
	Protection of natural habitat	· _	of a certified historic structure
	☐ Preservation of open space	_	
2	Complete lines 2a through 2d if the organiza	ation held a qualified conservation contribut	tion in the form of a conservation
	easement on the last day of the tax year.		
	•		Held at the End of the Tax Year
а	Total number of conservation easements		<b>2</b> a
b	Total acreage restricted by conservation ea		
c	Number of conservation easements on a ce		
d	Number of conservation easements include		
_	historic structure listed in the National Regis		· 2d
3	Number of conservation easements modifie	d, transferred, released, extinguished, or te	
	tax year ▶		, ,
4	Number of states where property subject to	conservation easement is located ▶	
5	Does the organization have a written po		spection, handling of
	violations, and enforcement of the conserva		· · · · · · · · · · · · · · · · · · ·
6	Staff and volunteer hours devoted to monitor	oring, inspecting, and enforcing conservation	n easements during the year
•	<b>&gt;</b>	,g,g,	<b></b>
7	Amount of expenses incurred in monitoring	inspecting, and enforcing conservation ea-	sements during the year
•	<b>▶</b> \$	, <b>, 3</b> ,	<b>,</b>
8	Does each conservation easement reported	on line 2(d) above satisfy the requirements	of section 170(h)(4)(B)
	(i) and section 170(h)(4)(B)(ii)?		· · · · · · · · · · · · Yes · · No
9	In Part XIV, describe how the organization r	eports conservation easements in its reveni	ue and expense statement, and
•	balance sheet, and include, if applicable, th	·	•
	organization's accounting for conservation	<del>_</del>	
Par	Organizations Maintaining Colle	ections of Art, Historical Treasures, o	or Other Similar Assets.
		vered "Yes" to Form 990, Part IV, line 8	
1a	If the organization elected, as permitted un	der SFAS 116 (ASC 958), not to report in i	ts revenue statement and balance sheet
	works of art, historical treasures, or other	similar assets held for public exhibition, e	education, or research in furtherance of
	public service, provide, in Part XIV, the text	of the footnote to its financial statements th	nat describes these items.
b	If the organization elected, as permitted u	nder SFAS 116 (ASC 958), to report in its	s revenue statement and balance sheet
	works of art, historical treasures, or other		
	public service, provide the following amoun	•	
	(i) Revenues included in Form 990, Part VII	l, line 1	▶ \$
	(ii) Assets included in Form 990, Part X .		
2	If the organization received or held works		
	following amounts required to be reported to		
а	Revenues included in Form 990, Part VIII, lii	•	▶ \$
	Assets included in Form 990, Part X		• •

Part	Urganizations Maintaining Co	liections of Art, His	storicai i reasures	, or Other Similar A	Assets (continuea)
3	Using the organization's acquisition, accelection items (check all that apply).	ession, and other reco	ords, check any of th	e following that are a	significartt use of its
а	☐ Public exhibition	d	☐ Loan or exchang	je programs	
b	☐ Scholarly research	е	Other		
C	☐ Preservation for future generations				
4	Provide a description of the organization' XIV.	s collections and exp	lain how they further	the organization's exi	empt purpose in Part
5	During the year, did the organization soli	cit or receive donatio	ns of art, historical ti	reasures, or other sim	ıılar
	assets to be sold to raise funds rather tha	n to be maintained as	part of the organization	on's collection? .	· 🗌 Yes 🗌 No
Part	IV Escrow and Custodial Arrange line 9, or reported an amount or	-	_	answered "Yes" to I	Form 990, Part IV,
1a	Is the organization an agent, trustee, cust included on Form 990, Part X?				
b	If "Yes," explain the arrangement in Part X	(IV and complete the f	ollowing table:		
					Amount
C	Beginning balance			1c	
d	Additions during the year			1d	
е	Distributions during the year			1e	_
f	Ending balance			1f	
2a	Did the organization include an amount or	n Form 990, Part X, lin	e 21?		. 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in Part X				
Par	V Endowment Funds. Complete	if the organization a	nswered "Yes" to F	Form 990, Part IV, Iir	ne 10.
	(a	) Current year (b) P	nor year (c) Two yea	rs back (d) Three years ba	ack (e) Four years back
1a	Beginning of year balance				'
b	Contributions				
С	Net investment earnings, gains, and				
	losses				,
d	Grants or scholarships				
e	Other expenditures for facilities and				
	programs				,
f	Administrative expenses	-			
	End of year balance				
9 2	Provide the estimated percentage of the co	vurrent year and balan	oo (kao 1a, ookuma (a	/// hold oo:	
	Board designated or quasi-endowment		ce (iiile 19, column (a	ij) neiu as.	
a		/			
b					
С	Temporarily restricted endowment ▶				
2-	The percentages in lines 2a, 2b, and 2c sh	•	umation that are hald	and administration of fac-	46
Sa	Are there endowment funds not in the po	ssession of the organ	nzation that are neid	and administered for	
	organization by.				Yes No
	(i) unrelated organizations			• •	.  3a(i)
	(ii) related organizations				. 3a(ii)
b	If "Yes" to 3a(II), are the related organization				. 3b
4	Describe in Part XIV the intended uses of				
Part	VI Land, Buildings, and Equipme	nt. See Form 990, f	Part X, line 10.		
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	3564	0		35645
b	Buildings	12897	5 0	62854	66121
С	Leasehold improvements		0	0	0
d	Equipment	10342	3 0	95501	7922
е	Other	2021		15760	4457
Total.	Add lines 1a through 1e (Column (d) must	equal Form 990, Part	X, column (B), line 10	O(c) ) ▶	114145

(Including name of security)  (1) Financial derivatives (2) Closely-held equity interests (A) (B) (C) (C) (D) (E) (F) (G) (F) (G) (F-1) (I) (I)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 12) ▶  Part VIII Investments — Program Related. See Form 9 (a) Description of investment type (b) Book  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 13) ▶  Part IX Other Assets. See Form 990, Part X, line 15. (a) Description  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 25.  Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability (b) Book (1) Federal income taxes (2) (3) (4) (4) (5)	n 990, Part X, line 13.  (c) Method of valuation Cost or end-of-year market value  (c) Method of valuation Cost or end-of-year market value
(2) Closely-held equity interests	look value (c) Method of valuation
(3) Other (A) (B) (C) (C) (D) (E) (F) (G) (H) (I) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12 ) ▶  Part VIII Investments—Program Related. See Form 9 (a) Description of investment type (b) Book  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13 ) ▶  Part IX Other Assets. See Form 990, Part X, line 15. (a) Description  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part IX Other Liabilities. See Form 990, Part X, line 2 1. (a) Description of liability (b) Book (1) Federal income taxes (2) (3) (4) (5)	look value (c) Method of valuation
(A) (B) (C) (C) (C) (E) (F) (G) (H) (I) (I) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12) ▶  Part VIII Investments — Program Related. See Form 9 (a) Description of investment type (b) Book  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13) ▶  Part IX Other Assets. See Form 990, Part X, line 15. (a) Description  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 2 1. (a) Description of liability (b) Book (1) Federal income taxes (2) (3) (4) (5)	look value (c) Method of valuation
(B) (C) (C) (D) (E) (F) (G) (H) (I) (Total. (Column (b) must equal Form 990, Part X, col. (B) line 12) ▶  Part VIII Investments — Program Related. See Form 9 (a) Description of investment type (b) Book  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 13) ▶  Part IX Other Assets. See Form 990, Part X, line 15. (a) Description  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 2 1. (a) Description of liability (b) Book (1) Federal income taxes (2) (3) (4) (5) (3) (4) (5)	look value (c) Method of valuation
(C) (D) (E) (F) (G) (H) (I) (I) (I) (I) (I) (I) (I) (I) (I) (I	look value (c) Method of valuation
(D) (E) (F) (G) (H) (I) (I) (I) (I) (I) (I) (I) (I) (I) (I	look value (c) Method of valuation
(E) (F) (G) (H) (I) (Total. (Column (b) must equal Form 990, Part X, col. (B) line 12) ▶  Part VIII Investments — Program Related. See Form 9 (a) Description of investment type (b) Book  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, line 15.)  Part X Other Liabilities. See Form 990, Part X, line 21. (a) Description of liability (b) Book (1) Federal income taxes (2) (3) (4) (5)	look value (c) Method of valuation
(F) (G) (H) (I) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12) ▶  Part VIII Investments — Program Related. See Form 9 (a) Description of investment type (b) Book  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13) ▶  Part IX Other Assets. See Form 990, Part X, line 15. (a) Description  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 2  1. (a) Description of liability (b) Book (1) Federal income taxes (2) (3) (4) (5)	look value (c) Method of valuation
(H) (I) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12 ) ▶  Part VIII Investments — Program Related. See Form 9  (a) Description of investment type (b) Book  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13 ) ▶  Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 2  1. (a) Description of liability (b) Book  (1) Federal income taxes (2) (3) (4) (5)	look value (c) Method of valuation
(i)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 12 ) ▶  Part VIII Investments — Program Related. See Form 9  (a) Description of investment type (b) Book  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 13 ) ▶  Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 2  1. (a) Description of liability (b) Book  (1) Federal income taxes (2) (3) (4) (5)	look value (c) Method of valuation
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12 )   ►	look value (c) Method of valuation
Part VIII	look value (c) Method of valuation
(a) Description of investment type  (b) Book  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 13) ▶  Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 2  1. (a) Description of liability (b) Book  (1) Federal income taxes  (2)  (3)  (4)  (5)	look value (c) Method of valuation
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13) ▶  Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 2 1. (a) Description of liability (b) Book (1) Federal income taxes (2) (3) (4) (5)	
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13) ▶  Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 2 1. (a) Description of liability (b) Book (1) Federal income taxes (2) (3) (4) (5)	
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13) ▶  Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 2 1. (a) Description of liability (b) Book (1) Federal income taxes (2) (3) (4) (5)	
(4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13) ▶  Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 2 1. (a) Description of liability (b) Book (1) Federal income taxes (2) (3) (4) (5)	
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13) ▶  Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 2  1. (a) Description of liability (b) Book (1) Federal income taxes (2) (3) (4) (5)	
(6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13) ▶  Part IX Other Assets. See Form 990, Part X, line 15. (a) Description  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 2  1. (a) Description of liability (b) Book (1) Federal income taxes (2) (3) (4) (5)	
(7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13 ) ▶  Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 2  1. (a) Description of liability (b) Book (1) Federal income taxes (2) (3) (4) (5)	
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13 ) ▶  Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 2  1. (a) Description of liability (b) Book (1) Federal income taxes (2) (3) (4) (5)	
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(3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 2  1. (a) Description of liability (b) Book (1) Federal income taxes (2) (3) (4) (5)	
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Part X Other Liabilities. See Form 990, Part X, line 2  1. (a) Description of liability (b) Book (1) Federal income taxes (2) (3) (4) (5)	
1.       (a) Description of liability       (b) Book         (1) Federal income taxes       (2)         (3)       (4)         (5)       (5)	<b>5</b> )
(1) Federal income taxes (2) (3) (4) (5)	
(2) (3) (4) (5)	e 25.
(3) (4) (5)	
(4) (5)	e 25.
(5)	e 25.
	e 25.
(6)	e 25.
(7)	e 25.
(8)	e 25.
(9)	e 25.
(10)	e 25.
(11)	e 25.
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	e 25.
<ol><li>FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the organization's liability for uncertain tax positions under FIN 48 (A)</li></ol>	e 25.  Book value

	le D (Form 990) 2011				F
•	Reconciliation of Change in Net Assets from Form 990 to Audited Financial State		$\overline{}$		
	Total revenue (Form 990, Part VIII, column (A), line 12)	1	_	<u>·</u>	
	Total expenses (Form 990, Part IX, column (A), line 25)	2	_		_
	Excess or (deficit) for the year. Subtract line 2 from line 1	3	$\rightarrow$		
	Net unrealized gains (losses) on investments	4			
	Donated services and use of facilities	5	_		
	Investment expenses	6	$\rightarrow$		
	Prior period adjustments		_		
	Other (Describe in Part XIV.)	8	_		
	Total adjustments (net) Add lines 4 through 8	9			
	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	1			
	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	er R	etu	<u>rn</u>	
	Total revenue, gains, and other support per audited financial statements	L	1		
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		- 1		
	Net unrealized gains on investments		Į		
	Donated services and use of facilities		1		
	Recoveries of prior year grants				
	Other (Describe in Part XIV.)				
	Add lines 2a through 2d	. L	2e		
	Subtract line <b>2e</b> from line <b>1</b>	. [	3		
	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
	Investment expenses not included on Form 990, Part VIII, line 7b 4a				
	Other (Describe in Part XIV )				
	Add lines <b>4a</b> and <b>4b</b>		4c		
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	_ [	5		
	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Ref	turn	
	Total expenses and losses per audited financial statements		1		
	Amounts included on line 1 but not on Form 990, Part IX, line 25.				
	Donated services and use of facilities				
	Prior year adjustments				
	Other losses				
	Other (Describe in Part XIV.)		- 1		
	Add lines 2a through 2d		2e		
	Subtract line <b>2e</b> from line <b>1</b>	. [	3		
	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
	Investment expenses not included on Form 990, Part VIII, line 7b 4a				
	Other (Describe in Part XIV.)	$\neg$			
	Add lines 4a and 4b		4c		
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	.	5		
	XIV Supplemental Information			_	

Part V, line 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D (Fo	rm 990) 2011	Page 5
Part XIV	Supplemental Information (continued)	
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#### 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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

International Association of Heat Frost Insulators And Allied Workers Local # 18

► Attach to Form 990 or 990-EZ.

Open to Public Inspection Employer identification number

35-0929098

Part XII
2c Local # 18 has our books audited by Certified Public Accountants, PO Box 22614, Indianapolis, In 46222, and our trustees go over all
income and expenses each month.
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Schedule O (Form 990 or 990-EZ) (2011)	Page	2
Name of the organization	Employer identification number	
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