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Form **990**

Department of the Treasury Internal Revenue Service

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)

benefit trust or private foundation)

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

2010
Open to Public Inspection

A	For the	2010 calendar year, or tax year beginning and	d ending					
В	Check If applicable	C Name of organization INTL. ASSOC. OF HEAT & FROST INSULATO)RS	D Employer ident	ification number			
	Addres Change	S AND ALLIED MODWEDC TOCAL 10						
	Name change	Doing Business As HEAT & FROST INSULATORS LO	CAL		0137350			
	Initial retum Termin ated	Number and street (or P.O box if mail is not delivered to street address) N27 W23155 ROUNDY DRIVE	Room/suite		oer -548-9606			
	Amend	City or town, state or country, and ZiP + 4		G Gross receipts \$	1,874,320.			
	Applica			H(a) Is this a group				
	pendin		53072	for affiliates? H(b) Are all affiliates	Yes X No			
	Tovovo	empt status: 501(c)(3) X 501(c) (5) (insert no.) 4947(a)(1			a list. (see instructions)			
		e: ► INSULATORS19.COM	70	H(c) Group exemp				
_		organization X Corporation	I Vear		M State of legal domicile WI			
	art I	Summary	1041	OF TOTALIBITION 2300	144 otate or legal dornlene 112			
		Briefly describe the organization's mission or most significant activities: TO I	PROMOTI	E AND PROTE	CT THE			
Activities & Governance		INTERESTS OF ITS MEMBERSHIP BY PROVIDING						
nar		Check this box If the organization discontinued its operations or disp						
ķ	1	Number of voting members of the governing body (Part VI, line 1a)	osea or mor	1	3 5			
යි		Number of independent voting members of the governing body (Part VI, line b)	T.C.V		5			
ಿ ೮	1	Total number of individuals employed in calendar year 2010 (Part V, Ine 2a)		701	14			
ij		Total number of volunteers (estimate if necessary)		י ועטויי ד	6 0			
흦		Total unrelated business revenue from Part VIII, column (C), line 12	R - 52	וווון ווון וווון וווון וווון וווון וווון	$\frac{1}{2}$ $-39,919$.			
Ă	ŧ	Net unrelated business taxable income from Form 990-T, line 34	•		$\frac{39,919}{-39,919}$			
	+		GDENL	U TPrior Year	Current Year			
Revenue	В	Contributions and grants (Part VIII, line 1h)	OLIV.	1,516,438				
	9	Program service revenue (Part VIII, line 2g)	<u> </u>	0	_ 			
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	·	3,285	·1			
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		98,228				
			···	1,617,951				
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0				
		Benefits paid to or for members (Part IX, column (A), line 4)	······ -					
,	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10	, · ⊢	580,737. 643,4				
še	165	Professional fundraising fees (Part IX, column (A), line 11e)	′ ⊢	0				
Expenses	l loa	Total fundraising expenses (Part IX, column (D), line 25)	0.					
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		748,370	1,033,254.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	· -	1,329,107				
		Revenue less expenses. Subtract line 18 from line 12	-	288,844				
70	3 3	Trevenue less expenses, oubtract line to from line 12	- R	eginning of Current Yea				
Net Assets or	20	Total assets (Part X, line 16)	- <u>"</u>	1,705,092				
ASS	21	Total liabilities (Part X, line 16)	. -	542,397				
<u> </u>	22	Net assets or fund balances. Subtract line 21 from line 20		1,162,695				
P	art II	Signature Block			3/ 2/002/0/20			
		lities of perjury, I declare that I have examined this return, including accompanying schedu	les and stater	ments, and to the best of	my knowledge and helief it is			
	•	t, and complete Desigration of preparer (other than officer) is based on all information of			/			
<u>,</u>	<u> </u>	1/4/20		3/3/	/11			
Sig	מר	Signature of officer		Date				
He		BRETT LARGE, BUSINESS MANAGER						
		Type or print name and title			_ 			
_		Print/Type preparer's name Preparer's signature		Date Check	PTIN			
Pa	id	THOMAS M. POWERS, CPA Thomas m Rowers	CPA	3-31-11 sell-emp	PODAYITA9			
	eparer	Firm's name FREYBERG HINKLE ASHLAND POWERS						
	e Only	Firm's address 15420 W. CAPITOL DR.						
_ 5.		BROOKFIELD, WI 53005-2621		Phone no	(262) 784-6210			
May the IRS discuss this return with the preparer shown above? (see instructions)								
	2001 02-2		tions.		Form 990 (2010)			

			_			
4d	Other program s	ervices. (Describe in Schedu	ıle O.)			
	(Expenses \$	includir	ng grants of \$) (Revenue \$)	
4e	Total program	service expenses				

032002 12-21-10

AND ALLIED WORKERS LOCAL 19 Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			l
	public office? If "Yes," complete Schedule C, Part I	3_		X
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		ļ
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			Ì
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			۱
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	_6		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		
_	Schedule D, Part III	8		X
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		ĺ	v
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			X
	If "Yes," complete Schedule D, Part V	10		<u> </u>
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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	44-	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a		
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110	 	1
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	ļ	Х
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	110		11
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1.0	 	1
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	· · · ·		†
	Schedule D, Parts XI, XII, and XIII	12a		Х
ь	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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization		1	
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	ļ	Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	ŀ		
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			1
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	1		,.
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	X
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	ļ	X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	ļ	X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that]]	
	operate one or more hospitals must attach audited financial statements (see instructions)	20b	<u> </u>	<u> </u>

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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		X
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		X
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	1		1
	Schedule K. If "No", go to line 25	24a	<u> </u>	X
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	<u> </u>
25a	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	25a		↓
þ	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			1
	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	ļ	
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			١,,
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			İ
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete		1	
	Schedule L, Part III	27	ļ	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			İ
_	instructions for applicable filing thresholds, conditions, and exceptions):		-	v
a		28a		X
b	• • • • • • • • • • • • • • • • • • • •	28b		1-^-
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		X
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	 	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30	 	 ^
31	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31	 	
5 2	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	JE		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?	33	_	 -
.	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	 	X
а	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," complete Schedule R, Part V, line 2			
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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	990	(2010)

Par	tV Statements Regarding Other IRS Filings and Tax Compliance			ago e
	Check if Schedule O contains a response to any question in this Part V			
-,			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning			
	(gambling) winnings to prize winners?	1c		
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 14			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
þ	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Х	
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		Х
þ	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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
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 required	_		
	to file Form 8282?	7c		•
	If "Yes," indicate the number of Forms 8282 filed during the year Put the expansion receive receive cary funds, directly to new parameters and according to the set of the set	_		
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f		
h	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?	7g 7h		
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		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	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			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
þ	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	1		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
_	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b			
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	. ,,,	ļ
_	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 the	.		
_	organization is licensed to issue qualified health plans	1		
C 14a	Enter the amount of reserves on hand			17
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		X
	1 190, That it files a form 720 to report these payments in two, provide an explanation in Schedule U	14b	000	2040
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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

٠	Check if Schedule O contains a response to any question in this Part VI			X						
Sec	tion A. Governing Body and Management									
		A	Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5									
b	Enter the number of voting members included in line 1a, above, who are independent 1b 5									
2	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>X</u>						
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?	3		<u>X</u>						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5 6	Х	X						
6										
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the		.,							
	governing body?	_7a	X							
	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Х							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			i						
	by the following:		v							
a	The governing body?	_8a	. X	X						
ь	Each committee with authority to act on behalf of the governing body?	8b								
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		Х						
<u> </u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
<u> </u>	tion B. Folicies (This Section B requests information about policies not required by the internal neverble Code.)		Yes	No						
10a	Does the organization have local chapters, branches, or affiliates?	10a	103	X						
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,									
-	and branches to ensure their operations are consistent with those of the organization?	10b								
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filling the form?	11a	X							
ь										
12a	2a Does the organization have a written conflict of interest policy? If "No," go to line 13									
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise									
	to conflicts?	12b								
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	ın Schedule O how this is done	12c								
13	Does the organization have a written whistleblower policy?	13		X						
14	Does the organization have a written document retention and destruction policy?	14		X						
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		.,	1						
a	The organization's CEO, Executive Director, or top management official	15a	X							
b	Other officers or key employees of the organization	15b	X							
46	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)									
109	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	1.0		Х						
_	taxable entity during the year?	16a								
D	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure	1 100								
17	List the states with which a copy of this Form 990 is required to be filed ► NONE									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for								
	public inspection. Indicate how you make these available. Check all that apply.									
	Own website Another's website X Upon request									
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	incial							
	statements available to the public.									
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza BRETT LARGE $-262-548-9606$	tion: Þ								
	N27 W23155 ROUNDY DRIVE, PEWAUKEE, WI 53072									
		Form	990	2010)						

032006 12-21-10

Form 990 (2010) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

- 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.

(A) Name and Title	(B) Average	(C) Position (check all that apply)						(D) Reportable	(E) Reportable compensation	(F) Estimated amount of
	hours per week (describe hours for related organizations in Schedule O)	rustee or director	Institutional frustee	Officer		Highest compensated components	Ť	compensation from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
DARIN WOLF	1.00	X		X				2,035.	0.	0.
RECORDING SECRETARY/E-BOARD	1.00	Λ		Δ	\vdash	\vdash	⊢	2,033.	· ·	0.
JON PERRY	1.00	Х		Х				708.	0.	0.
SERGEANT AT ARMS/E-BOARD BRAD BOETTCHER	1.00	^		1	\vdash	├─	\vdash	700.	0.	
EXECUTIVE BOARD	1.00	Х			İ			0.	0.	0.
ROCO ELLIOTT	1.00	-	-			 	\vdash	•		
EXECUTIVE BOARD	1.00	Х			1			0.	0.	0.
MIKE STAEDLER	 	-	-				r			
EXECUTIVE BOARD/TRUSTEE	1.00	X	İ					0.	0.	0.
FRANK RODRIGUEZ							T			
PRESIDENT	1.00			Х				8,546.	0.	3,319.
GREG GOTTSACKER							Π	1		
VICE PRESIDENT	1.00			X				1,739.	0.	39.
BRETT LARGE										
BUSINESS MANAGER	40.00			X			L	81,417.	0.	55,350.
CRAIG STEVENS			ł			1				_
FINANCIAL SECRETARY/APPREN	40.00	<u> </u>		Х		<u> </u>	\perp	84,712.	0.	59,213.
GERALD VANGSNESS	1 00									
TRUSTEE	1.00	<u> </u>	_	X	μ.	┡	Ļ	0.	0.	0.
JOHN WALDEN	1 100			,,	1					
TRUSTEE	1.00	ļ	ļ	X	-	┼	╀	0.	0.	0.
GREG HUNT	40.00	ŀ		X		l		74 221	0.	E4 200
FINANCIAL SECRETARY/BUSINESS AGENT	40.00		┼─	^	├	╁	╁	74,321.	· · · · · ·	54,308.
FRED TAYLOR EXECUTIVE BOARD/TRUSTEE	1.00			X				0.	0.	0.
RODNEY AUSTIN	1.00	╁─	╁		\vdash	╁	╁╴			0.
TRUSTEE	1.00			x				0.	0.	0.
JEREMY WENZLICK		\vdash			t	1	T	†		·
TRUSTEE	1.00			X				0.	0.	0.
		-	-	ļ	\vdash	-	╀			

Form 990 (2010)

Par	T VIII Section A. Officers, Directors, Tr		nplo	yee			High	est	st Compensated Employees (continued)						
	(A)	· 1			•	2)			(D)	(E)			(F)		
•	Name and title	Average	/_		Pos			L.A.	Reportable	Reportable			ımated		
		hours per week	(CI	neck	airi	inat	арр	(V)	compensation	compensatio			ount of		
		(describe		[[]		1		1	from the	from related organization			other pensati	20	
		hours for	튙				E		organization	(W-2/1099-MIS			m the	J11	
		related	1 <u>8</u>	Sta			ES ES		(W-2/1099-MISC)	(11 23 1000 11110	,		nizatio	n	
		organizations	ᆵ	onal		ag of	lg R		, - ,			and	related	ť	
		in Schedule	Individual trustee or director	Institutional trustee) HO	Кеу етріоуве	Highest compensated employee	E				orga	nızatıor	าร	
		O)	゠	트	5	\$	₹5	윤							
		ļ <u> </u>	<u> </u>				↓_	L							
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			<u> </u>	_	ļ	_	<u> </u>	L.,							
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				İ	1		1								
	·	 			├	\vdash	╁╌	-							
					1	1									
1 h	Sub-total	1		·	1	<u>. </u>		Щ.	253,478.		0.	172	2,22	9.	
	Total from continuation sheets to Part V	II. Section A		-					0.		0.		. ,	ó:	
	Total (add lines 1b and 1c)	, 0001.01. 74		• •	•		•		253,478.		0.	172	2,22		
2	Total number of individuals (including but i	not limited to th	ose	liste	ed a	bov	e) wl	no re		.000 in reportabl					
_	compensation from the organization						-,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				0	
											- ,		Yes	No	
3	Did the organization list any former officer	, director or tru	stee	, ke	у еп	nplo	yee,	or h	nighest compensated er	nployee on	:				
	line 1a? If "Yes," complete Schedule J for											3		X _	
4	For any individual listed on line 1a, is the s	um of reportab	le c	omp	ensa	atioi	n and	d otl	her compensation from	the organization					
	and related organizations greater than \$15	0,000? If "Yes,	" co	mpl	ete l	Sch	edul	e J f	or such individual .			4		<u>X</u>	
5	Did any person listed on line 1a receive or	accrue compe	nsat	ion 1	from	any	y uni	elat	ed organization or indiv	dual for services					
	rendered to the organization? If "Yes," con	nplete Schedul	e J 1	for s	<u>uch</u>	per	son		<u> </u>			5		<u>X</u> _	
Sec	tion B. Independent Contractors														
1	Complete this table for your five highest co	ompensated in	dep	ende	ent c	ont	racto	ors t	hat received more than	\$100,000 of com	pens	ation fr	om		
	the organization. NONE							- 1							
	(A) Name and business	address						1	(B)	200/1000	_	(C)			
	Name and business	address						\dashv	Description of s	ervices		ompen	Sation		
	· · · · · · · · · · · · · · · · · · ·							\dashv							
								\dashv							
													· · ·		
						_						· · - ·			
2	Total number of independent contractors	including but r	not li	mite	d to	the	ose li	stec	f above) who received n	nore than					
	\$100,000 in compensation from the organ						0	_							
												Form 9	90 (20)10)	

032008 12-21-10

P	art V	III Statement of Rever	nue						
,						(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 its	1 1 6	 Federated campaigns 		1a					
Contributions, gifts, grants and other similar amounts	1	b Membership dues		1b	1691904.				
S, E		c Fundraising events		1c					
ar a	١,	d Related organizations		1d					
S.E		e Government grants (contributi	ione)	1e					
<u>S</u> . <u>is</u>		f All other contributions, gifts, grant		 •					
he Lt	·					,			
를		similar amounts not included above		1f					
50	g Noncash contributions included in lines 1a-1f \$					7.505.00.1			
0 8	!	h Total. Add lines 1a-1f .			.	1691904.			
					Business Code				
9	2 8	B							
و ک	į	b							
S S		c							
e a		d							
Program Service Revenue		e							
ď	1		nue						
		g Total. Add lines 2a-2f .	1100		•				
	3	Investment income (including	dividen	de Inter					
	١	other similar amounts)			► 1	3,655.			2 (55
		,			1	3,033.			3,655.
	4	Income from investment of tax	(-exemp	t pona t	proceeds				
	5	Royalties	·	· · ·	. •				Minus
				Real	(ii) Personal				
		a Gross Rents		400.					
	Ł	b Less: rental expenses		319.					
	(c Rental income or (loss)	<u> –39</u>	919.					
		d Net rental income or (loss)				-39,919.		-39,919.	
	7 ε	a Gross amount from sales of	(ī) Sec	unties	(ii) Other			·	
		assets other than inventory			15,272.				
		b Less: cost or other basis							
	-	and sales expenses	}		4.894				
	_ ا	c Gain or (loss)			4,894.				
	l .	•	L		10,370.	10,378.	10 270		
	ı					10,370.	10,378.		
ne	8 8	Gross income from fundraising	-	•					
/eu		including \$							
Re		contributions reported on line	1c). See	•					
Other Revenue		Part IV, line 18		а					
돌	Ŀ	b Less: direct expenses		b					
_	•	Net income or (loss) from fund	raising e	events	•				
		a Gross income from gaming ac	-						
		Part IV, line 19							
	Ŀ	Less: direct expenses		. b					
		Net income or (loss) from gam	 Ing activ			Ī			
		Gross sales of inventory, less	-	11100					
		1 16	ctuiris		3,151.	`			
		and allowances Less: cost of goods sold	•	. а					
				b	<u> </u>	2 151	2 151		
		Net income or (loss) from sales		ntory	>	3,151.	3,151.		
		Miscellaneous Revenue			Business Code	145 000	145 000		
	11 a		r UND	<u>KE</u>	900099	145,938.	145,938.		
	b	·			<u> </u>				
	C								
	C	d All other revenue							
	€	Total. Add lines 11a-11d			. •	145,938.			
	12	Total revenue. See instructions		<u> </u>	>	1815107.	159,467.	-39,919.	3,655.
03200 12-21	09 -10								Form 990 (2010)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must composite include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to governments and		expenses	general expenses	expenses
•	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
~	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
J	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members			·	'!!
5	Compensation of current officers, directors,				
3	trustees, and key employees	425,707.		425,707.	
6	Compensation not included above, to disqualified	12371011		423,101.	
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			1	
7	Other salaries and wages	116,618.		116,618.	
8	Pension plan contributions (include section 401(k)			110,010.	
J	and section 403(b) employer contributions)	52,939.		52,939.	
9	Other employee benefits	18,362.		18,362.	
10	B	29,782.		29,782.	
11	Fees for services (non-employees):	27,702.		27,102.	
''	Management				
b	Legal	3,012.		3,012.	
b	Accounting	11,435.		11,435.	
ď	Lobbying	16,538.		16,538.	
ū	Professional fundraising services See Part IV, line 17	10/330.		10,330.	
f	Investment management fees				
		·			
9 12	Advertising and promotion	8,490.		8,490.	
13	Office expenses	44,271.		44,271.	
14	Information technology	11/2/11		44,2/1.	
15	Royalties			·	
16	Occupancy				
17	Travel	16,994.		16,994.	
18	Payments of travel or entertainment expenses	20/3311		10,004.	
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	34,411.		34,411.	
20	1-4	11,472.		11,472.	
20 21	Payments to affiliates	292,868.		292,868.	
22	Depreciation, depletion, and amortization	12,900.		12,900.	
22 23	Insurance	1,953.		1,953.	
23 24	Other expenses Itemize expenses not covered	1,755.		1,333.	··· ··· · · · · · · · · · · · · · · ·
- 4	above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)		1		
а	ORGANIZING & MARKET REC	542,639.		542,639.	
b	CONTRIBUTIONS & SCHOLAR	11,761.		11,761.	
c	SUBSCRIPTIONS	11,237.		11,237.	
d	UTILITIES	7,408.		7,408.	
e	MEMBERS DISABILITY	5,500.		5,500.	
f	All other expenses	365.		365.	- · · · ·
25	Total functional expenses. Add lines 1 through 24f	1,676,662.	0.	1,676,662.	0
26	Joint costs. Check here ► If following SOP	, , , , , , , , ,			<u>-</u>
	98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
02201	0 12-21-10				Form 990 (2010

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art X	Balance Sheet			
		(A) Beginning of year		(B) End of year
1	Cash · non-interest-bearing	391,126.	1	554,834.
2	Savings and temporary cash investments	542,027.	2	410,261
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II			
	of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			
İ	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)		6	
7 8	Notes and loans receivable, net		7	
8	Inventories for sale or use	645.	8	2,307
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or other	,		
	basis. Complete Part VI of Schedule D 10a 856,798.			,
ь	Less: accumulated depreciation 10b 112,315.	771,294.	10c	744,483
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,705,092.	16	1,711,885
17	Accounts payable and accrued expenses	4,461.	17	5,549
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
21 22	Payables to current and former officers, directors, trustees, key employees,			
	highest compensated employees, and disqualified persons. Complete Part II	,		
	of Schedule L	· · · · · · · · · · · · · · · · · · ·	22	
23	Secured mortgages and notes payable to unrelated third parties	537,936.	23	404,965
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities. Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	542,397.	26	410,514
	Organizations that follow SFAS 117, check here X and complete			
3	lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	1,162,695.	27	1,301,371
28	Temporanly restricted net assets .		28	
29	Permanently restricted net assets		29	
!	Organizations that do not follow SFAS 117, check here and			
<u> </u>	complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
27 28 29 30 31 32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	1,162,695.		1,301,371
34	Total liabilities and net assets/fund balances	1,705,092.	34	1,711,885

Form **990** (2010)

							
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part XI			X			
•							
1	Total revenue (must equal Part VIII, column (A), line 12)	1,81					
2							
3	Revenue less expenses. Subtract line 2 from line 1 3	13	8,4	45.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	1,16	2,6	95.			
5	Other changes in net assets or fund balances (explain in Schedule O)			31.			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6	1,30	1,3	71.			
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response to any question in this Part XII		_	X			
			Yes	No			
1	Accounting method used to prepare the Form 990: Cash Cash Cornal X Other MODIFIED CAS	H					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	_					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X			
b	Were the organization's financial statements audited by an independent accountant?	2b	X				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,						
	review, or compilation of its financial statements and selection of an independent accountant?	2c	Х				
	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:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
За	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		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		1			

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2010 Open to Public Inspection

Name of the organization

INTL. ASSOC. OF HEAT & FROST INSULATORS

Employer identification number 39-0137350

Pa	d Organizations Maintaining Donor Advise		s or Accounts. Complete if the	
	organization answered "Yes" to Form 990, Part IV, line	e 6.		
		(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 v	writing that the assets held in donor adv	sed funds	
	are the organization's property, subject to the organization's		Yes No	
6				
_	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring			
	• •		Yes No	
Pa				
1	Purpose(s) of conservation easements held by the organization			
-	Preservation of land for public use (e.g., recreation or e		storically important land area	
	Protection of natural habitat		tified historic structure	
	Preservation of open space	1 10301 Validit of 2 031	tined materia structure	
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last	
-	day of the tax year.	ied danservation dontinuation in the form	TOT 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		2a	
ь ь	T-4-1		2b	
	Number of conservation easements on a certified historic str		2c	
ی د	Number of conservation easements included in (c) acquired a	,,,,,	· - · 	
d	_	arter 6/17/00, and not on a historic struc	2d	
2	listed in the National Register Number of conservation easements modified, transferred, rel	looped extinguished or terminated by th		
3	year	reased, extinguished, or terminated by tr	le organization during the tax	
4	Number of states where property subject to conservation ea	sament is located		
5	Does the organization have a written policy regarding the per			
5	violations, and enforcement of the conservation easements if		Yes No	
6	Staff and volunteer hours devoted to monitoring, inspecting,			
_	Amount of expenses incurred in monitoring, inspecting, and			
7 8	Does each conservation easement reported on line 2(d) above			
0	and section 170(h)(4)(B)(ii)?	re satisfy the requirements of section 17	Yes No	
0				
9	In Part XIV, describe how the organization reports conservation include, if applicable, the text of the footnote to the organization.			
		non s illianciai statements that describes	s the organization's accounting for	
Da	conservation easements It ill Organizations Maintaining Collections of	f Art Historical Treasures or (Other Similar Assets	
1 0	Complete if the organization answered "Yes" to Form	-	Assets.	
12	If the organization elected, as permitted under SFAS 116 (AS		mont and halance sheet works of art	
ıa	historical treasures, or other similar assets held for public ext	•	•	
	the text of the footnote to its financial statements that descri		ance or public service, provide, in Fait XIV,	
.	If the organization elected, as permitted under SFAS 116 (AS		at and balance sheet works of art, historical	
ь				
	treasures, or other similar assets held for public exhibition, en	oucation, or research in furtherance of p	ublic service, provide the following amounts	
	relating to these items: (i) Revenues included in Form 990, Part VIII, line 1		▶ ¢	
		•	•	
0	(ii) Assets included in Form 990, Part X	anuron or other emiles see to fee finance	sleep provide	
2	If the organization received or held works of art, historical tre		ai gaiii, provide	
_	the following amounts required to be reported under SFAS 1	sol legaling to these items	▶ ¢	
a	Revenues included in Form 990, Part VIII, line 1	• •	► \$ ► \$	
Ъ	Vasers incinned list outliness, Last V		Ψ	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2010

c Net investment earnings, gains, and losses d Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the year end balance held as: 2 Board designated or quasi-endowment Permanent endowment ▶ Term endowment % 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

(a) Cost or other

basis (investment)

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Description of investment

12,671. 2,821. 22,243. 5,742. 744,483.

Schedule D (Form 990) 2010

(d) Book value

274,210.

461,710.

(c) Accumulated

depreciation

77,401

1a Land

b Buildings .

d Equipment

e Other

c Leasehold improvements

(b) Cost or other

basis (other)

274,210.

539,111.

15,492.

27,985.

l <u>. </u>	(a) Description of liability	(b) Amount	Ī
(1) Federal i	ncome taxes		l
(2)			l
(3)			Ĺ
(4)			
(5)			-
(6)			
(7)			
(8)			ĺ
(9)			
(10)			-
(11)			L
	1 15 000 5 114 1501 051		

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 18. In 48 (ASC 740)

032053 12-20-10

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

INTL. ASSOC. OF HEAT & FROST INSULATORS

Employer identification number

AND ALLIED WORKERS LOCAL 19	39-0137350
FORM 990, PART I, DOING BUSINESS AS:	
HEAT & FROST INSULATORS LOCAL 19	
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SSION:
PLACEMENT AND ORGANIZING WORKERS TO JOIN THE UNION.	
FORM 990, PART VI, SECTION A, LINE 6: THE MEMBERSHIP OF	THE LOCAL IS MADE
UP OF JOURNEYMEN, FOREMEN, APPRENTICES, IMPROVERS, AND RI	ETIREES.
FORM 990, PART VI, SECTION A, LINE 7A: ONLY THE JOURNEYM	EN AND FOREMEN ARE
ELIGIBLE TO VOTE IN LOCAL ELECTIONS.	
FORM 990, PART VI, SECTION A, LINE 7B: ONLY THE JOURNEYM	EN AND FOREMEN ARE
ABLE TO APPROVE SIGNIFICANT DECISIONS OF THE GOVERNING BO	DDY.
	····
FORM 990, PART VI, SECTION A, LINE 8B: THE LOCAL HAS NO	COMMITTEE WITH THE
AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.	
FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS PI	ROVIDED TO THE
BUSINESS MANAGER AND FINANCIAL SECRETARY TO REVIEW AND A	PPROVE. THE
BUSINESS MANAGER AND FINANCIAL SECRETARY PRESENT THE FORM	M 990 TO THE REST
OF THE EXECUTIVE BOARD AT THEIR SUBSEQUENT MEETING.	
FORM 990, PART VI, SECTION B, LINE 15: THE BUSINESS MANAGE	GER RECEIVES THE
GENERAL FOREMAN WAGE RATE AT 40 HOURS PER WEEK. THE FIN	ANCIAL SECRETARY IS
ALSO THE BUSINESS AGENT. AS BUSINESS AGENT HE RECEIVES	THE FOREMAN WAGE

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Schedule O (Form 990 or 990-EZ) (2010)