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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.

Open to Public Inspection

Α	For th	e 2011 calendar year, or tax year beginning and e	ending	_			
В	Check if applicab	C Name of organization HEAT AND FROST INSULATORS AND ASBESTOS	5	D Employer identific	cation number		
	Addre Chang	S LIODVEDC LOCAL UNITON NO. 16		1			
	Name chang	e Doing Business As		94-0	577197		
	Initial return Termi	1	Room/suite	E Telephone number	r 769–4800		
Ē	ated Amen return	ded Carrier 1710		G Gross receipts \$	2,322,030.		
Ē	Applic			H(a) Is this a group re			
	pendi		~ .	for affiliates?	Yes X No		
		3801 PARK ROAD, BENICIA, CA 94510		H(b) Are all affiliates inc	luded? Yes No		
1	Tax-ex	empt status: 501(c)(3)X 501(c) (5) ◀ (insert no) 4947(a)(1) or	r 527	1	list. (see instructions)		
J	Websi	te: ► N/A		H(c) Group exemption			
K	Form of	organization	L Year	of formation 1911 N	State of legal domicile CA		
P	art I	Summary					
Governance	1	Briefly describe the organization's mission or most significant activities: IMPRO AND WELFARE OF MEMBERS.	VE TH	E WORKING C	ONDITIONS		
rua	2	Check this box I if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	ssets.		
8	3	Number of voting members of the governing body (Part VI, line 1a)		3	6		
ত অ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	6		
Activities &	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	15		
Z.	6	Total number of volunteers (estimate if necessary)		6	0		
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>			
_	<u>b</u>	Net unrelated business taxable income from Form 990-T, line 34		7b	0.		
	1_	DECENTO	ı ├	Prior Year	Current Year		
ë.	- 8	Contributions and grants (Part VIII, line 1h)	 	0.	0.		
Revenue	9	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 8, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 86) 9c, 10c, and 11e)	\	2,581,106.	2,164,006.		
Ŗ	10	Investment income (Part VIII, column (A), lines 3 8 and 7d) 7 1 1 2 1 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3	!	11,992.	3,822.		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 80 9c, 10c, and 11e)	}	56,593.	154,202.		
	12	Total revenue - add lines 8 through 11 (must equal Rart VIII, column.(A), line 12		2,649,691.	2,322,030.		
	1	Grants and similar amounts paid (Part IX, column (A), (indes [13])	}	606 545	110 007		
	1	Benefits paid to or for members (Part IX, column (A), line 4)		696,545.	119,987.		
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u> </u>	832,267.	852,943. 0.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	U •]	U •		
Ĕ	1.7			1,030,474.	1,112,003.		
	i	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	}—	2,559,286.	2,084,933.		
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	 	90,405.	237,097.		
	19	Revenue less expenses. Subtract line 18 from line 12	Pos	ginning of Current Year			
Net Assets or	20	Total accests (Port V. June 16)	Dei	3,746,409.	End of Year 3,960,519.		
ASS	21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)	<u> </u>	937,362.	914,375.		
E S	22	Net assets or fund balances. Subtract line 21 from line 20	 	2,809,047.	3,046,144.		
	art II	Signature Block		270057017.5	0/010/1111		
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of m	v knowledge and belief, it is		
		t, and complete Declaration of preparer (other than officer) is based on all information of whic		· · · · · · · · · · · · · · · · · · ·	,, , ,		
_			<u> </u>				
Sig	ın	Signal dre of Officer		Date			
He	re	I tre true		4.	20.12		
		Type or print name and title					
		Print/Type preparer's name Preparer's signature	l l	late Check	PTIN		
Pal	d	JESSICA R. ROSTER Yesus K. Kosta	المساغ	3/13/12 self-employe			
	parer	Firm's name LINDQUIST LLP		Firm's EIN	52-2385296		
Use	Only	Firm's address > 5000 EXECUTIVE PARKWAY, SUITE 40	U		or 077 0100		
SAN RAMON, CA 94583 Phone no 925-277-9100							
		AS discuss this return with the preparer shown above? (see instructions)			X Yes No		
132	01-2	3-12 LHA For Paperwork Reduction Act Notice, see the separate instruction	ns.		Form 990 (2011)		

Pa	rt III Statement of Program Service Accomplishments	/15/ Fage Z
L	. Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission: TO PROMOTE THE WELFARE, WORKING CONDITIONS AND QUALITY OF MEMBERS.	ERS IN
	THE JURISDICTIONAL AREA OF LOCAL 16	- <u></u>
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and all	locations to
	others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	PROMOTED THE WELFARE AND WORKING CONDITIONS OF MEMBERS	·
		
4b	10.	
40	(Code) (Expenses \$	/
		
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	· 	
		
4d	Other program services (Describe in Schedule O.)	
70	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses	
		Form 990 (2011)

	990 (2011) WORKERS LOCAL UNION NO. 16 94-05/	<u>/ 19 /</u>	<u>P</u>	<u>age 3</u>
Pa	t IV Checklist of Required Schedules		T.,	Ι
_			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	١.		х
2	If "Yes," complete Schedule A	2	 	X
2 3	Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	-	├─	A
3	public office? If "Yes," complete Schedule C, Part I	3	Х	
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		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or		 	
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
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		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	<u> </u>	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	ļ	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		X	
	Part VI	11a		 -
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	116		Х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Ì	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	1.0		
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		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	12a	<u> </u>	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	L	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		1	v
	or more? 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	46		х
40	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	 	Α.
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	16		х
17	located outside the United States? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	1.0	 	†
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>	†	
- •	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
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		X

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20a

20b

X

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

WORKERS LOCAL UNION NO. 16

		<u>577197</u>	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the	:		
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	}	Х
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		Х
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	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	<u> </u>		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	İ		
	Schedule K If "No", go to line 25	24a		X
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	1		
·	any tax-exempt bonds?	24c		i
A	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
252	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	270		
200	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
.	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	l		
	Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disquality			
26	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
07	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20	_	
27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			1
		27		Х
00	of any of these persons? If "Yes," complete Schedule L, Part III	-21		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):	28a	1	х
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	_28b		<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an office	1		x
	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	-	_ <u>^</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	00		x
	contributions? If "Yes," complete Schedule M	30_		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	04		x
	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			Х
	Schedule N, Part II	32	-	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		X
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	_33	 	_ <u>^</u>
34	Was the organization related to any tax-exempt or taxable entity?		X	
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34_	<u> </u>	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a_	 	<u> </u>
ь	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	II		v
••	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> X</u>
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		1	v
	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?		l	1

Form 990 (2011)

Note. All Form 990 filers are required to complete Schedule O

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Par	Check if Schedule O contains a response to any question in this Part V					
	Officer in Software 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	1a	37			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			ĺ
_	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	able gaming			
	(gambling) winnings to prize winners?			1c	X	<u></u>
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					ĺ
	filed for the calendar year ending with or within the year covered by this return	2a				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns			2b	X	ļ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	41		3b_	_	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other			4a		x
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	int) f	4 a		
Ь	If "Yes," enter the name of the foreign country:	Accol	unte			
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		iiito.	5a	,	Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year.	ection'	7	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	2011011	•	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne ord	anization solicit			
6a	any contributions that were not tax deductible?	&		6a		X
h	If "Yes," did the organization include with every solicitation an express statement that such contributions.	tions o	or gifts			
-	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices	provided to the payor?	7a		<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as red	quired			
	to file Form 8282?		Ī	7c	ļ	ļ
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	L	ł _		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		ct?	7e		┼
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?	000	7f	-	┼─
9	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 8	899 as required?	7g		┼─
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization of the contribution of cars, boats, airplanes, or other vehicles, did the organizations.			7h	ļ	ļ
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D	any ti	Supporting	8		Ì
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	ally u	me during the year.			
9	Sponsoring organizations maintaining donor advised funds.			9a		
a	Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
	Section 501(c)(7) organizations. Enter:					
10 a	Initiation fees and capital contributions included on Part VIII, line 12	10a]	1	
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	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b		1		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	າ 1041	1?	12a	ļ	ļ
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u> </u>	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				 	
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	 	-
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1	1			
	organization is licensed to issue qualified health plans	13b		\dashv		
C		130		145	+	X
14a				14a	+	+*
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	ie U			gan	(2011)
				1 0111		(=0,1)

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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.

	Check if Schedule O contains a response to any question in this Part VI			X					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 6								
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O								
b	Enter the number of voting members included in line 1a, above, who are independent 1b 6								
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		1						
	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	5 Did the organization become aware during the year of a significant diversion of the organization's assets?								
6	Did the organization have members or stockholders?	6	X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		[
	more members of the governing body?	7a_	X						
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	7b	Χ						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		,						
а	The governing body?	8a_	<u>X</u>	32					
b	Each committee with authority to act on behalf of the governing body?	_8b		<u>X</u>					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			v					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u>X</u>					
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
			Yes	No X					
	Did the organization have local chapters, branches, or affiliates?	10a							
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b							
	and branches to ensure their operations are consistent with the organization's exempt purposes?								
	11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	40-	Х						
12a		12a	$-\frac{\mathbf{X}}{\mathbf{X}}$	-					
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	120							
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12c	Х						
	In Schedule O how this was done	13	X	-					
13	Did the organization have a written whistleblower policy?	14		X					
14	Did the organization have a written document retention and destruction policy?	1-4							
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?	15a	х	1					
	The organization's CEO, Executive Director, or top management official	15b	X						
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		· ·						
18-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	1							
IUa	taxable entity during the year?	16a		Х					
_	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b	Ī						
Sec	tion C. Disclosure								
<u> </u>	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 (Section 501(c)(3)s only)	avaılat	le						
	for public inspection. Indicate how you made 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 made its governing documents, conflict of interest policy, ar	d fina	ncial						
	statements available to the public during the tax year.								
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	ition: 🕨	-						
-	STEVE STEELE - 510-769-4800								
	3801 PARK RD, BENICIA, CA 94510								

Form 990 (2011) 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 employees."
- 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.

oxdot 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 hours per week	box	Position (do not check more than box, unless person is bo officer and a director/trus				h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(describe hours for related organizations in Schedule O)	(describe hours for related organizations in Schedule		Officer	Key employee	Key employee Highest compensated employee Former		the	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) RICK BARTELS	1 00	.,							0	726	
VICE PRESIDENT - PAST	1.00	X	-		_		\vdash	2,317.	0.	736.	
(2) JOHN MEAD	1.00	X		ŀ		i		150.	0.	0.	
EXECUTIVE BOARD	1.00	^				├	-	150.			
(3) MARK PLUBELL VICE PRESIDENT	1.00	X						3,180.	0.	908.	
(4) SCOTT KRAMER	1.00	^				-		3,100.		700.	
EXECUTIVE BOARD - PAST	1.00	X		İ				1,493.	0.	0.	
(5) MIKE SCIUME	1000	*	-		_	╁		1,1300			
EXECUTIVE BOARD - PAST	1.00	X						1,425.	0.	172.	
(6) TIM SEITZ					_		\vdash		-,		
EXECUTIVE BOARD	1.00	X						1,500.	0.	128.	
(7) TIM PURCELL											
EXECUTIVE BOARD	1.00	X						750.	0.	0.	
(8) EMIL RAMIREZ											
EXECUTIVE BOARD - PAST	1.00	X						0.	0.	0.	
(9) SHANNON MCKINNEY									_	_	
SARGENT AT ARMS/EXECUTIVE BOARD	1.00	X	_		L	_		150.	0.	0.	
(10) ALAN TAYLOR						ļ		}			
EXECUTIVE BOARD	1.00	X		_		ļ	<u> </u>	0.	0.	0.	
(11) STEVE STEELE	40.00					1		115 414		64 061	
BUSINESS MANAGER	40.00	-	ļ.—	Х	_		_	115,414.	0.	64,961.	
(12) MELVIN BRESHEARS	40.00			х				102 004	0.	62 120	
BUSINESS AGENT	40.00	-		^	_	<u> </u>		102,994.		63,129.	
(13) CHRIS GREANEY	40.00			X			ł	102,860.	0.	63,086.	
BUSINESS AGENT (14) FORTINO CURIEL	40.00	-	-	Λ.			 	102,000.		03,000.	
ORGANIZER	40.00			Х		l		114,778.	0.	51,824.	
(15) BILL HODGES		-	\vdash				-			32,021	
PRESIDENT	1.00			х				0.	0.	0.	
		-	-				-		<u> </u>		
122007 01.22.12			Ш.				<u></u>	<u> </u>	<u> </u>	Form 990 (2011)	

Form **990** (2011)

, Q	TVII Section A. Officers, Directors, Tr		mpk	oyee			ugn	<u>est</u>			-	l —			
	. (A)	(B)			Pos	C) .ttior	,		(D)	(E)		(F) Estimated			
	Name and title	Average hours per			heck	more	than		Reportable compensation	Reportable			timate nount		
		week					is bot or/trus		from	compensation from related	elated of		other	Oi	
		(describe	director						the	organization			pensa	tion	
		hours for	or dife				2		organization	(W-2/1099-MI			om th		
		related	18	nustex		_	25		(W-2/1099-MISC)			_	anızat		
		organizations in Schedule	ם	Institutional trustee		Key employee	Highest compensate employee						i relat		
		0)	Individual	stitut	Officer	E .	Sple Solo	office.	}			orga	ınızatı	ons	
		+	-	<u> </u>	0	3	Ξ ō	4							
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		 	\vdash	T						· · · · · · · · · · · · · · · · · · ·					
			ĺ	ĺ								ĺ			
1 b	Sub-total	<u>-l </u>	<u> </u>	٠.					447,011.		0.	24	1,9	44.	
c	Total from continuation sheets to Part V	II. Section A					•		0.		0.		-	0.	
	Total (add lines 1b and 1c)	,					•		447,011.		0.	24	1,9	44.	
2	Total number of individuals (including but	not limited to th	nose	liste	ed al	oove	e) wh	no re	eceived more than \$100	,000 of reportab	le .				
	compensation from the organization						•			•				_4	
													Yes	No	
3	Did the organization list any former officer	, director, or tri	uste	e, ke	y er	nplo	yee,	or	highest compensated e	mployee 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	ation	and	d otl	her compensation from	the organization					
	and related organizations greater than \$15	50,000? <i>If</i> "Yes,	" cc	mpl	ete S	Sche	edule	J f	for such individual			4	Х		
5	Did any person listed on line 1a receive or	accrue compe	nsat	ion f	rom	any	unr	elat	ed organization or indivi	dual for services	3				
	rendered to the organization? If "Yes," cor	nplete Schedu	le J	for s	uch	per	son					5		X	
Sec	tion B. Independent Contractors								_ 						
1	Complete this table for your five highest co										npens	ation f	rom		
	the organization. Report compensation for	the calendar y	ear	endı	ng v	vith	or w	ıthır	the organization's tax	ear.					
	(A)				_			Ì	(B)		_	(C			
	Name and busines	s address	N	INC	<u>. </u>			-4	Description of s	ervices		Compe	nsatio	n -	
															
															
								-							
															
	Takal assation of a decrease decrease at	(malical and a least of				46.5	- l-	.	I above) who recensed =	oro thos					
2	Total number of independent contractors		iot II	тпке	u 10		se IIS O	stec	above) who received m	iore iriali					
—	\$100,000 of compensation from the organ	ization -							<u> </u>			Form	200 /	0044	

Pa	rt V	111	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
ts	1	a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues	1b					
Am Am		С	Fundraising events	1c					
ig ig		d	Related organizations	1d					
S.E		е	Government grants (contribut	ions) 1e					
er S		f	All other contributions, gifts, gran	1 1					
혈취			similar amounts not included above	ve 1f					
<u> </u>		9	Noncash contributions included in lines	1a-1f \$					
<u>0</u> <u>8</u>		h	Total. Add lines 1a-1f		<u> </u>				
			MEMBERGHER BUEC	•	Business Code	2 124 072	2 124 073		1
Program Service Revenue	2		MEMBERSHIP DUES		913930	2,124,073.	2,124,073. 37,173. 2,760.	<u>-</u>	-
E e			WITHDRAWLS, TRA	MSLEKS	913930	2 760	2.760	,,	
S E		-	INITATION FEES		013930	2,700.	2,7001		
Ra		d				-	-	<u> </u>	
Š.		e	All all an annual control of the con			-			
_			All other program service reverses. Add lines 2a-2f	inue		2,164,006.			
\rightarrow	3	g	Investment income (including	dividends, intere					
i			other similar amounts)	G, 7100, 100, 1110	>	2,622.			2,622.
	4		Income from investment of ta	x-exempt bond o	oroceeds ►				
	5		Royalties	, on one production p	>				
	Ū		110/411100	(ı) Real	(II) Personal				
	6	а	Gross rents	26,997.					
	_	-	Less: rental expenses]			
		С	Rental income or (loss)	26,997.					
		d	Net rental income or (loss)			26,997.			26,997.
	7	а	Gross amount from sales of	(i) Securities	(II) Other				
			assets other than inventory		1,200.				
		þ	Less: cost or other basis						
			and sales expenses						
		c	Gain or (loss)		1,200.				1 200
		d	Net gain or (loss)			1,200.			1,200.
<u>e</u>	8	а	Gross income from fundraisin	g events (not					
Other Revenue			including \$	of					
ě			contributions reported on line	1c). See					
er			Part IV, line 18	а					
듐			Less: direct expenses	ь	L	-			
_	_		Net income or (loss) from fund		<u> </u>				+
	9	а	Gross income from gaming ad						
			Part IV, line 19	a		1			
			Less: direct expenses	b	'	-			1
			Net income or (loss) from gan	-					
	טו	а	Gross sales of inventory, less and allowances						
		_	Less: cost of goods sold	a b					
			Net income or (loss) from sale	_					
	-	<u></u>	Miscellaneous Revenu		Business Code			· · · · · · · · · · · · · · · · · · ·	
	11	2	100TH ANNIVERSA		813930	77,925.	77,925.] _
	''		REIMBURSED EXPE		813930	44,727.			
		C	OTHER INCOME		813930	4,553.			
		d	All other revenue				<u> </u>		
			Total. Add lines 11a-11d			127,205.			
	12	-	Total revenue. See instructions		>	2,322,030.		0	. 30,819.
1320 01-2									Form 990 (2011

Form 990 (2011)

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).

ot include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
•				
			<u> </u>	
		 		
_				
	Ì			
	110 007			
,	119,987.			<u></u>
	600 007			
	688,907.			
•				
persons described in section 4958(c)(3)(B)	74 242		 	
-	/4,343.			
Pension plan accruals and contributions (include	21 156			
section 401(k) and section 403(b) employer contributions)	21,156.		 	
Other employee benefits				
Payroll taxes	42,037.			<u></u>
Fees for services (non-employees):				
Management				
Legal	4,170.			
Accounting	54,325.			
Lobbying				
Professional fundraising services See Part IV, line 17				
Investment management fees		- 		
Other	15,389.		ļ	
Advertising and promotion				
Office expenses				
Information technology	5,015.			
Royalties				
Occupancy				
Travel	96,752.			
Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
Conferences, conventions, and meetings				
Interest			ļ	
Payments to affiliates				. <u></u>
Depreciation, depletion, and amortization				
Insurance	16,373.			
Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A)				
	34 117			
				
			 	
	3,342.		 	
	2 084 033		+	·
	2,004,733.			
educational campaign and fundraising solicitation			1	
	Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members. Compensation of current officers, directors, trustees, and key employees. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Other salaries and wages. Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions). Other employee benefits. Payroll taxes. Fees for services (non-employees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17. Investment management fees. Other. Advertising and promotion. Office expenses. Information technology. Royalties. Occupancy. Travel. Payments of travel or entertainment expenses for any federal, state, or local public officials. Conferences, conventions, and meetings. Interest. Payments to affiliates. Depreciation, depletion, and amortization. Insurance. Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line.)	Total expenses Total expenses and Total expenses Total expenses and Total expenses and Total expenses Total expenses and Total expenses Total functional spenses. Total expenses and Total expenses and Total expenses and Total expenses and Total expenses and Total expenses and Total expenses and Total expenses and Total expenses and Total expenses and Total expenses and Total expenses and tondrividuals in the Unit value and Total expenses and tondrividuals on tondrividuals in the Expenses and to middle and to the Individuals and to and individuals outside the Total expenses and to middle and to substice the Total expenses and to middle and to substice and to the Interest and to middle and to the Interest and to and total total expenses and total total expenses and total total expenses and total expenses and total expenses and total expenses and total expenses and total expenses and total expenses and total expenses and total expenses and t	Total expenses Program service individuals in the United States. See Part IV, line 21 Program service expenses Program service individuals in the United States. See Part IV, line 22 Program service individuals in the United States. See Part IV, line 24 Program service individuals in the United States. See Part IV, line 25 Program service individuals in the United States. See Part IV, line 25 Program service individuals in the United States. See Part IV, line 25 Program service individuals in the United States. See Part IV, line 25 Program service individuals in the United States. See Part IV, line 25 Program service individuals in the United States. See Part IV, line 25 Program service individuals in the United States. See Part IV, line 25 Program service individuals in the United States. See Part IV, line 25 Program service individuals in the United States. See Part IV, line 25 Program service individuals in the United States. See Part IV, line 25 Program service individuals in the United States. See Part IV, line 25 Program service individuals in the United States. See Part IV, line 25 Program service individuals in the United States. See Part IV, line 25 Program service individuals in the United States. See Part IV, line 25 Program service individuals in the United States. See Part IV, line 25 Program section See Part IV, lin	Grants and other assistance to governments and opparations in the United States See Part IV, line 2 Grants and other assistance to individuals in the United States. See Part IV, line 2 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, line 2 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, line 2 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, line 2 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, line 17 Grants and other section 4958(I)(1) and persons (ascribed in section 4958(I)(1) and persons (asc

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Form 990 (2011

		(A) Beginning of year		(B) End of year
1	Cash · non-interest-bearing	233,024.	1	243,358
2	Savings and temporary cash investments	1,342,401.	2	873,661
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			
İ	of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
	employees' beneficiary organizations (see instructions)		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
1	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 2,977,711.			
ь	basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 2,977,711. 10b 134,211.	2,165,331.	10c	2,843,500
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	5,653.	15	C
16	Total assets. Add lines 1 through 15 (must equal line 34)	3,746,409.	16_	3,960,519
17	Accounts payable and accrued expenses	26,583.	17	18,899
18	Grants payable		18	
19	Deferred revenue	<u> </u>	19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		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	903,657.	23	889,233
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
-	parties, and other liabilities not included on lines 17-24). Complete Part X of			
1	Schedule D	7,122.	25	6,243
26	Total liabilities. Add lines 17 through 25	937,362.	26	914,375
<u> </u>	Organizations that follow SFAS 117, check here X and complete			
	lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	2,809,047.	27	3,046,144
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here	***************************************		
	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	
- 1	Retained earnings, endowment, accumulated income, or other funds		32	
32	Total net assets or fund balances	2,809,047.	33	3,046,144
33	Total liabilities and net assets/fund balances	3,746,409.	34	3,960,519

1 0111	1990 (2011)						
Pa	rt XI Reconciliation of Net Assets				_		
	Check if Schedule O contains a response to any question in this Part XI				<u> </u>		
		1	0 00				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,32				
2	Total expenses (must equal Part IX, column (A), line 25)						
3	Revenue less expenses. Subtract line 2 from line 1	3	23		<u>97.</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))						
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.		
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	3,04	<u>6,1</u>	<u>44.</u>		
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 Counting MOD CAS	H					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			Х		
2a	and the second s						
ь	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	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue						
	separate basis, consolidated basis, or both:						
	Separate basis X Consolidated basis Both consolidated and separate basis						
За	the control of the co	ngle Audit					
	Act and OMB Circular A-133?		3a		<u> </u>		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit					
_	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b				
			Form	990 ((2011)		

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

► See separate instructions.

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

			tions: Complete				
Name of orga					S AND ASBES	STOS Empl	loyer identification number
				NION NO.			94-0577197
Part I-A	Complete	if the org	ganization is	exempt unde	r section 501(c)	or is a section 527 o	rganization.
	expenditures	f the organi	zation's direct an	d indirect politica	campaign activities in		
Part I-B	Complete	if the org	ganization is	exempt unde	r section 501(c)(3).	
1 Enter the				organization unde		▶ \$	
2 Enter the	amount of any	y excise tax	incurred by orga	anization manager	s under section 4955	▶\$	
3 If the org	anization incur	red a section	on 4955 tax, did i	t file Form 4720 fo	or this year?		Yes No
4a Was a co	rrection made	?					Yes No
b if "Yes,"	describe in Pai						
Part I-C	Complete	if the org	ganization is	exempt unde	r section 501(c),	except section 501(c)(3).
1 Enter the	amount direct	ly expende	d by the filing org	ganization for sect	ion 527 exempt functi	on activities	
2 Enter the	amount of the	filing organ	nization's funds o	ontributed to other	er organizations for se	ction 527	
exempt f	unction activiti	es				▶ \$	
3 Total exe	mpt function e	xpenditures	s. Add lines 1 and	d 2. Enter here an	d on Form 1120-POL,		
line 17b						▶\$	Ves Ne
4 Did the f	ling organization	on file Form	1120-POL for th	nis year?			L Yes L No
made pa contribut	yments. For ea ions received t	ich organiza hat were pr	ation listed, enter comptly and direc	the amount paid tly delivered to a	from the filing organiza	itical organizations to whic ation's funds. Also enter th nization, such as a separa V.	e amount of political
	(a) Name			ddress	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
	D FROST		3801 PAR				
INSULAT	ORS AND	ALLIE	BENICIA,	CA 94510	20-1681497	0.	20,098.
				···			
For Paperwo	rk Reduction A	Act Notice.	see the Instruct	tions for Form 99	0 or 990-EZ.	Schedule C	(Form 990 or 990-EZ) 2011

LHA

SEE PART IV FOR CONTINUATION

Schedule C (Form 990 or 990-EZ) 2011	WORKER	RS TOO	CAL UNION N	0. 16	94_	057719	7 Dans 0
Part II-A Complete if the or					led Form 5768	031113	/ Page 2
(election under se							
		· ·	filiated group (and list	in Part IV each affiliated	l group member's na	me address	FIN
expenses, and sha					group moment one	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, =1, 1,
			ind "limited control" p	provisions apply.			
					(a) Filing	(b) Affiliat	led group
	its on Lobb iditures" me		enditures unts paid or incurred	d.)	organization's totals		als
1a Total lobbying expenditures to inf	luence publ	ic opinion	(grass roots lobbying)			
b Total lobbying expenditures to inf	luence a leg	islative bo	dy (direct lobbying)	•		—	
c Total lobbying expenditures (add			, , ,				
d Other exempt purpose expenditui		, ,				 	
e Total exempt purpose expenditure	es (add lines	s 1c and 1	d)				
f Lobbying nontaxable amount. Ent	•		•	oth columns.		 	
If the amount on line 1e, column (a)	-1		bying nontaxable ar		· · · · · · · · · · · · · · · · · · ·		
Not over \$500,000			the amount on line 1				
Over \$500,000 but not over \$1,00	00.000			cess over \$500,000.			
Over \$1,000,000 but not over \$1,5				cess over \$1,000,000.			
Over \$1,500,000 but not over \$17				cess over \$1,500,000.			
Over \$17,000,000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$1,000,		, , , , , , , , , , , , , , , , , , ,			
		<u> </u>					
g Grassroots nontaxable amount (er	nter 25% of	line 1f)			<u> </u>	·	•••••••••••
h Subtract line 1g from line 1a. If zei		-					
i Subtract line 1f from line 1c. If zero	•					 	
j If there is an amount other than ze	-		line 1i, did the organi	zation file Form 4720		<u> </u>	
reporting section 4911 tax for this						Yes	☐ No
		1-Year Ave	eraging Period Unde	er Section 501(h)	 -		
(Some organiz				on do not have to comp	olete all of the five		
co	olumns belo	w. See th	e instructions for lin	ies 2a through 2f on pa	ige 4.)		
	Lobby	ying Expe	nditures During 4-Ye	ear Averaging Period			
Calendar year (or fiscal year beginning in)	(a) 2	008	(b) 2009	(c) 2010	(d) 2011	(e) T	otal
2a Lobbying nontaxable amount							
b Lobbying ceiling amount							
(150% of line 2a, column(e))							
c Total lobbying expenditures							
d Grassroots nontaxable amount					······································		
e Grassroots ceiling amount (150% of line 2d, column (e))							
4 On company to the control of							

Schedule C (Form 990 or 990-EZ) 2011

94-0577197 Page 3

Schedule C (Form 990 or 990-EZ) 2011 WORKERS LOCAL UNION NO. 16 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description	(a)	(t)
of the	o lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c	Media advertisements?				
d	Mailings to members, legislators, or the public?				
e	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?	ļ ļ			
9	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
<u>d</u>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6).	ion 501(c)((5), or se	ction	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		
1	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members		1	, , , ,	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	ical			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year		2b		
	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?	•	4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par	t IV Supplemental Information				-
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; I	Part II-A; and	Part II-B. III	ne 1. Also, d	complete
this p	art for any additional information.				
THE	LOCAL SPONSORS A SEPARATE SEGREGATED POLITICAL A	CTION C	COMMIT	TEE.	
THE	POLITICAL ACTION COMMITTEE MAKES POLITICAL EXPEN	DITURES	FOR		
POI	ITICAL CAMPAIGN ACTIVITIES. THE LOCAL AND THE LO	CAL'S M	IEMBER	s	·
	OVIDE FUNDING TO THE POLITICAL ACTION COMMITTEE.				
	TOTAL TOTAL TOTAL TOTAL HOLLOW COLUMNIA				

Schedule Dart N	C (For	m 990 or 99	0-EZ) 2011 W tal Informa	ORKEI	RS LO	CAL UN	ION NO.	16			94-0	577197	Page 4
									TNEODW				
_							NAME/AD	,					
HEAT	AND	FROST	INSULA	TORS	AND	ALLIED	WORKERS	LOCAL	UNION	NO.	16	PAC	
3801	PAR	K ROAD	BENICI	A, C	A 945	510	<u>.</u> .						
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			· •.						Sch	edule C	(Forn	n 990 or 990-	EZ) 2011

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

2011 Open to Public Inspection

Name of the organization

HEAT AND FROST INSULATORS AND ASBESTOS WORKERS LOCAL UNION NO. 16

Employer identification number 94-0577197

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring
	Impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an hi	storically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic str	* *	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struc-	ture
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organization during the tax
	year ▶	_	
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organization's accounting for
Take T	conservation easements.	(A) 111 1 2 2 2 2	NH- O' H- A - A-
Pai	rt III Organizations Maintaining Collections o		iner Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ex		ance of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descr		
b	• • •		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	ublic 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 tre		al gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1	•	► \$ ► \$
b	Assets included in Form 990, Part X		> \$

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Schedule D (Form 990) 2011

HEAT AND FROST INSULATORS AND ASBESTOS 94-0577197 Page 2 WORKERS LOCAL UNION NO. 16 Schedule D (Form 990) 2011 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): □ Public exhibition Loan or exchange programs b Scholarly research Other Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets No to be sold to raise funds rather than to be maintained as part of the organization's collection? Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included Yes on Form 990, Part X? b If "Yes," explain the arrangement in Part XIV and complete the following table: Amount 1c Beginning balance d Additions during the year **1d** 1e e Distributions during the year 1f Ending balance Yes 2a Did the organization include an amount on Form 990, Part X, line 21? **b** If "Yes," explain the arrangement in Part XIV Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (c) Two years back (d) Three years back (e) Four years back (a) Current year (b) Prior year 1a Beginning of year balance **b** Contributions c Net investment earnings, gains, and losses d Grants or scholarships Other expenditures for facilities and programs Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment **b** Permanent endowment ► Temporarily restricted endowment ▶ The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization Yes No pv. 3a(i) (i) unrelated organizations 3a(ii) (ii) related organizations 3ь b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIV the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. (b) Cost or other (c) Accumulated (d) Book value Description of property (a) Cost or other basis (investment) basis (other) depreciation 474,565. 474,565 1a Land

> ► 2,843,500. Schedule D (Form 990) 2011

2,301,412.

67,523.

56,369.

77,842.

b Buildings

d Equipment

c Leasehold improvements

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

2,357,781.

145,365.

Part VII Investments - Other Securities.	See Form 990, Part X, lin	e 12.		JIIIJI Page
(a) Description of security or category (including name of security)	(b) Book value	Co	(c) Method of valuation st or end-of-year market	
1) Financial derivatives				
2) Closely-held equity interests				
) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
()				
tal. (Col (b) must equal Form 990, Part X, col (B) line 12)				
Part VIII Investments - Program Related	See Form 990, Part X, lir	ne 13.	(a) Mathad of	
(a) Description of investment type	(b) Book value	Cos	(c) Method of valuation st or end-of-year market v	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
_(7)				
(8)				
(9)				
(10)				
ptal. (Col (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, ii		<u> </u>		
	(a) Description			(b) Book value
(1)	(C) DOSCRIPTION			(2) DOOK VAILE
(2)	_ -			
(3)			···	
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)		-		
otal. (Column (b) must equal Form 990, Part X, col (B)			>	. — —
Part X Other Liabilities. See Form 990, Part (a) Description of liability	X, line 25.	(h) Destruct	· · · · · · · · · · · · · · · · · · ·	
(a) Description of liability		(b) Book value		
(1) Federal income taxes	ADI E	6 242		
(2) PAYROLL WITHHOLDINGS PAY	ABLE	6,243.		
(3)				
(4)	_			
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)	(1 05)	6 242		
otal. (Column (b) must equal Form 990, Part X, col (B) of FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnot FIN 48 (ASC 740)	te to the organization's financial st	atements that reports the organi	zation's liability for uncertain tax	positions under
FIN 48 (ASC: 74M)	•	•		

Sche	dule D (Form 990) 2011 WORKERS LOCAL UNION NO. 16			94-0577197	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited	Financial State	ements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		_
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		
4	Net unrealized gains (losses) on investments		4		
5	Donated services and use of facilities		5		
6	Investment expenses		6	· ·	
7	Prior period adjustments		7		
8	Other (Describe in Part XIV.)		8		•
9	Total adjustments (net). Add lines 4 through 8		9		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	19	10		_
Pai	t XII Reconciliation of Revenue per Audited Financial Statemen	nts With I	Revenue per F	Return	
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	_2a			
ь	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
q	Other (Describe in Part XIV.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
ь	Other (Describe in Part XIV.)	4b			
c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	
Pa	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per	r Return	
1	Total expenses and losses per audited financial statements			1	<u> </u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a		_	
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
ą	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	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	
	t XIV Supplemental Information			····	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III				e 4; Part
X, lin	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also compl	lete this part	to provide any ad	dditional information.	
			· · · · · · · · · · · · · · · · · · ·		
—					
			· 		
			 ,		

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

2011

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

► Attach to Form 990. ► See separate instructions.

HEAT AND FROST INSULATORS AND ASBESTOS

WORKERS LOCAL UNION NO. 16

Employer identification number 94-0577197

Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Housing allowance or residence for personal use First-class or charter travel Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax indemnification and gross-up payments Personal services (e.g., maid, chauffeur, chef) Discretionary spending account b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, 2 trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III. Compensation committee Compensation survey or study Independent compensation consultant X Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? 4a X 4b **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a The organization? 5b **b** Any related organization? If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a a The organization? 6b b Any related organization? If "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments 7 not described in lines 5 and 6? If "Yes," describe in Part III Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the 8 initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2011

WORKERS LOCAL UNION NO. 16

Schedule J (Form 990) 2011

94-0577197

Part it Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-{(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(0)	Q	(E)	(3)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(ı)-(D)	Compensation reported as deferred in prior Form 990
	Θ	113,950.	0	1,464.	46,054.	18,907.	180,375.	0
1 STEVE STEELE	E	0	0.	0	0	0		
	8	102,494.	0.	500.	44,222.	18,907.	166,12	
2 MELVIN BRESHEARS	(ii)	0	0	0	0	0		0
	Θ	102,230.	• 0	630	44,179.	18,907.	165,946.	0.
3 CHRIS GREANEY	Ξ	0	0	0	0	0		0
	€	114,323.	0	455.	32,917.	18,907.	166,602.	0
4 FORTINO CURIEL	E	0	• 0	0	0	• 0	0.	0.
	€							
5	€							
	<u>e</u>							
9	⊕							
	Ξ							
7	Ξ							
	€							
8	▣							
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6	€							
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10	Ξ							
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11	€							
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13	Ξ							
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15	(ii)							
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16	▣							

Schedule J (Form 990) 2011

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.

2011 Open to Public Inspection

Name of the organization

HEAT AND FROST INSULATORS AND ASBESTOS WORKERS LOCAL UNION NO. 16

Employer identification number 94-0577197

FORM 990, PART VI, SECTION A, LINE 6: THE LOCAL HAS JOURNEYMAN MEMBERS,

APPRENTICE MEMBERS, FIRESTOP MEMBERS, HMH-ABATEMENT MEMBERS, RETIREE

MEMBERS (NON-ACTIVE) AND RETIREE MEMBERS (ACTIVE).

FORM 990, PART VI, SECTION A, LINE 7A: THE JOURNEYMAN MEMBERS, FIRESTOP

MEMBERS, HMH-ABATEMENT MEMBERS AND ACTIVE RETIREE MEMBERS IN GOOD STANDING

CAN ELECT MEMBERS OF THE GOVERNING BODY (EXECUTIVE BOARD).

FORM 990, PART VI, SECTION A, LINE 7B: DECISIONS OF THE EXECUTIVE BOARD

ARE SUBJECT TO APPROVAL BY THE MEMBERSHIP. JOURNEYMAN MEMBERS, FIRESTOP

MEMBERS, HMH-ABATEMENT MEMBERS AND ACTIVE RETIREE MEMBERS ARE ELIGIBLE TO

VOTE IN THE ELECTIONS.

FORM 990, PART VI, SECTION A, LINE 8B: THE ORGANIZATION DOES NOT HAVE ANY COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 WAS PROVIDED TO EACH MEMBER OF THE ORGANIZATION'S GOVERNING BODY FOR REVIEW BEFORE IT WAS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: THE LOCAL MONITORS AND ENFORCES

COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY BY PERIODICALLY REVIEWING

IT AT EXECUTIVE BOARD MEETINGS. ALL OFFICERS AND MEMBERS OF THE EXECUTIVE

BOARD ARE REQUIRED TO COMPLY WIH THE POLICY. CONSEQUENCES FOR

NON-COMPLIANCE WITH THE POLICY IS ADDRESSED AT THE EXECUTIVE BOARD

23

MEETINGS.

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

Schedule O (Form 990 or 990-EZ) (2011)

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▶ Attach to Form 990. Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2011 Open to Public Inspection OMB No 1545-0047

Employer identification number 94-0577197

> ▶ See separate instructions. HEAT AND FROST INSULATORS AND ASBESTOS WORKERS LOCAL UNION NO. 16 Name of the organization

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

Parti

Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) End-of-year assets **e** Total income Legal domicile (state or foreign country) Primary activity Name, address, and EIN of disregarded entity Part #

(g) Section 512(b)(13) Ŷ × controlled entity? Yes ASBESTOS WORKERS Direct controlling INSULATORS & IRAT & FROST entity status (if section Public charity 501(c)(3)) <u>e</u> Y/N Exempt Code section চ 527 Legal domicile (state or foreign country) ত CALIFORNIA Primary activity PAC HEAT AND FROST INSULATORS AND ALLIED WORKERS COCAL UNION NO. 16 PAC - 20-168, 3801 PARK Name, address, and EIN of related organization CA 94510 RD, BENICIA,

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

Schedule R (Form 990) 2011

132161 01-23-12 LHA

WORKERS LOCAL UNION NO. 16

Schedule R (Form 990) 2011

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

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General or Percentage managing ownership Percentage ownership Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) 3 Ξ Yes Share of end-of-year assets 6 Code V-UBI amount in box 20 of Schedule 4.4 (Form 1065) ϵ Share of total Income ate allocations? Disproportion-Yes No $\hat{\boldsymbol{\varepsilon}}$ Type of entity (C corp, S corp, or trust) Share of end-of-year assets **e** B Direct controlling entity Share of total income ত্র Legal domicile (state or foreign country) Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> Primary activity Direct controlling entity 9 € (c)
Legal
domicile
(state or
foreign Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization (a) Part IV

Schedule R (Form 990) 2011 26 132162 01-23-12

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Schedule R (Form 990) 2011 WORKERS LOCAL UNION NO. 16

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	, No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	with one or more rel	ated organizations listed	in Parts II-IV?		
a Receipt of (i) interest (ii) annuttes (iii) royalties or (iv) rent from a controlled entity				19	×
b Gift, grant, or capital contribution to related organization(s)				4	×
				1	×
				;	>
d Loans or loan guarantees to or for related organization(s)				P	4
e Loans or loan guarantees by related organization(s)				1e	×
f Sale of assets to related organization(s)				11	×
a Purchase of assets from related organization(s)				10	×
				÷	×
				≣ ;	; >
 Lease of facilities, equipment, or other assets to related organization(s) 				-	<
i Lease of facilities, equipment, or other assets from related organization(s)				···	×
k Performance of services or membership or fundraising solicitations for related organization(s)	lization(s)			¥	×
Performance of services or membership or fundraising solicitations by	ization(s)			=	×
m Sharno of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			£	×
Shanno of paid employage with related organization(s)				ç	×
				•	:
o Beimbi insement paid to related organization(s) for expenses				, <u>c</u>	×
			•	2 5	×
					:
q Other transfer of cash or property to related organization(s)				1	×
r Other transfer of cash or property from related organization(s)				11	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	ho must complete th	is line, including covered	relationships and transaction thresholds.		
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved		
(1)					
(3)					
(7)					
(5)					
(6)					
132163 01-23-12	27		Schedul	Schedule R (Form 990) 2011	2011

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Schedule R (Form 990) 2011 WORKERS LOCAL UNION NO. 16

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(e)	(Q)	(c)	9	(e)	8	(b)	Ξ	6	9	8
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	t income related, om tax	Are all partners sec 501(c)(3) orgs.?	Share of total	Share of end-of-year	Dispropor- tonate allocations?	OBI Dox 20 Ser.1	General o managing partner?	Percentage ownership
			תוומפו אפכיוטוו או באו אל	ON Se			Yes	(FORM 1065)	Yes	
			 -							
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Schedule R (Form 990) 2011

							·
Current Year Deduction	25,860,	30,509. 56,369.	12,871.	17,869.	· 0	74,238,	
Current Sec 179		0		0	0	Ó	-
Accumulated Depreciation		ó	29,349.	59,973.	Ö	59,973,	
Basis For Depreciation	1137471.	1220310.	90,099.	145,365.	474,565,	2977711.	
Reduction In Basis		ó		0	0	0	
Bus % Excl							
Unadjusted Cost Or Basis	1137471.	1220310.	90,099. 55,266.	145,365.	474,565.	2977711.	
No	91	16	16				
Lrfe	000*	000.	000.		<u> ⊶⊷nnn</u>	H-H-H-H	
Method	TS	$^{ m S}$	SL		13		
Date Acquired	VARIESSI	VARIESSL	VARIESSI. VARIESSI		VARIESE		·
Description	BUILDINGS BUILDING IMPROVEMENTS	BUILDING * 990 PAGE 10 TOTAL BUILDINGS MACHINERY &	EQUIPMENT AUTOMOBILES FURNITURE AND EQUIPMENT	MACHINERY & EQUIPM LAND		* GRAND TOTAL 990 PAGE 10 DEPR	
Asset No							

(D) - Asset disposed

128102 05-01-11

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

29.1