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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.

2012
Open to Public Inspection

A	For the	2012 calendar year, or tax year beginning and	ending		
В	Check if	C Name of organization		D Employer identific	cation number
	⊐Addres	HEAT AND FROST INSULATORS AND ASSESTO	5		
늗	change Name		<del></del>		577107
늗	change				577197
	return Termin ated	1	Room/sui		707-748-1616 769-1800-NCB
	Amend	City, town, or post office, state, and ZIP code	G Gross receipts \$	2,650,853.	
L_	Application pendin	DENICIA, CA 54510		H(a) Is this a group re	
	pendin	F Name and address of principal officer: PLL DRESHEARS		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates incl	uded?Yes No
	_	mpt status: 501(c)(3) X 501(c) ( 5 ) (insert no ) 4947(a)(1) 0	or 5:		list. (see instructions)
		e: ► N/A	<del></del>	H(c) Group exemption	
		organization Corporation Trust X Association Other ►	L Ye	ar of formation 1911 M	State of legal domicile CA
P		Summary			2112 1212
Activities & Governance		Briefly describe the organization's mission or most significant activities: $\overline{ ext{IMPR}}($	OVE 1	THE WORKING CO	ONDITIONS
rna	2	Check this box   If the organization discontinued its operations or dispose	sed of mo	ore than 25% of its net as	sets.
ove.	1	Number of voting members of the governing body (Part VI, line 1a)		3	6
Ğ	1	Number of independent voting members of the governing body (Part VI, line 1b)		4	6
တ္	1	Fotal number of individuals employed in calendar year 2012 (Part V, line 2a)		5	17
ij	1	Total number of volunteers (estimate if necessary)		6	0
흕	1	Fotal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
⋖	1	Net unrelated business taxable income from Form 990-T, line 34	_	7b	0.
				Prior Year	Current Year
<u> </u>	8	Contributions and grants (Part VIII, line 1h)		0.	0.
∬ ( / / / / / / / / Revenue	1	Program service revenue (Part VIII, line 2g)		2,164,006.	2,583,180.
~§ ~	1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		3,822.	2,253.
ظير	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		154,202.	65,420.
<u> </u>	1	Fotal revenue - add lines 8 through 11 (must equal Partyll Column (A) line 12)	) F	2,322,030.	2,650,853.
<u>X</u> X				0.	0.
	امما	0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		119,987.	89,846.
ũ,	15	Salaries, other compensation, employee benefits (Part IX, column (A) plines 5-10)		852,943.	882,480.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
₹	•	Total fundraising expenses (Part IX, column (D), line 25)	0.		
<b>E</b>	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<del>                                     </del>	1,112,003.	987,568.
על	1	Total expenses. Add lines 13-17 (must equal Part iX, column (A), line 25)	<u> </u>	2,084,933.	1,959,894.
	1	Revenue less expenses. Subtract line 18 from line 12		237,097.	690,959.
es es	· • · · ·	to the state of th	-	Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Fotal assets (Part X, line 16)	<u> </u>	3,960,519.	4,640,376.
Ass	21	Fotal liabilities (Part X, line 26)		914,375.	903,273.
<u> </u>	22	Net assets or fund balances. Subtract line 21 from line 20		3,046,144.	3,737,103.
P,	art II	Signature Block		<u> </u>	
		ties of perjury, I declare that I have examined this return, including accompanying schedule	s and state	ements, and to the hest of my	knowledge and helief it is
	•	, and complete Declaration of preparer (other than officer) is based on all information of wi		•	· ····································
		That Prished	-	3-76	-13
Sig	, I	Signature of officer		Date	
Her		Melvin 1. Bre Shears Financial	9,	enc Taux	
1101		Type or print name and title			
	-	Print/Type preparer's name Preparer's signature	<del></del>	Date, Check	PTIN
Paid	, 1	JESSICA R. ROSTER LINE Rost.		3/20/13 If self-employee	
	arer	Firm's name LINDQUIST LLP		Firm's EIN	52-2385296
-	Only		00	THIN 3 LIIV	
-55	J,	SAN RAMON, CA 94583		Phone no 93	25-277-9100
May	 / the iF	S discuss this return with the preparer shown above? (see instructions)		11.10.10.10	X Yes No

HEAT AND FROST INSULATORS AND ASBESTOS WORKERS LOCAL UNION NO. 16 Form 990 (2012) 94-0577197 Page 2 Part III Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III Briefly describe the organization's mission: TO PROMOTE THE WELFARE, WORKING CONDITIONS AND QUALITY OF MEMBERS IN THE JURISDICTIONAL AREA OF LOCAL 16 Did the organization undertake any significant program services during the year which were not listed on Yes X No the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. 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 are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. ) (Expenses \$ including grants of \$ PROMOTED THE WELFARE AND WORKING CONDITIONS OF MEMBERS ) (Expenses \$ (Code including grants of \$ \_\_\_ ) (Expenses \$ \_\_ including grants of \$ ) (Revenue \$ \_ Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ 4e Total program service expenses

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Part IV Checklist of Required Schedules

4			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		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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_	<u>X</u>	<u> </u>
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		<u> </u>
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<del>'</del> -		<u> </u>
٠	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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		Х
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		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.			ĺ
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		1,	
	Part VI	11a	_X_	<del></del>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			X
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
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
ď	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	110		<del>"</del>
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	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 and XII	12a		X
þ	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 and XII 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
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
	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	140		-
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	1	х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
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	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? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	(2010)
		rorm	33U	(2012)

Dane 4

Pa	rt IV Checklist of Required Schedules (continued)	1		age 4
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		Yes	No
	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,	<u></u> -		
	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	1		ļ
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	l		
	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			
	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		
ь	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ì		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	1		
	Schedule L, Part I	25b	_	
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified	1		**
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			v
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	202	:	Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		71
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		<u> </u>	
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
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	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			

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38 X

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

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<u> </u>	Check if Schedule O contains a response to any question in this Part V			
	•	T	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		163	140
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			ĺ
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	l
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			·
	filed for the calendar year ending with or within the year covered by this return 2a 17			ĺ
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			111171
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
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.			ļ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	Ì		
	any contributions that were not tax deductible as charitable contributions?	6a		X
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
7	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		-	
a b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b		
·	to file Form 8282?	7c		
ď	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	1	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	~-	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a	]	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9ь		
10	Section 501(c)(7) organizations. Enter:		- 1	
а	Initiation fees and capital contributions included on Part VIII, line 12			
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	{		
11	Section 501(c)(12) organizations. Enter:	ļ		
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
40	amounts due or received from them.)		1	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501 (c)(29) qualified nonprofit health insurance issuers.	40-		*******
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<del></del>
h	Note. See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which the		1	
U	organization is licensed to issue qualified health plans	į		
^	Enter the amount of reserves on hand		1	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		
<del></del> _	population in ocheque o	70		

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WORKERS LOCAL UNION NO. 16

94-0577197

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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	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		X
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_		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	1		
	more members of the governing body?	7a	Х	
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	j		
	persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		.,	ł
a	The governing body?	8a	X	- V
ь	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			v
<del></del>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
<u> </u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			<b>.</b>
40-	Did the executation have level shortown branches as offiliates?	40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
44.	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	<u> </u>
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	110	1	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	İ
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
Ŭ	In Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent	·		<del></del>
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	İ		
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
='	if "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	1		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			1
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only	) availat	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy,	and finar	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 organi MEL BRESHEARS $-510-769-4800$	zation:		
	3801 PARK RD, BENICIA, CA 94510			
232008 12-10-		Form	990	(2012)

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

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

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

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

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

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

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

(A)  Name and Title	(B) Average hours per	(do	not c	(C Post heck i	tion		one h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional frustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) JOHN MEAD	1.00	·						2 (22		0.62
EXECUTIVE BOARD - PAST	1 00	X			_		-	3,632.	0.	963.
(2) SCOTT KRAMER	1.00	v						7.5	_	_
EXECUTIVE BOARD - PAST	1.00	X			<u> </u>	-		75.	0.	0.
(3) DONALD MOON	1.00	X						75.	0.	_
EXECUTIVE BOARD	1.00	^		-	<u> </u>	<b></b>		/5.	,	0.
(4) TIM SEITZ	1.00	X						1,125.	0.	0.
EXECUTIVE BOARD (5) TIM PURCELL	1.00	^					-	1,123.		<u> </u>
(5) TIM PURCELL EXECUTIVE BOARD - PAST	1.00	X						600.	0.	0.
(6) SHANNON MCKINNEY	1.00							000.		
EXECUTIVE BOARD	100	x					1	1,800.	0.	0.
(7) ALAN TAYLOR	1.00							1,000		<u> </u>
EXECUTIVE BOARD		Х						1,900.	0.	0.
(8) JEFF DAYTON	1.00				_					
EXECUTIVE BOARD		X	İ					75.	0.	0.
(9) STEVE STEELE	40.00									
BUSINESS MANAGER - PAST	-	1		X				126,371.	0.	68,336.
(10) MELVIN BRESHEARS	40.00									
BUSINESS MANAGER				X			Ì	106,381.	0.	66,550.
(11) CHRIS GREANEY	40.00									
BUSINESS AGENT				X				105,420.	0.	66,776.
(12) FORTINO CURIEL	40.00									
ORGANIZER		<u> </u>		Х				114,376.	0.	57,965.
(13) BILL HODGES	1.00									
PRESIDENT				X				0.	0.	0.
(14) MARK PLUBELL	1.00						1			
BUSINESS AGENT		<u> </u>		Х				14,237.	0.	2,427.
(15) DALE HUDEC	1.00									_
VICE PRESIDENT	1 00	<u> </u>	<u> </u>	Х		<u> </u>	<u> </u>	75.	0.	0.
(16) DAVE CEROCKE	1.00	4		,						_
TRUSTEE	0.00	-	ļ	X	_	<del> </del>	<u> </u>	75.	0.	0.
(17) RANDALL JOJO	0.00	-		v			ļ	_		_
SERGEANT AT ARMS				Х	L			0.	0.	0.

232007 12-10-12

Form 990 (2012)

Part VII Section A. Officers, Directors, Trus		ploy	/ees			ighe	st C	ompensated Employe	es (continued)				
(A)	(B)				C) itior			(D)	(E)			(F)	
Name and title	Average hours per			heck	more	than is bot		Reportable compensation	Reportable			timate	
	week	offi	cer ar	nd a d	lirecto	or/trus	tee)	from	compensation from related		an	nount other	OI
	(list any	director	İ					the	organization		com	pensa	ation
	hours for related	5	8			p sta		organization	(W-2/1099-MIS	SC)		om th	
	organizations	aggregation and a second	l frust		88	Toens		(W-2/1099-MISC)				anızat d relat	
	below	Individual trustee	Institutional trustee	<u>_</u>	Key employee	oyee oyee	5				1	anızatı	
	line)	īģ.	13E	O#Ge	Key	Highest compensated employee	Former		-				
					_								
						ļ	ļ						
		_				-	<u> </u>						
		l			İ								
	<u> </u>	-	-		-							-	
		ĺ											
		-			-								
		1											
		<u> </u>	<u> </u>										
<u> </u>			ļ.	<u></u>			<u> </u>		· <del>·</del>				
				_	<u> </u>				· · · · · · · · · · · · · · · · · · ·				
	ļ	l											
4h Cub tatal		L	L		<u> </u>	_	<u> </u>	476,217.		0.	26	3,0	17
1b Sub-total c Total from continuation sheets to Part VI	I Section A	•	•	•				0.		0.	20	3,0	0.
d Total (add lines 1b and 1c)	ii, dection A							476,217.		0.	26	3,0	
Total number of individuals (including but in	ot limited to th	ose	liste	ed al	bove	=) wh	no re		.000 of reportabl				
compensation from the organization									,				4
												Yes	No
3 Did the organization list any former officer,	director, or tru	ıste	e, ke	y er	nplo	уее,	or l	highest compensated ei	mployee on				
line 1a? If "Yes," complete Schedule J for s	uch individual								•		3		X
4 For any individual listed on line 1a, is the su								•	the organization				
and related organizations greater than \$15											4	X	
5 Did any person listed on line 1a receive or a							elate	ed organization or indivi	dual for services		_		v
rendered to the organization? If "Yes," com- Section B. Independent Contractors	piete Scheaui	<u> </u>	or s	ucn	pers	on					5		<u>X</u>
Complete this table for your five highest co	mnensated in	den-	ende	ent o	ontr	acto	re t	hat received more than	\$100 000 of ac-		ation f	rom	
the organization Report compensation for										كاات	auvii I	. 0.11	
(A)								(B)			(C	;)	
Name and business	address	N	INC	<b></b>				Description of s	ervices	С		nsatio	n
							4						
							-+						
									ļ				
							$\dashv$						
2 Total number of independent contractors (i	ncludina but n	ot li	mite	d to	tho	se lis	ted	above) who received m	ore than		•		
\$100,000 of compensation from the organi		••	_	_	(	_		, 10001100 111					
					•						Form	വവ ഗ	2012)

WORKERS LOCAL UNION NO. 16 Form 990 (2012) 94-0577197 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (D) Revenue excluded from tax under (C) Related or Total revenue Unrelated exempt function business sections 512 513, or 514 revenue revenue Gifts, Grants illar Amounts 1 a Federated campaigns 1a b Membership dues 1b 1c c Fundraising events d Related organizations 1d 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 1f 9 Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f **Business Code** 2 a MEMBERSHIP DUES 813930 2,538,424.2,538,424. Program Service Revenue 32,621. 32,621. WITHDRAWLS, TRANSFERS 813930 813930 INITATION FEES All other program service revenue ▶ 2,583,180. Total. Add lines 2a-2f Investment income (including dividends, interest, and 2,253 2,253. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 31,680 6 a Gross rents 0. Less: rental expenses 31,680. c Rental income or (loss) 31,680. 31,680. d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses . c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less. direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 39,351. 39,351 11 a REIMBURSED EXPENSES 813930 813930 4,609. 4,609. **b** OTHER INCOME -10,220.-10,220.813930 LOSS ON DISPOSITION OF d All other revenue 33,740. e Total. Add lines 11a-11d

Total revenue. See instructions

650,853.2,616,920

94-0577197 Page 10

### 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). Check if Schedule O contains a response to any question in this Part IX (B) (D) Fundraising expenses (A) Total expenses Do not include amounts reported on lines 6b, Management and general expenses Program service 7b, 8b, 9b, and 10b of Part VIII. expenses 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 89,846. Benefits paid to or for members Compensation of current officers, directors, 729,991 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) 68,563. 7 Other salanes and wages Pension plan accruals and contributions (include 16,712. section 401(k) and 403(b) employer contributions) 17,175. Other employee benefits 50,039. 10 Payroll taxes Fees for services (non-employees): a Management 10,947. **b** Legal 54,943. Accounting d Lobbying Professional fundraising services See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 7,840. column (A) amount, list line 11g expenses on Sch O) 12 Advertising and promotion 63,502. 13 Office expenses 6,556. Information technology 15 Royalties 22,755. Occupancy 16 113,810. 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 35,791. Conferences, conventions, and meetings 19 61,756. 20 Interest 432,701. Payments to affiliates 21 79,999. 22 Depreciation, depletion, and amortization 17,334. 23 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 38,880. CONTRIBUTION, GIFTS, MOVING EXPENSES 12,404. 10,113. DUES REFUNDS 9,058. TRADE SUBSCRIPTIONS 9,179. All other expenses 1,959,894. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ıf following SOP 98-2 (ASC 958-720)

Form 990 (2012)

Part X Balance Sheet Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year 243,358. 445,713. 1 Cash · non-interest-bearing 1 873,661. 1,412,980.2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other 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 instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 2,974,608. 10a basis. Complete Part VI of Schedule D 192,925. 2,843,500. 2,781,683. b Less: accumulated depreciation 10c 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 4,640,376. 24,490. 3,960,519. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 18,899. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Liabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 889,233. 873,767. 23 Secured mortgages and notes payable to unrelated third parties 23 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 6,243. 914,375. 5,016. 903,273. Schedule D 25 26\_ Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 3,046,144. 27 Unrestricted net assets 27 3,737,103. 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and 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 32 Retained earnings, endowment, accumulated income, or other funds 32 3,046,144.  $3,737,\overline{103}$ . 33 Total net assets or fund balances 33 3,960,519. 4,640,376. Total liabilities and net assets/fund balances

Form 990 (2012)

<u>Form</u>	990 (2012) WORKERS LOCAL UNION NO. 16	<u>94</u> -	<u> 05771</u>	<u>.97</u>	Pag	ge <b>12</b>
Pai	Reconciliation of Net Assets					
	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				<u>53.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,			94.
3	Revenue less expenses. Subtract line 2 from line 1	3				<u>59.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,	046	5,1	44.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities .	_6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	1				
	column (B))	10	3,	73	7 <u>,1</u>	03.
Pa	T XIII 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 Cornual X Other MOD CAS	H				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	<b>.</b> O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis		1			
b	Were the organization's financial statements audited by an independent accountant?		ļ	2b	X	ļ
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	te basıs				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the second	ne audit	,			
	review, or compilation of its financial statements and selection of an independent accountant?		-	2c	X	ļ
	If the organization changed either its oversight process or selection process during the tax year, explain in Sci	nedule C	).			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ıngle Au	ıdıt			
	Act and OMB Circular A-133?		Ļ	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the req	uired au	dit	l		

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2012)

### SCHEDULE C (Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

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

See separate instructions.

2012

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

● Section 501(c)(4), (5), or (6) organiza	ations: Complete Part III.			•
Name of organization HEAT AN	D FROST INSULATOR	S AND ASBES	TOS Empl	oyer identification number
	LOCAL UNION 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.
<ul><li>1 Provide a description of the organiz</li><li>2 Political expenditures</li><li>3 Volunteer hours</li></ul>	zation's direct and indirect political .	campaign activities in	n Part IV. ▶\$	
Part I-B Complete if the org	ganization is exempt unde	<u>r section 501(c)(</u>	3)	,.
1 Enter the amount of any excise tax	incurred by the organization unde	r section 4955	▶\$	
2 Enter the amount of any excise tax	incurred by organization manager	s under section 4955	▶\$	
3 If the organization incurred a section	on 4955 tax, did it file Form 4720 fo	r this year?		Yes No
4a Was a correction made?				Yes No
b If "Yes," describe in Part IV.				1/4)
	ganization is exempt unde			···
1 Enter the amount directly expende		· · · · · · · · · · · · · · · · · · ·		
2 Enter the amount of the filing organ	nization's funds contributed to othe	er organizations for se	<b>.</b> .	
exempt function activities			▶\$	
3 Total exempt function expenditures	s. Add lines 1 and 2. Enter here and	d on Form 1120-POL,	<b>.</b> .	
line 17b			▶\$	
4 Did the filing organization file Form	· · · · · · · · · · · · · · · · · · ·			Yes No
5 Enter the names, addresses and er				
made payments. For each organize contributions received that were pr				
political action committee (PAC). If				te segregated fund or a
· · · · · · · · · · · · · · · · · · ·	<u></u>		1	
(a) Name	(b) Address	(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
	3801 PARK ROAD			
INSULATORS AND ALLIE	BENICIA, CA 94510	20-1681497	0.	21,875.
	1			

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

Schedule C (Form 990 or 990-EZ) 2012

LHA

SEE PART IV FOR CONTINUATION

Schedule C (Form 990 or 990-EZ) 2012 WOF	KERS LOC	AL UNION NO	0. 16	94-	0577197 Page 2
Part II-A Complete if the organiz					
(election under section	501(h)).	•			
A Check ► ☐ If the filing organization b	elongs to an aff	iliated group (and list	in Part IV each affiliated	group member's na	me, address, EIN,
expenses, and share of	-				, , ,
B Check ▶ ☐ if the filing organization of	hecked box A a	nd "limited control" pi	rovisions apply.		
l inda an	1 - b b - d			(a) Filing	(b) Affiliated group
The term "expenditure"	Lobbying Expe		ı.)	organization's totals	totals
1a Total lobbying expenditures to influence	public opinion	(grass roots lobbying)			
b Total lobbying expenditures to influence					
c Total lobbying expenditures (add lines 1		, , , , ,			
d Other exempt purpose expenditures			Ì		
e Total exempt purpose expenditures (ad-	d lines 1c and 1	-1)	ľ		
f Lobbying nontaxable amount. Enter the		•	oth columns		
if the amount on line 1e, column (a) or (b) i		bying nontaxable an	1 F		
Not over \$500,000		the amount on line 1			
		00 plus 15% of the ex	[		
Over \$500,000 but not over \$1,000,000			1		
Over \$1,000,000 but not over \$1,500,00			cess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,0			ess over \$1,500,000.		
Over \$17,000,000	\$1,000	000.			
0	70/ of lone 16				<del></del>
g Grassroots nontaxable amount (enter 2		•	<b>†</b>		
h Subtract line 1g from line 1a. If zero or le		-	-		
i Subtract line 1f from line 1c. If zero or le	•				
j If there is an amount other than zero on		line 11, did the organi	zation file Form 4720		m
reporting section 4911 tax for this year?		<del></del>	0 " "01"	- v	Yes No
(Some organization		eraging Period Unde section 501(h) election	r Section 501(h) on do not have to comp	lete all of the five	
·			es 2a through 2f on pa		
	Lobbying Expe	nditures During 4-Ye	ear Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	( <b>d)</b> 2012	(e) Total
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))				•	
f Grassroots labbying expenditures					

Schedule C (Form 990 or 990-EZ) 2012

Schedule C (Form 990 or 990-EZ) 2012 WORKERS LOCAL UNION NO. 16 94-0577197 Page 3 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 each "Yes," response to lines 1a through 11 below, provide in Part IV a detailed description	(1)	a) 	- (1	(p)		
f the lobbying activity.	Yes	No	Ame	ount		
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:						
a Volunteers?						
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?						
c Media advertisements?			<u> </u>			
d Mailings to members, legislators, or the public?						
e Publications, or published or broadcast statements?						
f Grants to other organizations for lobbying purposes?						
g 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						
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
<b>b</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						
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	, <u>, , , , , , , , , , , , , , , , , , </u>					
Part III-A Complete if the organization is exempt under section 501(c)(4), section	ion 501(c)	(5), or s	ection			
501(c)(6).				_		
		_	Yes	No.		
1 Were substantially all (90% or more) dues received nondeductible by members?		1	1			
O District and the second of t		2	ľ			
, , , , , , , , , , , , , , , , , , , ,		<u> </u>				
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?  Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered		(5), or s		ne 3,		
Did the organization agree to carry over lobbying and political expenditures from the prior year?  Part III-B   Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."		(5), or s		ne 3,		
Did the organization agree to carry over lobbying and political expenditures from the prior year?  Part III-B Complete if the organization is exempt under section 501(c)(4), section 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  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	d "No," O	3 (5), or s R (b) Pa		ne 3,		
Did the organization agree to carry over lobbying and political expenditures from the prior year?  Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  1 Dues, assessments and similar amounts from members	d "No," O	3 (5), or s R (b) Pa		ne 3,		
Did the organization agree to carry over lobbying and political expenditures from the prior year?  Part III-B Complete if the organization is exempt under section 501(c)(4), section 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  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year	d "No," O	3 (5), or s R (b) Pa		ne 3,		
Did the organization agree to carry over lobbying and political expenditures from the prior year?  Part III-B Complete if the organization is exempt under section 501(c)(4), section 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  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	d "No," O	3 (5), or s R (b) Pa		ne 3,		
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Did the organization agree to carry over lobbying and political expenditures from the prior year?  Part III-B Complete if the organization is exempt under section 501(c)(4), section 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  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	d "No," O	3 (5), or s R (b) Pa 1 2a 2b 2c		ne 3,		
Did the organization agree to carry over lobbying and political expenditures from the prior year?  Part III-B Complete if the organization is exempt under section 501(c)(4), section 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  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the except does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?	d "No," O	3 (5), or s R (b) Pa 1 2a 2b 2c		ne 3,		
Did the organization agree to carry over lobbying and political expenditures from the prior year?  Part III-B Complete if the organization is exempt under section 501(c)(4), section 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  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exdoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)	d "No," O	3 (5), or s R (b) Pa 1 2a 2b 2c 3		ne 3,		
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Did the organization agree to carry over lobbying and political expenditures from the prior year?  Part III-B Complete if the organization is exempt under section 501(c)(4), section 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  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Part IV Supplemental Information  complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part I-B, line 1. Also, complete this part for any additional information.  PART I-A, LINE 1:  THE LOCAL SPONSORS A SEPARATE, SEGREGATED POLITICAL AND THE POLITICAL ACTION COMMITTEE MAKES POLITICAL EXPENSIVE	d "No," Of ical  ACTION  OITURES	2a 2b 2c 3 4 5 ated grou	p list), Part II			
Did the organization agree to carry over lobbying and political expenditures from the prior year?  Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  1 Dues, assessments and similar amounts from members  2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues lif notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the expenditure next year?  5 Taxable amount of lobbying and political expenditures (see instructions)  Part IV Supplemental Information  complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part I-B, line 1. Also, complete this part for any additional information.  CART I-A, LINE 1:	d "No," Of ical  ACTION  OITURES	2a 2b 2c 3 4 5 ated grou	p list), Part II			
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Schedule C (Form 990 or 990-EZ) 2012 WORKERS LOCAL UNION NO. 16  Part IV Supplemental Information (continued)	94-0577197 Page 4
Part IV Supplemental Information (continued)	<del></del>
PART I-C CONTINUATION FOR INCOMPLETE NAME/ADDRESS INFORMAT	ION:
HEAT AND FROST INSULATORS AND ALLIED WORKERS LOCAL UNION N	O. 16 PAC
3801 PARK ROAD BENICIA, CA 94510	
	_ · · - · - · · · · · · · · · · · ·
	<del></del>
Sched	ule C (Form 990 or 990-EZ) 201

### **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.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

HEAT AND FROST INSULATORS AND ASBESTOS WORKERS LOCAL UNION NO.

Employer identification number 94-0577197

Pa		d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(4) 201101 2011000 101100	(b) i dias allo ottici accounts
2	Aggregate contributions to (during year)		
3	Aggregate contributions to (during year)		
4	Aggregate value at end of year		
-	-	verting that the appets held in denot advise	and friends
5	Did the organization inform all donors and donor advisors in v		Yes No
6	are the organization's property, subject to the organization's Did the organization inform all grantees, donors, and donor a	_	
O	for charitable purposes and not for the benefit of the donor o		•
	• •	r donor advisor, or for any other purpose of	Yes No
Do	impermissible private benefit?  ↑  Conservation Easements. Complete if the org	ganization answered "Ves" to Form 990. Pr	······································
1	Purpose(s) of conservation easements held by the organization		artiv, mie 7.
•	Preservation of land for public use (e.g., recreation or e	( <del></del> )	torically important land area
	Protection of natural habitat	Preservation of a certif	torically important land area
	Preservation of open space	Preservation of a certif	ned historic structure
•	·	ind appearation appetulation in the form	of a accompanies account as the last
2	Complete lines 2a through 2d if the organization held a qualif	led conservation contribution in the form of	of a conservation easement on the last
	day of the tax year.		Hold at the End of the Tay Year
_	Total number of conservation easements		Held at the End of the Tax Year  2a
a 	•		
b	Total acreage restricted by conservation easements	orakona na alio ali ali (a. (a.)	2b
C	Number of conservation easements on a certified historic str	, ,	2c
d	Number of conservation easements included in (c) acquired a	arter 8/1//06, and not on a historic structu	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	organization during the tax
	year -	annount to to anti-ut .	
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per	• • •	Yes No
_	violations, and enforcement of the conservation easements if	· · · · · · · · · · · · · · · · · · ·	
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) abov	re satisfy the requirements of section 170(	
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	•	
	include, if applicable, the text of the footnote to the organizat	tion's illiancial statements that describes t	ne organization's accounting for
Da	conservation easements  It ill Organizations Maintaining Collections of	f Art Historical Treasures or Ot	thar Similar Assats
Fai	Complete if the organization answered "Yes" to Form	•	iller Sillillar Assets.
18	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh		nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
D	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in turtherance of pub	blic service, provide the following amounts
	relating to these items:		<b>.</b>
	(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-		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>\$</b>
b	Assets included in Form 990, Part X		<b>▶</b> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 12-10-12

Schedule D (Form 990) 2012

		LOCAL UNI							<u>7719</u>		age 2
Pa	<b>寸間!Organizations Maintaining C</b>	collections of A	rt, Hist	torical T	reasures, c	or Other	Similar	Asse	<b>ts</b> (conti	nued)	
3	Using the organization's acquisition, accessi	on, and other recor	ds, checl	k any of the	following that	at are a sigr	nificant us	e of its	collectio	n item	ıs
	(check all that apply):										
а	Public exhibition	•	a 🔲	Loan or ex	change progra	ams					
b	Scholarly research	•	• 🔲	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	in how th	ney further	the organizati	on's exem <sub>l</sub>	pt purpose	e in Parl	XIII.		
5	During the year, did the organization solicit of	r receive donations	of art, hi	storical tre	asures, or oth	er sımılar a	ssets				
	to be sold to raise funds rather than to be m							[	Yes		No
Par	Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	organizati	on answered	"Yes" to Fo	orm 990, P	art IV, i	ine 9, or		
	<u></u>						-111				
18	Is the organization an agent, trustee, custod on Form 990, Part X?	ian or other interme	diary for	Contributio	ns or other as	ssets not in	ciuaea		7 <b>v</b>		٦
_			louise t	Inhlor		•			Yes	<u> </u>	∐ No
Ь	If "Yes," explain the arrangement in Part XIII	and complete the R	ollowing i	lable.			[		A		
_	Beginning balance						4-		Amoun	<u> </u>	—
	Additions during the year			•	•		1c				
	Distributions during the year			•	-		1e				
•	Ending balance						1f				
2a	Did the organization include an amount on F	orm 990 Part X line	212	•					Yes	$\neg \vdash$	No
	If "Yes," explain the arrangement in Part XIII.			on has beer	n provided in	Part YIII			] 163	F	]
	t V Endowment Funds. Complete										
<u>[</u>		(a) Current year		rior year	(c) Two year		) Three year	rs hack	(e) Fou	r vears	hack
1a	Beginning of year balance	(2) 00110111 / 021	(-/.	1101 / 502	(6) 1110 300	10 000	, illioo you	TO DUCK	(0) 100	youro	<del> </del>
ь	Contributions										
c	Net investment earnings, gains, and losses							-			
d	Grants or scholarships										
	Other expenditures for facilities		1								
•	and programs					1		ì			
f	Administrative expenses .										
g	End of year balance			-	<del>                                     </del>	-					
2	Provide the estimated percentage of the cur	rent vear end balan	ce (line 1	a. column (	(a)) held as:	<u> </u>					
-	Board designated or quasi-endowment	ionit your one outen	%	9, 00.01	(4)/ 11010 001						
_	Permanent endowment	%	_~								
	Temporarily restricted endowment ▶	% %									
•	The percentages in lines 2a, 2b, and 2c shou										
За	Are there endowment funds not in the posses		ation tha	at are held :	and administe	ered for the	organizati	Ion			
	by:	<b>g</b>					organizati			Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations	• •	•		•	•			3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	s listed as required	on Sched	dule R?					3b		
4	Describe in Part XIII the intended uses of the								رـــــــا		
Par					· · · · · · · · · · · · · · · · · · ·	<del>-</del>					
	Description of property	(a) Cost or o			t or other	(c) Acc	umulated		(d) Boo	k valu	е
	, , , , , , , , , , , , , , , , , , ,	basis (invest		1	(other)		eciation		(-,		•
1a	Land			47	74,565.				47	4,5	<del>65.</del>
b	Buildings		_		50,819.	11	15,389	).	2,24		
c	Leasehold improvements				•		•		<u>,                                    </u>		
d	Equipment			13	39,224.		77,536	5.	6	1,6	88.
	Other			-			•				<del></del>
	. Add lines 1a through 1e. (Column (d) must e	gual Form 990. Par	t X, colur	nn (B). line	10(c).)		-	<b>&gt;</b>	2,78	1,6	83.
									5/5		

Schedule D (Form 990) 2012 WORKERS LOC			94-	-0577197 Page <b>3</b>
Part VII Investments - Other Securities. Sec				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or end-	of-year market value
(1) Financial derivatives				<del></del>
(2) Closely-held equity interests				
(3) Other(A)				<del></del>
(B)				···
(C)				
(D)	,			
(E)				
(F)				
(G)				
(H)				
(I)				
Total. (Coi (b) must equal Form 990, Part X, coi (B) line 12)				<u> -</u> .
Part VIII Investments - Program Related. Se  (a) Description of investment type	ee Form 990, Part X, I (b) Book value		aluation: Cost or end-	of year market value
(1)	(b) DOOK VAIGE	(c) Method of V	aluation. Cost of end-	oryear market value
(2)			<del>-</del>	
(3)				
(4)				<del></del>
(5)				
(6)				
(7)	· ·			
(8)				
(9)	<del></del>			
(10)	<del></del>		······································	••••••
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	15	<u> </u>		······
	Description			(b) Book value
(1)		<del></del>		(b) Book value
(2)			·	<del></del>
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				<del></del>
(10) Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		<b>&gt;</b>	
Part X Other Liabilities. See Form 990, Part X, I				<del></del>
1. (a) Description of liability		(b) Book value		<del></del>
(1) Federal income taxes				
(2) PAYROLL WITHHOLDINGS PAYA	BLE	5,016.		
(3)				
(4)				
(5)				
(6)				
(8)				
(9)				
(10) (11)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	5,016.		
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the tex	20.)		statements that reco	rts the organization's
liability for uncertain tax positions under FIN 48 (ASC 7				

	edule D (Form 990) 2012 WORKERS LOCAL UNION NO. 16	- <del>-</del>	94-0	0577197 Page <b>4</b>
Pa	A XI Reconciliation of Revenue per Audited Financial Statemer	nts With Revenue per F	Return	<u> </u>
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:	1 1		
а	Net unrealized gains on investments	2a	4	
b	Donated services and use of facilities	2b	1 1	
C	Recoveries of prior year grants	2c	<b>.</b>	
d	Other (Describe in Part XIII.)	2d	1	
е	Add lines 2a through 2d		2e	. <u></u>
3	Subtract line 2e from line 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 XIII.)	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 XII Reconciliation of Expenses per Audited Financial Stateme	nts With Expenses per	Retu	rn
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:			
а	Donated services and use of facilities .	2a	]	
b	Prior year adjustments	2b		
C	Other losses .	2c	]	
d	Other (Describe in Part XIII.)	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:			· · · · · · · · · · · · · · · · · · ·
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
ь	Other (Describe in Part XIII.)	4b	1	
	Add lines 4a and 4b		4c	
5		•	5	
	t XIII Supplemental Information			·
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	lines 1a and 4: Part IV lines 1	b and 2	h: Part V line 4: Part
	e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p			o, rait v, iiio 4, rait
	RT X, LINE 2: THE LOCAL HAS ANALYZED THE TA			BY THE
				<u> </u>
T <sub>1</sub> OC	CAL AND HAS CONCLUDED THAT, AS OF DECEMBER	31. 2012. THERE	. ARF	E NO
		017 20127 1112112		
UNC	CERTAIN POSITIONS TAKEN OR EXPECTED TO BE T	AKEN THAT WOULD	REC	HITE
	ARTHUR TOUTTONO TIMEN ON EMPERIED TO DE T	THEN THE WOOLD	, 1(1)	SOIKE
REC	COGNITION OF A LIABILITY OR DISCLOSURE IN T	HE FINANCIAL ST	אידייי ביי	MENTS. THE
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пос	CAL TO DODDECT TO ROUTINE AUDITO DI THE TAX	ING DURISDICTIC	Mo,	HOWEVER,
יעי	ERE ARE CURRENTLY NO AUDITS FOR ANY TAX PER	דוחק זאן ספורפיים		THE LOCAL
T 111	THE PER COMMITTEE TO AUDITO FOR ANY TAX PER	TODO IN PROGRES		THE DOCAL
RFI	LIEVES IT IS NO LONGER SUBJECT TO INCOME TA	Y FYAMTNAMTONG	₽O₽	THE VENDS
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### SCHEDULE J (Form 990)

Department of the Treasury

### **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.

► Attach to Form 990. ► See separate instructions.

2012

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

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

Employer identification number 94-0577197

Schedule J (Form 990) 2012

Pa	rt I Questions Regarding Compensation				
				Yes	No
1a	Check the appropriate box(es) if the organization provided	d any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide an	ny relevant information regarding these items.			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organiz	zation follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses describe	ped above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbu	ursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the it		2		
3	Indicate which, if any, of the following the filing organization	on used to establish the compensation of the organization's			
	-	ck any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but			Į.	
	Compensation committee	Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part V	II, Section A, line 1a, with respect to the filing			
	organization or a related organization:				
а	Receive a severance payment or change-of-control payment	ent?	4a		X
ь	Participate in, or receive payment from, a supplemental ne	onqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based of	compensation arrangement?	4c	<u></u>	X
	If "Yes" to any of lines 4a-c, list the persons and provide t	the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations mus	st complete lines 5-9.			1
5	For persons listed in Form 990, Part VII, Section A, line 1a	a, did the organization pay or accrue any compensation			
	contingent on the revenues of:		-		
а	The organization?		5a		<u> </u>
b	Any related organization?		5b		
	If "Yes" to line 5a or 5b, describe in Part III.		ł		
6	For persons listed in Form 990, Part VII, Section A, line 1a	a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:				
а	The organization?		6a		
b	Any related organization?		6b	ļ	ļ
	if "Yes" to line 6a or 6b, describe in Part III.				
7	For persons listed in Form 990, Part VII, Section A, line 1a	a, did the organization provide any non-fixed payments	1	1	1
	not described in lines 5 and 6? If "Yes," describe in Part I	III .	7		
8	Were any amounts reported in Form 990, Part VII, paid or				
	initial contract exception described in Regulations section	n 53.4958-4(a)(3)? If "Yes," describe in Part III	8		<u> </u>
9	If "Yes" to line 8, did the organization also follow the rebu				
	Regulations section 53 4958-6(c)?		9	ł	

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

# WORKERS LOCAL UNION NO. 16

Schedule J (Form 990) 2012

94-0577197

Part if 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	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	•	(i) Base compensation	(ii) Bonus & incentive	(iii) Other reportable	other deferred compensation	benefits	(a)·(b)	reported as deferred in prior Form 990
			compensation	compensation				
(1) STEVE STRELE	(3)	118,793.	0	7,578.	47,381.	20,955.	194,707.	0
- PAST	(ii)		0.	0.		0.		
IEARS	8	105,606.	0	775.	45,59	20,95	172,93	
	€	0	0	0.				
RY	(9)	105,054.	0	366.	45,82	20,955.	172,19	
BUSINESS AGENT	€	0	0	0		0.		0
(4) FORTINO CURIEL	€	113,851.	0	525.	37,01	20,955.	172,34	• 0
ORGANIZER	(ii)	0.	0.	.0	0	0	0.	0
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### 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.

2012
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 ARE ADDRESSED AT THE EXECUTIVE BOARD

MEETINGS.

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

Schedule O (Form 990 or 990-EZ) (2012)

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Name of the organization

Part

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

Attach to Form 990.

HEAT AND FROST INSULATORS AND ASBESTOS

2012 Open to Public Inspection

OMB No 1545-0047

Employer identification number 94-0577197

WORKERS LOCAL UNION NO. 16

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

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
						i
Part II	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.)	ions (Complete if the organization ans	wered "Yes" to Form 990, Par	I IV, line 34 because	it had one or more re	lated tax-exempt

(e)	(9)	(0)	(g)	(e)	Θ	(6)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)(	12(b)(13)
of related organization		foreign country)	section	status (if section	entity	entity?	3/2
				501(c)(3))		Yes	Ŷ
HEAT AND FROST INSULATORS AND ALLIED WORKERS					HEAT & FROST		
LOCAL UNION NO. 16 PAC - 20-168, 3801 PARK					INSULATORS &		
RD, BENICIA, CA 94510	PAC	CALIFORNIA	527	N/A	ASBESTOS WORKERS		×
HEAT AND FROST INSULATORS OF NORTHERN CA,	TO PROVIDE HEALTH AND						
LO. 16 HEALTH & WELFARE FUND - 94-, 1640	WELFARE BENEFITS TO						
SOUTH LOOP ROAD, ALAMEDA, CA 94503	PARTICIPANTS	CALIFORNIA	501	N/A	N/A		×
WESTERN STATES INSULATORS AND ALLIED	TO PROVIDE OCCUPATIONAL						
WORKERS' HEALTH PLAN - 94-6170245, 1640	HEALTH BENEFITS TO						
SOUTH LOOP ROAD, ALAMEDA, CA 94503	PARTICIPANTS	CALIFORNIA	501	N/A	N/A		×

For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART VII FOR CONTINUATIONS

232161 12-10-12 LHA

Schedule R (Form 990) 2012

WORKERS LOCAL UNION NO. Schedule R (Form 990) 2012 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

94-0577197

3	Dercentage ownership									
9	ral or ren's					T	 			
_	Gene mans part									
(0)	Disproportion- ate allocations 20 of Schedule Partner 20 of Schedule Partner 20 of Schedule Partner 20 of Schedule Partner 20 of Schedule Partner 20 of Schedule Partner 20 of Schedule Partner 20 of Schedule Partner 20 of Schedule Partner 20 of Schedule 20 of Sc									
	ons?									_
ε	Disproport ate allocation		-				 	 _		
(6)	Share of end-of-year assets									
6)	Share of total income									
(e)	Predominant income (related, unrelated, excluded from tax under sections 512-514)									
(D)	Direct controlling entity									
9	Legal domicile (state or foreign country)									
(Q)	Primary activity									
(e)	Name, address, and EIN of related organization									

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.) Part IV

8	Section 512(b)(13) controlled entity?	Yes No					_		-		-	 
3	Percentage 5 ownership	<u>*</u>										
1	Share of end-of-year	doodlo			-							
E	Share of total income			_		-						
(e)	Type of entity (C corp, S corp,	(1931)	_					_				
(D)	Direct controlling entity											
(0)	- ië	country)								-		
(Q)	Primary activity											
(e)	Name, address, and EIN of related organization											

Schedule R (Form 990) 2012

232162 12-10-12

Schedule R (Form 990) 2012 WORKERS LOCAL UNION NO. 16

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

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Yes No

94-0577197

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?	ns with one or more r	elated organizations listec	J in Parts II-IV?	,,,,
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		1		1a X
b Gift, grant, or capital contribution to related organization(s)				1b X
c Gift, grant, or capital contribution from related organization(s)				1c X
d Loans or loan guarantees to or for related organization(s)				
e Loans or loan guarantees by related organization(s)				1e X
				μ
f Dividends from related organization(s)				+ ×
g Sale of assets to related organization(s)				1g X
h Purchase of assets from related organization(s)				
i Exchange of assets with related organization(s)				1i X
j Lease of facilities, equipment, or other assets to related organization(s)				1j X
k Lease of facilities, equipment, or other assets from related organization(s)				<u>*</u>
l Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			1m X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			1n X
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				10 X
p Reimbursement paid to related organization(s) for expenses				×
r Other transfer of cash or property to related organization(s)				1r X
ß				1s ×
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.	who must complete t	his line, including covered	relationships and transaction thresholds.	
(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved
(1)				
(2)				
(5)				
(4)				
(5)				
(9)				
332163 12-10-12	27		Schedule	Schedule R (Form 990) 2012

94-0577197

Page 4

HEAT AND FROST INSULATORS AND ASBESTOS

Schedule R (Form 990) 2012 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.

(a)	(p)	(0)	(a) (b)		(6)	ε	8	6	3
Name, address, and EIN of entity	Primary activity	흫튵	Predominant income parties sec (related, unrelated, orgs?	••	Share of end-of-year	Dispropor- tonate allocations?	Code V-UBI amount in box 20 of Schedule K-1	General or managing partner?	Percentage ownership
		country)	under section 512-514) Yes	NCOME	assets	Yes	(Form 1065)	Yes	
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Schedule R (Form 990) 2012

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

Schedule R (Form 990) 2012 WORKERS LOCAL UNION NO. 16	94-0577197 Page 5
Part VII Supplemental Information	
Complete this part to provide additional information for responses to questions on Schedule R (see instru	ctions)
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS	•
The state of the s	
NAME OF RELATED ORGANIZATION:	
MAIL OF RELATED ORGANIZATION.	
HEAT AND FROST INSULATORS AND ALLIED WORKERS LOCAL UNION	
NO. 16 PAC	
NO. 10 FAC	
DIRECT CONTROLLING ENTITY: HEAT & FROST INSULATORS & ASBEST	OS WORKERS
LOCAL UNION NO. 16	
LOCAL UNION NO. 16	
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2012 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 10

980

Asset	Description	Date Acquired N	Method	Lıfe	Line	Unadjusted Cost Or Basis	Bus % Excl	Reduction in Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BUILDINGS BUILDING IMPROVEMENTS	VARIESSL		000*	16	1140509,			1140509.	25,860,		28,513,
	BUILDING * 990 PAGE 10 TOTAL BUILDINGS MACHINERY & EQUIPMENT	VARIESSL	•	0000	16	1220310.		Φ	1220310.	30,508.	o	30,508.
	AUTOMOBILES FURNITURE AND EQUIPMENT * 990 PAGE 10 TOTAL MACHINERY & EQUIPM	VARIESSI	7 7 1001	0000	16	86;847, 52,377. 139;224,		Ď	86,847. 52,377.	23,824, 32,734. 56,558,	0	15,813, 5,165. 20,978.
	LAND LAND * 990 PAGE 10 TOTAL LAND * GRAND TOTAL 990 PAGE 10 DEPR	VARIESE	<del> </del>			474,565, 474,565. 2974608,		* © .	474,565. 474,565. 2974608.	112,926.	0 0	0. 79,999,
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·				<del></del>	,				

(D) - Asset disposed

228102 05-01-12

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

29.1