

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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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)

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

2010

Open to Public Inspection

A B	Check if applicable	C Name of organization INTERNATIONAL ASSOC OF HEAT & FROST		D Employ	er identification number
	Address change	INSULATORS & ALLIED WORKERS, #114		•	
$\overline{\Box}$	Name change	Doing Business As		64-0	0391624
	•	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telepho	ne number
片	Initial return	145 COON HUNTERS RD			
	Terminated	City or town state or country, and ZIP + 4			
	Amended return	BRANDON MS 39042		G Gross receip	90,742
П	Application pending	F Name and address of principal officer	U(a) to this a se	mun saturn for affi	liates? Yes X No
			H(a) Is this a gi	oop retuin for am	
			H(b) Are all a	ffiliates include	d? Yes No
			If "No	o," attach a list	(see instructions)
1	Tax-exempt stat				
J	Website >	N/A	H(c) Group e	xemption numb	per 🕨
	Form of organizatio		ar of formation	N N	1 State of legal domicile
_ <u>P</u>	art I S	ummary			
		escribe the organization's mission or most significant activities			
ø	1	LABOR ORGANIZATION'S OBJECTIVE IS THE BETTERMENT OF			
anc	WOR	KING CONDITIONS.			
Activities & Governance]	r			
30	2 Check to		fits net assets	, ,	
જ	3 Number	of voting members of the governing body (Part VI, line 1a)		3	
ies	4 Number	of independent voting members of the governing body (Part VI, line 1b)		4	
Ξ	5 Total nu	mber of individuals employed in calendar year 2010 (Part V, line 2a)		5	2
Act		mber of volunteers (estimate if necessary) RECEIVED		6	
	7a Total un	related business revenue from Part VIII, polumn (C), line 12		7a	
	b Net unre	related business revenue from Part VIII, polumn (C), line 12		7b	0
			Prior Yea		Current Year
e		tions and grants (Part VIII, line 1h)		4,429	90,741
Revenue		service revenue (Part VIII, line 2g)	· · · · · · · · · · · · · · · · · · ·		
Ş	1	ent income (Part VIII, column (A), lines 3, 4, and 7d)		1	1
_	ł	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4 420	
		renue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,430	90,742
		and similar amounts paid (Part IX, column (A), lines 1–3)			
		paid to or for members (Part IX, column (A), line 4)		- 105	
Ses		other compensation, employee benefits (Part IX, column (A), lines 5–10)	5	5,187	55,658
Expenses		onal fundraising fees (Part IX, column (A), line 11e)	· · ·		
ă.		draising expenses (Part IX, column (D), line 25) ▶			
-		penses (Part IX, column (A), lines 11a-11d, 11f-24f)		1,790	33,555
	1	penses Add lines 13–17 (must equal Part IX, column (A), line 25)		7,977	89,213
- S	19 Revenue	e less expenses Subtract line 18 from line 12		3,547	1,529
is o	20 Total co	sets (Part X, line 16)	Beginning of Cur	5,275	End of Year
Asse Bals	1	bilities (Part X, line 16)		1,748	28,022 1,966
E E		ets or fund balances. Subtract line 21 from line 20		1,527	26,056
		ignature Block		2,321	20,030
e-9		perjury, I declare that I have examined this return, including accompanying schedules and statements, and			
		perjury, I declare that I have examined this return, including accompanying schedules and statements, and interpreted the properties of which preparer has any ki		knowledge and	d Deliet, it is
= -		Must a of			211 2011
Osia	ın P	Signature of officer			24-2011
E Ho	re	· · · · · · · · · · · · · · · · · · ·		Date	
3		Type or print name and title			
₹—	Post/Ti	pe preparer's name Preparer's signature		Charle	d DTIN
Sig Her Paid Paid	d Bones		Date 5-23.	Check	If PTIN
	naror	TANDE DECEMBER OF DEED		 	oyed P00001740
•	Only	415 EAST CAPITOL STREET	, F	ırm's EIN ▶	20-5630688
250	·	TACKGON NO 20001		_	601 354 4006
84			P	hone no	601-354-4926
		s this return with the preparer shown above? (see instructions)			Yes No
DAA		duction Act Notice, see the separate instructions.			Form 990 (2010)

	990 (2010) INTERNATIONAL ASSOC OF HEAT & FROST 64-0391624 art IV Checklist of Required Schedules		<u> </u>	age
			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_1_	<u>.</u>	X
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		X
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			1
	election in effect during the tax year? If "Yes," complete Schedule C, Part !!	4		L
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			1
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			l
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	1		
	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	<u> </u>	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	ļ	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	ļ	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 credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			۱
	complete Schedule D, Part IV	9	 -	X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-		ļ	۱
	endowments? If "Yes," complete Schedule D, Part V	10	ļ	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	•		ŧ
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	1		
	complete Schedule D, Part VI	<u>11a</u>	X	_
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	ļ	X
С	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		X
a	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		X
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445	1	_~
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	-	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	420	1	x
ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	. 12a	 	
U	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		x
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,	140		
_	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	1.12	<u> </u>	
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	1.12		
	to individuals 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, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		x
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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		T	
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		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

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

Checklist of Required Schedules (continued) No Yes 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations Х in the United States on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II 21 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 X employees? If "Yes," complete Schedule J 23 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 X through 24d and complete Schedule K. If "No," go to line 25 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c 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 d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 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 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 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 X 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor, or a grant selection committee member, or to a person related to such an individual? X If "Yes." complete Schedule L. Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV X 28b 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 X 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M X 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? If "Yes," complete Schedule N, X 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 X complete Schedule N, Part II 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? If "Yes," complete Schedule R, Part I X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, 34 IV, and V, line 1 34 Is any related organization a controlled entity within the meaning of section 512(b)(13)? 35 35 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, Yes X No 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 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,

Form 990 (2010)

37

X

X

38

Part VI

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 a Gross income from members or shareholders 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? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	₽₹	Part V Statements Regarding Other IRS Filings and Tax Com	-	
18 Enter the number reported in Box 3 of Form 1096 Enter 4-0- find applicable □ Enter the number of Forms W-05 (unufued in the 1st Enter 4-0- find applicable) □ Did the organization comply with backup withholding futes for reportable payments to vendors and reportable gamment gamments without provided the payments for the vendors and reportable gamment gamments without growing the price veneral of the payments of the vendors and reportable gamment gamments without growing the provided provided in the payment of the vendors and the payment to the vendors and the payment to the payment to the vendors and t		Check if Schedule O contains a response to any question	· · · · · · · · · · · · · · · · · · ·	<u></u>
b Enter the number of Forms W-2G included in live 1s. Enter-0-if not applicable C bill the capitation comply with backup withholding class for reportable payments to vendors and reportable gaining (gamilting) winnings to price winners? 2 Enter the number of employees appoint on Form W-1, Transmittal of Wage and Tax Sutements, fleed for the calendar year ending with or within the year covered by this return. 3 Sutements, fleed for the calendar year ending with or within the year covered by this return. 3 Sutements, fleed for the calendar year ending with or within the year covered by this return. 3 Sutements, fleed for the calendar year ending with or within the year covered by this return. 3 Sutements, fleed for the calendar year ending with or within the year covered by this return. 3 Sutements, fleed for the calendar year ending with or within the year covered by this return. 3 Sutements, fleed for the calendar year ending with or within the year of the center of the fleed and the year of the fleed and year of the year of the fleed and year of the year of the fleed and year of the fleed and year of the organization return of the year of the year of the organization return of the year of the year of the organization return of the year of the year of the year of the organiza	1a	Foter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	[] [] [[] [] [] [] [] [] [] [NO
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gaming) unique moments? 2		*		
seportable gaming (gamining) winnings to prize winners? Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filed for the catendar year endings with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tix returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) Death organization have unrelated business gross income of \$1.000 or mice dump the year? 3 Death organization have unrelated business gross income of \$1.000 or mice dump the year? 3 A Van Intree, I was a little of Form 900 17 for this year? If "N"s, provide an explanation in Schrödule 0 3 Death organization and the organization have an interest in, or a signature or other authority over, a financial account in a foreign country, leuch in a bank account, securities account, or other financial account and foreign country (such in a bank account, securities account, or other financial account and foreign country (such in a bank account, securities account, or other financial account and foreign country (such in a bank account, securities account, or other financial Accounts See enstructions for filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts See a Was the organization proteinty in which sheller transaction it any time during the tax year? 5 Death organization should be organization that was or is a partly to a prohibed tax sheller transaction? 5 Death organization should be organization that were made as partly to grow the file tax year? 5 Death organization should be organization in Fore m888-17? 5 Death the organization number of the shell are normally greater than \$100,000, and did the organization shell account and entire the deductible organization in the deductible organization in account and entire the deductible organization in account and included the partle organization in a contribution or an express statement		• • • • • • • • • • • • • • • • • • • •		
2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Selatements, life for the catendary year entings with or within the year covered by this return. b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? b If the sent and the sent and 2a is greated than 250, you may be required to elife (see instructions) 3b Did the organization bear and 2a is greated than 250, you may be required to elife (see instructions) 3c Did the organization bear and 2a is greated than 250, you may be required to elife (see instructions) 3c Did the organization bear and 2a is greated than 250, you may be required to elife (see instructions) 3c Did and year and the did not an analysis of the sent and a second of the complete of the fermional account of the fermional account in a foreign country [such as a bank account, securities account, or other financial Accounts 5c Did and year and the greater and the fermional account in a foreign country See enstructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5c Was the organization of the foreign country See enstructions for filing requirements for Form 8886-T? 5c Did any texture part motify the reginarization in the value of the greatest than \$100,000, and did the organization and promotion that were not tax deductable? 11 "Yes", did the organization include with every soficiation an express statement that such confributions or ghas were not tax deductable? 12 Did the organization received a contribution of the value of the goods or services provided? 3c Did the organization makes any texture that the services of the payor? 3c Did the organization received a contribution of parts, both, and payor the services provided? 3d If "Yes", indicate the number of Forms 8282 (seed during the year organizations in the payor and payor and	•		1 1 T	X
b If a lesst one is reported on line 2a, did the organization file all required feeting employment tax returns? Note If the sum of lines 1a and 2a is greater than 280, you may be required to effice (een instructions) 3b If "Yes," has if filed a Form \$90-Tir or the year? If TNo, provide an explanation in Schedule 0 3 3 b If "Yes," has if filed a Form \$90-Tir or the year? If TNo, provide an explanation in Schedule 0 3 3 b If "Yes," has if filed a Form \$90-Tir or the year? If TNo, provide an explanation in Schedule 0 3 3 b If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts over, a financial account in a foreign country { yeur has a bank account, securities account, or other financial accounts seemed the foreign country { yeur has a bank account, securities account, or other financial accounts \$ 2	2a			
b It a least one is reported on line 2a, dut the organization file all required feeding lemployment tax returns? Note: If the sum of lines 1s and 2a is greater than 250, you may be required to e-file (see matructions) 3a			1 1 5 5 1	
ab Dd the organization have unrelated business gross income of \$1,000 or more during the year? bill *Yes*, has it field a From 990-T for this year? if *Tho*, provide an explanation in Schedule O A lamy time during the calendary year, did the organization have an inferest 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 in a foreign country { such as a bank account, securities account, or other financial accounts securities account, or other financial accounts securities account, or other financial accounts securities account in a foreign country } bill *Yes*, *enter the name of the foreign country } see instructions for fining requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts see instructions for fining requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts see instructions for the organization fine from TD F 90-22 1, Report of Foreign Bank and Financial Accounts see instructions of the organization in the vace in a party to a prohibited tax shelter transaction? see instruction in the foreign country that were not tax deductible? control to the organization shelt organization fine form 8865.T? control to the organization shelt in any receive deductible contributions under section 170(c). control to the organization shelt any green even deductible contributions under section 170(c). control to the organization shelt any green even deductible contribution or sunder section 170(c). control to the organization shelt any green even despose of tangible personal property for which it was required to the payor? bill *Yes*, did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? bill *Yes*, did the organization seed on the payor? bill *Yes*, did the organization seed on the payor? bill *Yes*, did the organization seed on the payor? control to the organiz	b			
b If Yes, * has it fleed a Form 990-T for the year? If 'No.* provide an explanation in Schedule O 4 All any lime during the catendary 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 in a foreign country (such as a bank account, securities account, or other financial account in a foreign country		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file	le (see instructions)	
4a A lary 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, secunties account, or other financial account? b If "Yes", either 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 5b Was the organization a party to a prohibited tax shelter fransaction at any time during the tax year? 5b Dd any stable party notify the organization that it was or is a party to a prohibited tax shelter fransaction? 5b Vas the organization aparty to a prohibited file in the same of the organization and it was or is a party to a prohibited tax shelter fransaction? 5b Vas Dd any stable party notify the organization that it was or is a party to a prohibited tax shelter fransaction? 5c I "Yes" to like organization and the organization file form 8858-T? 5c Does the organization orlicutions that were not tax deductible? 6c Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Does the organization reclaved and payment in excess of \$76 made party as a contribution and party for goods and services provided to the payor? 7c Organizations that may receive deductible contributions under section 170(c). 8c Does the organization end to the one of the value of the goods or services provided? 9c Difference organization organization organization and the one of the value of the goods or services provided? 9c Difference organization organization organization and the organization on the device of the organization of the value of the payor? 9c Difference organization organiz	3a	Did the organization have unrelated business gross income of \$1,000 or more during	ng the year? 3a	<u>X</u>
over, a financial account in a foreign country (such as a bank account, secunities account)? If 'Yes', enter the name of the foreign country ▶ See instructions for fitting requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts Was the organization aparty to a prohibited tax shelter fransaction at any time during the tax year? 5.2	b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sc	chedule O 3b	
ascount)? 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 52 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 53 Was the organization aparty to a prohibited at the was or is a party to a prohibited tax shelter transaction? 54 Did any taxable party notify the organization that the was or is a party to a prohibited tax shelter transaction? 55 Was 10 Yes, to line 5a or 55, did the organization file Form 8868-17 56 Does the organization submit any contributions that were not tax deductible? 56 Jegonarization solicit any contributions that were not tax deductible? 57 Organizations that may receive deductible contributions under section 170(c). 58 Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 69 Did the organization receive a payment in excess of \$75 made party as a contribution and parity for goods and services provided to the payor? 70 Organizations that may receive deductible contributions under section 170(c). 50 Did the organization notify the donor of the value of the goods or services provided? 70 Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8292. 70 Organization for the number of Forms 8282 filed during the year 71 Did the organization creeved any funds, directly or indirectly, on a personal benefit contract? 71 If the organization organization was contribution of qualified intellectual property, did the organization file Form 899 as required? 71 If the organization received a contribution of a vide fund and section 59(4)(3) supporting organizations. Did the supporting organizations, better individual that and section 59(4)(3) supporting organizations. Did the supporting organizations, or advised fund maintained by a sponsoring organization make any taxable distrib	4a	At any time during the calendar year, did the organization have an interest in, or a s	signature or other authority	
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . 14b		·	<u> </u>	<u>v</u>
	_	-	·	
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Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No Enter the number of voting members of the governing body at the end of the tax year 1b Enter the number of voting members included in line 1a, above, who are independent b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 X supervision of officers, directors or trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Does the organization have members or stockholders? 6 Does the organization have members, stockholders, or other persons who may elect one or more members 7a X of the governing body? X 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during 8 the year by the following X 8a The governing body? X 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X 9 the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10a X 10a Does the organization have local chapters, branches, or affiliates? b If "Yes," does the organization have written policies and procedures governing the activities of such 10b chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the X 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990 Does the organization have a written conflict of interest policy? If "No," go to line 13 X 12a 12a Are officers, directors or trustees, and key employees required to disclose annually interests that could give 12b rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe in Schedule O how this is done 13 · Does the organization have a written whistleblower policy? 13 14 Does the organization have a written document retention and destruction policy? 14 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? The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X 16a with a taxable entity during the year? 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 16b organization's exempt status with respect to such arrangements? Section C. Disclosure MS 17 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available 18 for public inspection. Indicate how you make these available. Check all that apply Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, 19 and financial 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 organization > KEN STEVERSON 145 COON HUNTERS RD 662-327-9057 MS 39042 BRANDON

Form 990 (2010)	INTERNATIONAL	ASSOC	OF	неат	æ	FROST	64-0391624	Page	. 7
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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

DAA

- 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

(A)	(B)	Bas	dies.		C)		ant-A	(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	ndividual trustee or director		Officer		Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) MIKE WINSTEAD		1								
EXECUTIVE BOARD	2.00	X						o	0	(
(2) LARRY WEST										
TRUSTEE	2.00	X						0	0	(
(3) GROVER NOBLES										
VICE PRESIDENT	2.00	X		X				0	o	
(4) KEITH STEVERSON						П				
SARGENT OF ARMS	2.00	X		X				0	o	(
(5) MALCOLM MEADOWS										· · · · · · · · · · · · · · · · · · ·
EXECUTIVE BOARD	2.00	x						0	ol	ĺ
(6) LAZARO VALLADRES	_									
EXECUTIVE BOARD	2.00	x		ŀ	l			o	ol	(
(7) JERRY MCCLENDON										
PRESIDENT	2.00			X				0	ol	(
(8) KENETH STEVERSON										
BUSINESS MANAGER	2.00			Х		li		o	o	(
(9)										<u>_</u>
(10)										
(11)										
(12)										
(13)										
(14)				_				<u> </u>		
(15)								"		
(16)		 								

Form 990 (2010)

Eart			T	,			,	, 4.11	d riighest compensated L		I		
(A) Name and Title		(B) Average hours per	ı		(chec		hat a		1	(E) Reportable compensation from	Estu amo	F) mated ount of	
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compe from organ and	her ensation in the nization related izations	
(17)					-								
(18)													
(19)							-	-					
(20)													
(21)												 -	
(22)													
(23)						_							
(24)													
(25)								-					
(26)													—
(27)													
(28)													_
с То	b-total tal from continuation shee	ets to Part VII, Se	ctio	n A		<u> </u>	I	>					_
	tal (add lines 1b and 1c) tal number of individuals (inc	cluding but not lim		to th	ose l	listed	d abo	ve)	who received more than \$1	00,000 in			
rep	portable compensation from (the organization	<u> </u>	0_								Yes N	— No
	the organization list any for								ee, or highest compensated		3		X
org	r any individual listed on line ganization and related organi									n the			-
5 Did	lividual d any person listed on line 1a									lividual	4		<u>X</u>
	services rendered to the org		s," cc	ompi	ete S	cne	aule	J tor	r such person				<u>X</u> _
	implete this table for your five mpensation from the organiz	ation	ısate	d ind	lepe	nden	t cor	ntrac					
	Name and	(A) business address							Description	(B) tion of services		(C) Compensation	
							_	_					
								_					
									1,000				
						_							
	tal number of independent co ceived more than \$100,000 in		_						listed above) who	0			
DAA											Fo	m 990 (2	010)

<u>Pa</u>	rt VI	<u>III Staten</u>	nent of Reve	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
တ္ တ	1a	Federated carr	ากลเดกร	1a			'			
Eal		Membership di	-	1b		80,098	İ			
흘		Fundraising ev		1c						
E		_		1d						
e in		Related organi		1						
Sign		Government grants (1e						
돌힐	Ŧ	All other contribution and similar amounts				10 643	İ			
불히				1f		10,643				
Contributions, gifts, grants and other similar amounts	_		ns included in lines 1a-	1f \$	•	_ [00 741			
-	<u>h</u>	Total Add line	s 1a–1f			P	90,741			
ž	_					Busn. Code	Ī			
ě	2a						-			
9	b									
ڲٙ	C					1				
Š	d									
Program Service Revenue	e	All ather								
ĕ			am service rever	iue		—			., ,,,	
-		Total Add line		uudood	a interes				- · · · - · · - · · - · · - · · · · · ·	<u></u>
	3		ome (including d	ividend	s, meres	·'.	1	1		
		and other simil								
	4		nvestment of tax-	exemp	bona pro	oceeds				
	5	Royalties	(ı) Real		(u) E	Personal				
	6-	Gross Rents	(i) Keai		(11) 1	Cisoliai				
	6a	1								
	þ	Less rental exps Rental inc or (loss)								
	c d	Net rental inco	me or (loss)			•				
		Gross amount from	(i) Securities	5	(n)	Other				
		sales of assets	(7)		/					
	b	other than inventory Less cost or other			-	·				
	-	basis & sales exps								
	С	Gain or (loss)								
	d	Net gain or (los	ss)			▶				
			om fundraising ever	nts [
휠		(not including \$	•							
Š			eported on line 1c)							
يع		See Part IV, line		а						
Other Reven	b	Less direct ex		ь						
Ō			(loss) from funda	aising e	events	•				
			om gaming activities						-	
		See Part IV, line		а						
	b	Less direct ex	penses	ь						‡
	С	Net income or	(loss) from gami	ng activ	/ities	•				
	10a	Gross sales of	inventory, less							
		returns and all		а						
ĺ	b	Less cost of g	oods sold	b						,
	C	Net income or	(loss) from sales	of inve	entory	•				
		Misc	ellaneous Revenue			Busn. Code				
	11a									
į	b									
	С			•						
	d	All other reven	ue	•						
	0	Total. Add line	es 11a-11d			· •				
	12	Total revenue	. See instruction	s		▶ [90,742	1	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)

Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b	, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and		· · · · · · · · · · · · · · · · · · ·		
	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,				
	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,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	33,953			
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	13,389			
9	Other employee benefits	7,910			
10	Payroll taxes	406			
11	Fees for services (non-employees)				
а	Management				Ì
	Legal		- · · · · · · · · · · · · · · · · · · ·		
	Accounting	2,875			
d					
	Professional fundraising services See Part IV, line 17				
f					
g	Other		· · · · · · · · · · · · · · · · · · ·		
12	Advertising and promotion				
13	Office expenses	·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
14	Information technology				
15	Royalties		······································	-	".
16	Occupancy				
17	Travel	5,704	· · · · · · · · · · · · · · · · · · ·		
18	Payments of travel or entertainment expenses		· · · · · · · · · · · · · · · · · · ·		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	· · · · · · · · · · · · · · · · · · ·			
21	Payments to affiliates		· ·		
22	Depreciation, depletion, and amortization	316			
23	Insurance				
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24f. If	1			<u> </u>
	line 24f amount exceeds 10% of line 25, column	1			
	(A) amount, list line 24f expenses on Schedule O)				
а	PER CAPITA TAX	13,548			
b	TELEPHONE	4,736			
С	SUPPLIES	2,625		· · · · · · · · · · · · · · · · · · ·	
d	MISCELLANEIOUS	1,577	** ***		
е	MEMBERS ANNUAL PICNIC	713			
f	All other expenses	1,461		 	
25	Total functional expenses. Add lines 1 through 24f	89,213	0	0	0
26	Joint costs. Check here ▶ if following			1	_
	SOP 98-2 (ASC 958-720). Complete this line				
	only if the organization reported in column				1
	(B) joint costs from a combined educational campaign and fundraising solicitation				
				· · · · · · · · · · · · · · · · · · ·	<u> </u>

Part X **Balance Sheet** (B) (A) Beginning of year End of year 10,811 21,816 1 Cash-non-interest bearing 3,484 16,552 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Schedule L 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 6 employees' beneficiary organizations (see instructions) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 2,213 other basis. Complete Part VI of Schedule D. 10a 1,554 975l 659 10c 10b b Less accumulated depreciation 11 Investments—publicly traded securities 11 12 12 Investments-other securities See Part IV, line 11 13 13 Investments-program-related See Part IV, line 11 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 26,275 28,022 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 1,748 Accounts payable and accrued expenses 17 17 18 Grants payable 18 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 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 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities Complete Part X of Schedule D 25 1,966 1,748 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here ▶ and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 27 28 28 Temporarily restricted net assets Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117, check here ightharpoonup |X| and complete lines 30 through 34. 1,206 1,206 Capital stock or trust principal, or current funds 30 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 23,321 24,850 32 Retained earnings, endowment, accumulated income, or other funds 32 24,527 26,056 33 33 Total net assets or fund balances 28,022 26,275 34 Total liabilities and net assets/fund balances

Form 990 (2010)

	n 990 (2010) INTERNATIONAL ASSOC OF HEAT & FROST 64-0391624 art XI Reconciliation of Net Assets				ge 12
Pa					
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		90,	
2	Total expenses (must equal Part IX, column (A), line 25)	2	į	89,	
3	Revenue less expenses Subtract line 2 from line 1	3			529
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		24,	527
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
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		26,	056
Pa	art XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				\Box
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				l
	Schedule O				Ī
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
С	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		
	If the organization changed either its oversight process or selection process during the tax year, explain in				I
	Schedule O				Ī
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were				l
	issued on a separate basis, consolidated basis, or both				l
	Separate basis Consolidated basis Both consolidated and separate basis				1
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		<u> </u>
	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
b				1 .	

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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

Open to Public Inspection

Employer identification number Name of the organization INTERNATIONAL ASSOC OF HEAT & FROST 64-0391624 INSULATORS & ALLIED WORKERS, #114 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Part II Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of an historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) Yes No (i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and batance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Sche	dule D (Form 990) 2010 INTERNATIO	NAL ASSOC O	<u>F HEAT & FR</u>	COST	<u>64-039</u>	1624	Page 2
	rt III Organizations Maintaining	Collections of Art,	Historical Treas	ures, or	Other Si	milar Assets (d	continued)
3	Using the organization's acquisition, accession, collection items (check all that apply)						
а	Public exhibition	d \ Loan	or exchange program	S			
ь	Scholarly research	e Othe					
c	Preservation for future generations	6 6	•				
4	Provide a description of the organization's collect	ctions and explain how the	hev further the organiza	ation's exei	mpt purpose	ın Part	
•	XIV						
5	During the year, did the organization solicit or re	ceive donations of art. h	ustorical treasures, or o	other simila	ır		
•	assets to be sold to raise funds rather than to be						Yes No
Pa	ert IV Escrow and Custodial Arra	ngements. Comple	ete if the organiza	tion ans	wered "Y	es" to Form 99	0. Part IV.
	line 9, or reported an amoun						•
1a	Is the organization an agent, trustee, custodian			assets not			
	included on Form 990, Part X?	, ···-					Yes No
b	If "Yes," explain the arrangement in Part XIV and	d complete the following	table				
-	The state of the s						Amount
c	Beginning balance					1c	
d	Additions during the year					1d	
	Distributions during the year					1e	
f	Ending balance					1f	
2a	Did the organization include an amount on Form	990 Part X line 21?				(Yes No
	If "Yes," explain the arrangement in Part XIV					•	
	ert V Endowment Funds. Comple	te if organization a	answered "Yes" to	Form 9	90, Part I	V, line 10.	
	 	(a) Current year	(b) Prior year		years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance						***************************************
ь	Contributions						***************************************
c	Net investment earnings, gains, and						
•	losses			1			
d	Grants or scholarships						
e	Other expenditures for facilities and						
•	programs						
f	Administrative expenses						·
q	End of year balance						
2	Provide the estimated percentage of the year er	nd balance held as					
а	Board designated or quasi-endowment	%					
b	Permanent endowment ▶ %						
С	Term endowment ▶ %						
3a	Are there endowment funds not in the possession	on of the organization th	at are held and admini	stered for t	he		
	organization by						Yes No
	(i) unrelated organizations						3a(i)
	(ii) related organizations						3a(ii)
b	If "Yes" to 3a(ii), are the related organizations list	sted as required on Scho	edule R?				3b
4	Describe in Part XIV the intended uses of the or	rganization's endowmen	t funds				
Pa	rt VI Land, Buildings, and Equip	ment. See Form 9	90, Part X, line 10	0.			·
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other (other)	basis	(c) Accur depred	1	(d) Book value
1a	Land	· · · · · · · · · · · · · · · · · · ·			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Buildings				•	<u> </u>	
	Leasehold improvements						•
	Equipment		2	,213		1,554	659
	Other						
	I. Add lines 1a through 1e. (Column (d) must equ	al Form 990, Part X, col	umn (B), line 10(c))			. •	659

Part VII	Investments—Other Securities. See Form 990			
	(a) Description of security or category	(b) Book value	(c) Method of	
	(including name of security)		Cost or end-of-yea	r market value
1) Financial o	lerivatives			
•	ld equity interests			
3) Other				
(A)				<u> </u>
(B)				
(C)			-	········
(D)				
(E)				
(F)				
(G)				
(H)				
(1)		l		
	n (b) must equal Form 990, Part X, col (B) line 12)) Dt V I 12		
Part VIII	Investments—Program Related. See Form 990		(-)	
	(a) Description of investment type	(b) Book value	(c) Method of	
			Cost or end-of-year	I market value
(1)				
(2)				_
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	n (b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets. See Form 990, Part X, line 15.			
· · · · · · · · · · · · · · · · · · ·	(a) Description	-		(b) Book value
(1)				
(1)				
(2)				
(3)				
(4)				
(5)			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
(6)				
(7)				
(8)				
_(9)				
(10)				
	n (b) must equal Form 990, Part X, col (B) line 15)		>	
Part X	Other Liabilities. See Form 990, Part X, line 25			
1	(a) Description of liability	(b) Amount	4	
(1) Federal	income taxes			
(2)				
(3)			1	
(4)] ,	
(5)			_	
(6)				
(7)			7	
(8)			1	,
			1	
<u>(9)</u> (10)			1	
(10)		 	1	
(11)	(b) and and Fore 200 Part V and (D) line 25	 	1	
i otal. (Colum	in (b) must equal Form 990, Part X, col (B) line 25)		.1	

	dule D (Form 990) 2010 INTERNATIONAL ASSOC OF HE		0391624	Page 4
	rt XI Reconciliation of Change in Net Assets from Form	990 to Audited Financia		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1 2	
2	Total expenses (Form 990, Part IX, column (A), line 25)		3	
3	Excess or (deficit) for the year Subtract line 2 from line 1		4	
4	Net unrealized gains (losses) on investments		5	
5	Donated services and use of facilities		6	<u> </u>
6	Investment expenses		7	
7	Prior period adjustments		8	
8	Other (Describe in Part XIV)		9	
9	Total adjustments (net) Add lines 4 through 8	2 and 0	10	
10 Dn	Excess or (deficit) for the year per audited financial statements. Combine lines Int XII Reconciliation of Revenue per Audited Financial S			· · · · · · · · · · · · · · · · · · ·
	Total revenue, gains, and other support per audited financial statements	tatements with Nevento	4	
1	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
2		2a		
a	Net unrealized gains on investments	2b		
b	Donated services and use of facilities	2c 2c		
С.	Recoveries of prior year grants	 		
d	Other (Describe in Part XIV)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	1 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
C	Add lines 4a and 4b		4c	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Pa	rt XIII Reconciliation of Expenses per Audited Financial	Statements With Expens	ses per Return	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIV)	2d		
е	Add lines 2a through 2d		2e	-
3	Subtract line 2e from line 1	1 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
С	Add lines 4a and 4b		4c	·
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	<u>)</u>	5	
	rt XIV Supplemental Information			
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Pa	irt III, lines 1a and 4, Part IV, line	es 1b and 2b,	
Part '	\emph{V} , line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, line	es 2d and 4b Also complete this	part to provide	
any a	dditional information			

Part XIV Supplemental Information (continued)

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2010

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization 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.

INTERNATIONAL ASSOC OF HEAT & FROST INSULATORS & ALLIED WORKERS, #114

Employer identification number 64 - 0391624

FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS

N/A

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION NO DOCUMENTS AVAILABLE TO THE PUBLIC

Form **4562**

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172 **2010**

ZUIU tachment 6

(99)

See separate instructions.

► Attach to your tax return.

Attachment Sequence No

Name	(-,								oging number 0391624	
Busin	ess or activity to which this form relates	1010 4 1122		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-				
I	NDIRECT DEPRECIAT									
Pa	rt I Election To Exper									
	Note: If you have	any listed proper	ty, complete P	art V b	etore you	com	plete Pa	<u>rt I.</u>	1	500.000
1	Maximum amount (see instructions)								1	500,000
2	Total cost of section 179 property placed in service (see instructions)								2	0 000 000
3	Threshold cost of section 179 property before reduction in limitation (see instructions)								3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-									
_5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0 If marned filing separately, see instructions								5	<u> </u>
6	(a) Description of property			(b) Cost (business use only) (c)			Elected cost			
							<u> </u>			
	1	f l 00		J		Γ.				
7	Listed property Enter the amount from line 29				,	7	!		8	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7. Tentative deduction. Enter the smaller of line 5 or line 8.								9	
9	Carryover of disallowed deduction from line 13 of your 2009 Form 4562								10	
10 11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)								11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11								12	
13	Carryover of disallowed deduction	•			• · · · • • • • • • • • • • • • • • • •	13	I '		<u> </u>	
	: Do not use Part II or Part III below		' -	· <u></u>		1	1	•		I
				reciatio	on (Do no	t incl	ude liste	ed prope	rtv.)	(See instructions)
14										
1.7	during the tax year (see instructions)							14		
15	Property subject to section 168(f)(1) election								15	
16	Other depreciation (including ACRS)								16	316
T-1-111	rt III MACRS Deprecia		ide listed prop	erty)(See instru	ıctior	ıs.)			<u> </u>
		•		ion A						
17	MACRS deductions for assets placed in service in tax years beginning before 2010								17	C
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here									
	Section B-	-Assets Placed in Se	rvice During 2010	Tax Ye	ar Using the	Gene	ral Depre	ciation Sy	stem	
	(a) Classification of property	(b) Month and year placed in (business/investment use only-see instructions) (d) Recovery period		(e) (Convention	(f) Method		(g) Depreciation deduction		
19a	3-year property									
b	5-year property					<u> </u>				
С	7-year property					<u> </u>				
d	10-year property					<u> </u>				
е	15-year property									
f	20-year property					<u> </u>				
<u>g</u>	25-year property				25 yrs	<u> </u>		S/L		
h	Residential rental				27 5 yrs	<u> </u>	MM S/			
	property				27 5 yrs	ļ	MM	S/L		
i 	Nonresidential real				39 yrs		MM	S/L		
	property MM S/L Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation S									<u> </u>
	Section C—/	Assets Placed in Sen	vice During 2010	Tax Year	r Using the A	Alterna	ative Depr	eciation S	ysten) 1
<u>20a</u>	Class life	_				 		S/L		
	12-year				12 yrs	 		S/L		
	40-year	1	<u> </u>		40 yrs	<u> </u>	MM	S/L	·	
	ort IV Summary (See in									
21	Listed property Enter amount from					_			21	
22	Total. Add amounts from line 12,	iines 14 through 17, lir	ies 19 and 20 in co	olumn (a)	, and line 21	. Enter	nere		i .	i

and on the appropriate lines of your return. Partnerships and S corporations—see instructions

For assets shown above and placed in service during the current year, enter the

316

22

23