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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 private foundations)

Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

A I	or th	e 2013 calendar year, or tax year beginning	and	ending						
В	Check if applicab	C Name of organization			D Employer identif	ication number				
ā	pplicab	" INTERNATIONAL ASSOC.OF	HEAT & FROST							
	Addre chang	98								
Г	Name				63-0	186224				
Ē	Initial return	Number and street (or P.O. box if mail is not deliv	vered to street address)	Room/suit						
Ε	Termi		or ou to our out address,	710011170411	· ·					
F	ated Amen		7IP or foreign postal code		G Gross receipts \$	682,707.				
_	return ∏Applic		en or loreign postar code		H(a) Is this a group r					
_	⊥ltión pendi		ALD O CUANTEV		for subordinate					
		SAME AS C ABOVE	ALD O. STANDET							
_	Fav. av		(insert no.) 4947(a)(1)	or F(H(b) Are all subordinates					
J Website: ▶ N/A H(c) Group exemption number ▶ 1006										
	art I		ociation Other	L Yea	ar or formation: 1926	M State of legal domicile: AL				
	т -	Summary	G	ITATEON	DEDDECENSO	MEMBER C. TH				
çe	1	Briefly describe the organization's mission or most								
lan	_	COLLECTIVE BARGAINING FOR								
/err	2	Check this box If the organization discon		sed of mo	ı					
g	3	Number of voting members of the governing body (3	148				
-ఠ	4	Number of independent voting members of the gov			4	146				
Activities & Governance	5	Total number of individuals employed in calendar ye	ear 2013 (Part V, line 2a)		5	7				
Ξ	6	Total number of volunteers (estimate if necessary)			6	0				
Ą	1	Total unrelated business revenue from Part VIII, col			<u>7a</u>					
	b	Net unrelated business taxable income from Form 9	990-T, line 34		7b	0.				
				<u> </u>	Prior Year	Current Year				
æ	8	Contributions and grants (Part VIII, line 1h)		_	0.	0.				
Revenue	9	Program service revenue (Part VIII, line 2g)		634,744.	T					
ě	10	Investment income (Part VIII, column (A), lines 3, 4,	and 7d)	_	1,880.	1,854.				
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and 11e)	L	0.	0.				
	12	Total revenue - add lines 8 through 11 (must equal I	Part VIII, column (A), line 12)		636,624.	682,707.				
	13	Grants and similar amounts paid (Part IX, column (A	n), lines 1-3)	L	0.	0.				
	14	Benefits paid to or for members (Part IX, column (A)	, line 4)		17,725.					
S	15	Salaries, other compensation, employee benefits (P	art IX, column (A), lines 5-10)	L	<u>253,882.</u>	319,449.				
nse	16a	Professional fundraising fees (Part IX, column (A), lir	ne 11e)		0.	0.				
Expenses	ь	Total fundraising expenses (Part IX, column (D), line	25)	ο. Γ						
û	17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)		234,642.	329,475.				
	1	Total expenses. Add lines 13-17 (must equal Part IX			506,249.					
	19				130,375.					
oc			HECEIVED		Beginning of Current Year	End of Year				
and	20	Total assets (Part X, line 16)			995,391.					
Ass	21	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	EC 1 1 2014		3,671.					
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from I	4 6 1 1 4 1 7 9		991,720.					
Pa	art II	Signature Block	13		<i>3327,200</i>					
		Ilties of perjury, I declare that I have examined this return,	ncluding accompanying schedule	s and state	ments, and to the best of m	ny knowledge and belief, it is				
		t, and complete. Declaration of preparer (other than officer				.,,				
	,	I de bles	, 10 2200 011 211 111101111011011 01 111	о р. ор 2.	12-5-	- 14				
Sig	n	Signature of officer			Date					
Her		DONALD O. STANLEY, BUST	INES MANAGER (al Enn	WELDEN, PA	ESINGAT				
Hici		Type or print name and title	THE PROPERTY OF	<u> </u>	V-CCOGIC , FI	<u>Corperor</u>				
		Print/Type preparer's name	Preparer's signature 🧷		Date Check	X PTIN				
Paid	1	DALE PROSCH, CPA	Dale al 1000	Ρ	10/23/14 self-employ					
	arer	Firm's name DENT, BAKER & COM		~	Firm's EIN	63-0352192				
	Only	Firm's address 2204 LAKESHORE DE			I IIIII S ERV	00 0004194				
000	Jiiiy	B'HAM, AL 35209	ι, πυσο		Phone no 20	5-871-1880				
N40:	, the "		(a2 (saa instructions)		Phone no. 2 U					
		RS discuss this return with the preparer shown above				X Yes No Form 990 (2013)				
აა20	01 10-2	9-13 LHA For Paperwork Reduction Act Notice	s, see uie separate instructi	ulio.		FOITH 230 (2013)				

INSULATORS & ALLIED WORKERS LOCAL #78 63-0186224 Part III | Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: THE OBJECT OF THE ASSOCIATION SHALL BE TO ASSIST MEMBERSHIP IN SECURING EMPLOYMENT, TO DEFEND THEIR RIGHTS AND ADVANCE THEIR INTEREST AS WORKING MEN AND WOMEN, AND BY EDUCATION AND CO-OPERATION, RAISE THEM TO THAT POSITION IN SOCIETY TO WHICH THEY ARE JUSTLY ENTITLED. Did the organization undertake any significant program services during the year which were not listed on the pnor Form 990 or 990-EZ? Yes X No If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services? ່ງYes ເX່No 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. 657,924. including grants of \$ _____ (Code) (Expenses \$) (Revenue \$ _ THE UNION REPRESENTS MEMBERS IN COLLECTIVE BARGAINING FOR WAGES, WORKING CONDITIONS AND BENEFITS. including grants of \$______) (Revenue \$_____ ____) (Revenue \$ ___ (Code ______) (Expenses \$ _____ including grants of \$ Other program services (Describe in Schedule O) (Expenses \$) (Revenue \$ including grants of \$ 657,924. Total program service expenses

Form 990 (2013)

INTERNATIONAL ASSOC.OF HEAT & FROST

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4		ļ
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	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	_		٠,
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			٠,,
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		,,
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, 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?	_		₹.
40	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	40		.
44	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, VII, VIII, IX, or X			
_	as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	44.	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a	Λ	
J	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	1 110		<u> </u>
٠	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	110		
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	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 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
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_ <u>X</u> _
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	_16		<u>X</u> _
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		<u>X</u>
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		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			4.5
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	0040
		rorm	ココリ (2013)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		162	140
	government 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 or other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			37
27	complete Schedule L, Part II	26		<u> </u>
21	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	-21		
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
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			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		- 1	
	Schedule N, Part II	32		<u> </u>
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	-	<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	١. ١		
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	\		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 504(c)(3) organizations. But the organization make any transfers to an exempt non charitable related exception?	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	00	ł	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
J1	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	27		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		Λ
~	Note. All Form 990 filers are required to complete Schedule O	38	x	
			990 (2013)
			1	

Form 990 (2013) INSULATORS & ALLIED WORKERS LOCAL #78

Part V Statements Regarding Other IRS Filings and Tax Compliance 63-0186224 Page 5

	Check's Schedule O contains a response or note to any line in this Part V			
	•		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		_X_
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a_		_X_
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, 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)?	<u>4a</u>		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a_		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> X</u>
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		7.7
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b_		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7.		v
٦	If "Yes," indicate the number of Forms 8282 filed during the year	7c		<u> </u>
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
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		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter.			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	l	ł	
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders	ļ		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b	ļ	-	
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			
	organization is licensed to issue qualified health plans	ļ		
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>X</u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	200	

Form 990 (2013)

INSULATORS & ALLIED WORKERS LOCAL #78

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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

	crieck if Scriedule O contains a response or note to any line in this Part VI					<u> X</u>
sec	tion A. Governing Body and Management					,
		ı			Yes	No
та	Enter the number of voting members of the governing body at the end of the tax year	1a	148	4		
	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.					
	Enter the number of voting members included in line 1a, above, who are independent	1b	146	į		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip 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	ne dire	ct supervision			
	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 wa	as filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X
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 a	ppoint	one or			
	more members of the governing body?	-	•	7a	X	_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or		ŀ	
	persons other than the governing body?		••	7b_	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b_	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ached	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х
ec.	tion B. Policies (This Section B requests information about policies not required by the Internal R	Revenu	e Code.)		,	
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		_X_
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapter	s, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
l 1a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly befo	re filing the form?	11a	_X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
I2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		X
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to con	flicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," d	escnbe			
	ın Schedule O how this was done			12c		
13	Did the organization have a written whistleblower policy?			13		X
4	Did the organization have a written document retention and destruction policy?	•		14		X
5	Did the process for determining compensation of the following persons include a review and approve	al by ır	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•				
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment w	rith a	İ		
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	te its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	nızatıo	n's		ĺ	
_	exempt status with respect to such arrangements?			16b		
ect	tion C. Disclosure					
7	List the states with which a copy of this Form 990 is required to be filed NONE					
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-7	Γ (Sect	on 501(c)(3)s only) a	vailab	le	
	for public inspection indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain	ın Sch	edule O)			
9	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co		•	d finan	cial	
	statements available to the public during the tax year		, , ,			
0:	State the name, physical address, and telephone number of the person who possesses the books at	nd rec	ords of the organizat	ion: 🕨		
	DONALD O. STANLEY - 205-956-8101		. 3			
	2653 RUFFNER ROAD, BIRMNGHAM, AL 35210					

INSULATORS & ALLIED WORKERS LOCAL #78

63-0186224

Page 7

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

Check if Schedule O contains a response or note to any line in this Part VII	te to any line in this Part VII
--	---------------------------------

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."

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

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

Check this box if neither the organization (A)	(B)				C)	_		(D)	(E)	(F)	
Name and Title	Average			Pos	itior			Reportable	Reportable	Estimated	
	hours per	box	, unle	ss pe	rson	than is bot	han	compensation	compensation	amount of other	
	week	-	ceran	nd a d	irecto	or/trus	tee)	from	from related		
	(list any	ecto						the	organizations	compensation	
	hours for	151	يوا			ated		organization	(W-2/1099-MISC)	from the	
	related	stee	rraste		45	bens		(W-2/1099-MISC)		organization	
	organizations below	wal tri	ona		ploye	t com				and related organizations	
	line)	DIVID	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
(1) DONALD O. STANLEY	50.00	트	<u> </u>	0	<u> </u>	= 5	<u></u>				
BUSINESS MANAGER	30.00	x		x				91,618.	0.	41,000.	
(2) JOHN G. WELDEN	40.00				╁			31,010.		41,000	
PRESIDENT	#0.00	x		х				58,006.	0.	30,500.	
(3) DEREK ELLISON	2.00	1		-				30,000.		3073001	
VICE PRESIDENT	2.00	x		х				0.	0.	0.	
(4) CRAIG FRANCIS	1.00										
SECRETARY/TREASURER		x		x				0.	0.	0.	
(5) KEVIN MAY	1.00										
EXECUTIVE BOARD/SARGENT AT ARMS		X		X				0.	0.	0.	
(6) PAUL INGLE	1.00										
EXECUTIVE BOARD		X						0.	0.	0.	
(7) SCOTTY TIDMORE	1.00										
EXECUTIVE BOARD		X			L			0.	0.	0.	
(8) GEORGE ALLEN HOWELL	1.00										
EXECUTIVE BOARD		X						0.	0.	0.	
(9) CHRIS KUGLER	1.00				i						
EXECUTIVE BOARD		X	L			<u> </u>		0.	0.	0.	
				ŀ							
						<u>_</u>					
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		<u> </u>	L		l						

Section A.

Par	t VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)					(D)	(E)			(F)			
	 Name and title 	Average	age Position (do not check more than				Reportable	Reportable		Estimated		d		
		hours per	sper box unles		not check more than one , unless person is both an cer and a director/trustee)				compensation compensat		n	am	ount o	of
		week	offi						from	from related			other	
		(list any	ector				1		the	organizations	,	com	pensa	tion
		hours for	Ę				ē		organization	(W-2/1099-MIS	C)	fre	om the	•
		related	Individual trustee or director	institutional trustee		_	Highest compensated employee		(W-2/1099-MISC)		ĺ	•	anızatı	
		organizations below	듍	onali		Key employee	E es						l relate	
		line)		華	Officer	Ē	E S	Ē				orga	nızatio	ons
		11107	Ĕ	Ĕ	₽	ě.	ヹ゙゙゙゙゙゙゙゙゙゙	৫			\longrightarrow		_	
							1							
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	<u> </u>						<u> </u>							_
											i			
		_								•				
1b	Sub-total Sub-total							▶	149,624.		0.	7:	1,50	00.
С	Total from continuation sheets to Part V	II, Section A							0.		0.			0.
d	Total (add lines 1b and 1c)								149,624.		0.	7:	1,50	00.
2	Total number of individuals (including but r	not limited to th	ose	liste	d al	bove	e) w	no re		,000 of reportable)			
	compensation from the organization									•				0
	_								,				Yes	No
3	Did the organization list any former officer.	, director, or tru	ıste	e, ke	y en	nplo	yee	or	highest compensated ei	mployee on				
	line 1a? If "Yes," complete Schedule J for s	such individual			•	-						3		X
4	For any individual listed on line 1a, is the si		le co	ompe	ensa	ation	n and	d oti	her compensation from t	the organization				
	and related organizations greater than \$15									J		4	i	Х
5	Did any person listed on line 1a receive or			-						dual for services				
	rendered to the organization? If "Yes," con					-			3		İ	5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	mpensated inc	depe	ende	nt c	ontr	racto	ors t	that received more than	\$100,000 of com	oense	tion fr	om	-
-	the organization. Report compensation for													
	(A)	<u> </u>							(B)			(C	,	
	Name and business	address	NO	ONE	2				Description of s	ervices	Co	omper		1
								T						
									•					
								+					-	
								ļ						
	Total number of independent participations	moludina but =	O+ 1/-	~+-	4 +-	th-	no le	<u> </u>	I abough who recover ==	oro then				
2	Total number of independent contractors (_	OL III	mee	1 (0		_	sted	above) who received m	ore than				
	\$100,000 of compensation from the organi	zation					<u> </u>			L.			000 /0	

Form 990 (2013) INSULATORS & ALLIED WORKERS LOCAL #78 63-0186224 Page 9 Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections 512 - 514 (C) Unrelated (B) Related or Total revenue exempt function business revenue revenue 1 a Federated campaigns b Membership dues 1b Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f Business Code 900099 680,853. 680,853. 2 a MEMBER DUES AND ASSESS Program Service Revenue f All other program service revenue 680,853. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 844. other similar amounts) 844. Income from investment of tax-exempt bond proceeds Royalties 5 (i) Real (ii) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other 1,010. assets other than inventory b Less: cost or other basis and sales expenses 1,010. c Gain or (loss) d Net gain or (loss) 1,010. 1,010. 8 a Gross income from fundraising events (not Other Revenue including \$ ____ of 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** 11 a b d All other revenue

682,707.

681,863.

e Total. Add lines 11a-11d

Total revenue. See instructions.

0.

Sect	ion 501(c)(3) and 501(c)(4) organizations must com			omplete column (A).	
	Check if Schedule O contains a respon			(6)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				 -
4	Benefits paid to or for members	9,000.			
5	Compensation of current officers, directors,				
	trustees, and key employees	221,124.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	46.056			
7	Other salaries and wages	46,256.			
8	Pension plan accruals and contributions (include	10 202			
	section 401(k) and 403(b) employer contributions)	10,303.			
9	Other employee benefits	23,104.			
10	Payroll taxes	18,662.	·		
11	Fees for services (non-employees).				
а	Management			· · · · · · · · · · · · · · · · · · ·	
b	Legal .	F 700			
C.	Accounting	5,700.			
ď	Lobbying				
e	Professional fundraising services. See Part IV, line 17		***************************************		····
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25,				<u>-</u> -
g	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion			-	
13	Office expenses	22,350.			
14	Information technology	2,310.			
15	Royalties	2,310.			·
16	Occupancy	22,255.			
17	Travel	17,259.	·—		
18	Payments of travel or entertainment expenses	2,,2050	· · · · · · · · · · · · · · · · · · ·		·
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				· · · · · · · · · · · · · · · · · · ·
20	Interest	979.			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	19,406.			
23	Insurance	10,612.	, · · ·		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.) PER CAPITA TAX	153,506.			
a b	PUBLIC RELATIONS	40,051.			
C	MISCELLANEOUS	30,840.			
d	CHARITABLE CONTRIBUTION	4,207.			-
	All other expenses	=,4010		<u> </u>	
25	Total functional expenses Add lines 1 through 24e	657,924.			
<u>25</u> 26	Joint costs. Complete this line only if the organization	00,10040			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here				

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Form 990 (2013)
Part X Balance Sheet

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
		•	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	167,369.	1	192,988.
	2	Savings and temporary cash investments	57 <u>6,286</u> .	2	588,907.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	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			
	1	employers and sponsoring organizations of section 501(c)(9) voluntary			
ţ	İ	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ÿ	8	Inventories for sale or use		8	· · · · · · · · · · · · · · · · · · ·
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 462,943.			
	b	Less accumulated depreciation 10b 202,435.	249,196.	10c	260,508.
	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	2,540.	15	2,540.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	995,391.	16	1,044,943.
	17	Accounts payable and accrued expenses	3,671.	17	7,324.
	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	
ies	22	Loans and other payables to current and former officers, directors, trustees,			
Ħ		key employees, highest compensated employees, and disqualified persons		ļ	
Lıabilities		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	21,116.
	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			
	00	Schedule D	2 671	25	20 440
	26	Total liabilities. Add lines 17 through 25	3,671.	26	28,440.
		Organizations that follow SFAS 117 (ASC 958), check here ► X and		1	
ĕ	07	complete lines 27 through 29, and lines 33 and 34.	716,819.		1 016 502
ılan	27	Unrestricted net assets	274,901.	27	1,016,503.
I Be	28	Temporarily restricted net assets	2/4,301.	28	0.
Fund Balances	29	Permanently restricted net assets Organizations that do not follow SEAS 117 (ASC 959) check here		29	
r F		Organizations that do not follow SFAS 117 (ASC 958), check here		ľ	
Net Assets or	20	and complete lines 30 through 34.			
se	30 31	Capital stock or trust principal, or current funds		30	
t As	32	Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds		31 32	
Š	33	Total net assets or fund balances	991,720.	33	1,016,503.
	34	Total liabilities and net assets/fund balances	995,391.	34	1,016,503.
	<u> </u>	Total nations and not associations balances	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	34	Form 990 (2013)

<u>orm</u>	1990 (2013) INSULATORS & ALLIED WORKERS LOCAL #/8	63-6	J186224	4 Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
	•		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6	82,7	707.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6!	57,9	24.
3	Revenue less expenses. Subtract line 2 from line 1	3		24,7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9	91,7	720.
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,				
	column (B))	10	1,0	16,5	503.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual X Other MODIFIE	D CAS	<u>3H</u>		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
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 reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,			
	consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	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.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii	ngle Audi	t		
	Act and OMP Circular A 1999		۱ ـ	1	v

Form **990** (2013)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

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

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

See separate instructions.
 Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

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	tions: Complete Part III			
Nan		TIONAL ASSOC.OF			loyer identification number
	INSULAT	ORS & ALLIED WOR	KERS LOCAL	#78	63-0186224
Pa	art I-A Complete if the or	ganization is exempt und	der section 501(c	or is a section 527 o	rganization.
2 3	Provide a description of the organic Political expenditures Volunteer hours	zation's direct and indirect politie	cal campaign activities	s in Part IV. . ▶\$	
Pa	art I-B Complete if the or	ganization is exempt und	der section 501(c		
	Enter the amount of any excise tax	, ,		▶ \$	
	Enter the amount of any excise tax			5 ▶\$	
	If the organization incurred a section	on 4955 tax, did it file Form 4720	for this year?		Yes No
	a Was a correction made?			•	. L Yes L No
	o If "Yes," describe in Part IV art I-C Complete if the org	ranization is evennt und	der section 501/c	Avcent section 501/	(0)(3)
1 2 3	Enter the amount directly expende Enter the amount of the filing organ exempt function activities Total exempt function expenditures line 17b Did the filing organization file Form Enter the names, addresses and ei made payments. For each organization fully proposed that were propolitical action committee (PAC) If	d by the filing organization for senization's funds contributed to one Add lines 1 and 2. Enter here an 1120-POL for this year? Imployer identification number (Eation listed, enter the amount paromptly and directly delivered to	ection 527 exempt fund ther organizations for s and on Form 1120-POI IN) of all section 527 p and from the filing organ a separate political organ	ction activities section 527	Yes No th the filing organization ne amount of political
	(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
					

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

Schedule C (Form 990 or 990-EZ) 2013

Schedule C (Form 990 or 990 EZ) 2013	TNOOP	ATORS	<u>∝ WITTED M</u>	ORKERS LOCAL	#78 63-0	J186224 Page 2
Part II-A Complete if the org	•		mpt under secti	on 501(c)(3) and file	ed Form 5768	
(election under sec		``''				
				in Part IV each affiliated	group member's nar	ne, address, EIN,
expenses, and share						
B Check Lifthe filing organiza	tion check	ed box A a	nd "limited control" p	rovisions apply.		
		oying Expe eans amou	nditures unts paid or incurred	i.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infli	ience nub	lic opinion (grass roots lobbying)			
b Total lobbying expenditures to infli	•	-		· -		
			ay (direct lobbying)			
		<i>i</i> 10)		-		
 d Other exempt purpose expenditure e Total exempt purpose expenditure 	-	o 10 and 10		 		
	•			th columns		
f Lobbying nontaxable amount. Enter						
If the amount on line 1e, column (a) o	or (D) 18:		bying nontaxable ar			
Not over \$500,000	2000		the amount on line 1			
Over \$500,000 but not over \$1,000			00 plus 15% of the ex			
Over \$1,000,000 but not over \$1,5				cess over \$1,000,000		
Over \$1,500,000 but not over \$17,	,000,000			ess over \$1,500,000.		
Over \$17,000,000		\$1,000,	000			
			 		 	
g Grassroots nontaxable amount (en				· -		
h Subtract line 1g from line 1a. If zer	•			_		
i Subtract line 1f from line 1c If zero	•			L		
j If there is an amount other than ze	ro on eithe	r line 1h or	line 1i, did the organi	zation file Form 4720		
reporting section 4911 tax for this						Yes No
· · · · · · · · · · · · · · · · · · ·	ations tha	it made a s		er Section 501(h) on do not have to compl es 2a through 2f on pag		
	Lobb	ying Expe	nditures During 4-Ye	ear Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	2010	(b) 2011	(c) 2012	(d) 2013	(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))				1		
(10011 11 11 11 11 11 11 11 11 11 11 11 1						1
Grassroots lobbying expenditures						

Schedule C (Form 990 or 990 EZ) 2013 INSULATORS & ALLIED WORKERS LOCAL #78 63-0186224 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)).

or each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(a)	(b)
f the lobbying activity.	Yes	No	Amo	unt
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:	ļ			
a 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?				
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 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?			•	
Part III-A Complete if the organization is exempt under section 501(c)(4), section	n 501/c)/	5) or se	ction	
501(c)(6).	11 50 1(0)(oj, oi s e	CHOII	
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1	Х	
			X X	
Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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		2 3 5), or se	X ction	X e 3, is
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SCHEDULE D

(Form 990)

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

INTERNATIONAL ASSOC. OF HEAT & FROST INSULATORS & ALLIED WORKERS LOCAL #

Employer identification number

Pai	t I Organizations Maintaining Donor Advised		103-U186224
rai			Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6		(b) Funds and other accounts
		(a) bollor advised fullds	(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 wri	-	
	are the organization's property, subject to the organization's ex	• • •	Yes No
6	Did the organization inform all grantees, donors, and donor advi		-
	for charitable purposes and not for the benefit of the donor or d	onor advisor, or for any other purpose confe	
D-	impermissible private benefit?		Yes No
Pa			, line /.
1	Purpose(s) of conservation easements held by the organization	· — — · · · ·	
	Preservation of land for public use (e.g., recreation or edu		
	Protection of natural habitat	Preservation of a certified h	istoric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of a c	onservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic struct	` '	2c
d	Number of conservation easements included in (c) acquired after	er 8/17/06, and not on a historic structure	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	sed, extinguished, or terminated by the orga	nization during the tax
	year >	mank is largeted N	
4	Number of states where property subject to conservation easer		
5	Does the organization have a written policy regarding the period	J. , ,	Yes No
	violations, and enforcement of the conservation easements it has Staff and volunteer bours deveted to manufacing appropriate an	•	
6	Staff and volunteer hours devoted to monitoring, inspecting, an	•	·
7 8	Amount of expenses incurred in monitoring, inspecting, and enf Does each conservation easement reported on line 2(d) above s		···
0	and section 170(h)(4)(B)(ii)?	satisfy the requirements of section 170(n)(4)(i	Yes No
9	In Part XIII, describe how the organization reports conservation	agramants in its revenue and expense state	
9	include, if applicable, the text of the footnote to the organization		
	conservation easements.	is intericial statements that describes the or	gariization's accounting for
Pai	t III Organizations Maintaining Collections of A	Art. Historical Treasures, or Other	Similar Assets
	Complete if the organization answered "Yes" to Form 99		
1a	If the organization elected, as permitted under SFAS 116 (ASC		nd balance sheet works of art
	historical treasures, or other similar assets held for public exhibit	·	•
	the text of the footnote to its financial statements that describes		passe service, provide, and arriving,
ь	If the organization elected, as permitted under SFAS 116 (ASC		nalance sheet works of art, historical
-	treasures, or other similar assets held for public exhibition, educ	•	
	relating to these items.	or recognition for the second of public se	provide the following amounts
	(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 treasu	ires, or other similar assets for financial dain.	
_	the following amounts required to be reported under SFAS 116		piorido
а	Revenues included in Form 990, Part VIII, line 1	, is a cooperating to those home	▶ \$
	Assets included in Form 990, Part X		► \$ ► \$
	, additional and a second a second and cond and cond and a second a second a second a second and		F ¥

		ORS & ALLIE					0: :	63-01	86224	Page 2
L										
3	Using the organization's acquisition, access	on, and other records	s, chec	k any of the	following that	at are a sig	gnıficant	use of its	collection	tems
	(check all that apply)		_							
а	Public exhibition	d		Loan or exc	hange progra	ams				
b	Scholarly research	е		Other					_	
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	how th	hey further t	he organizati	on's exen	npt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit of									
	to be sold to raise funds rather than to be m								Yes	☐ No
Pai	t IV Escrow and Custodial Arran					"Yes" to F	orm 990), Part IV.	line 9. or	
	reported an amount on Form 990, Pa			J					,	
	is the organization an agent, trustee, custod		ary for	contribution	s or other as	sets not i	ncluded			
	on Form 990, Part X?		u., .c.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Yes	□ No
h	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing:	table:	•		•		_ 103	
	11 103, explain the arrangement in rait Am	and complete the ion	OWING	labie.					Amount	
_	Beginning balance						4-		Amount	
ن د				•			1c			
	Additions during the year	•	• • • •		÷		_1d			
e	Distributions during the year		••	•			1e			
, T	Ending balance				•		1f	<u> </u>	1	
	Did the organization include an amount on F					<u> </u>	- •		」Yes	⊢ No
	If "Yes," explain the arrangement in Part XIII.						<u></u> .			Ш
Pai	t V Endowment Funds. Complete									
	_	(a) Current year	(b) F	Prior year	(c) Two yea	rs back (d) Three y	years back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions				ļ					
C	Net investment earnings, gains, and losses									
d	Grants or scholarships									
e	Other expenditures for facilities				ŀ					
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur-	ent year end balance	(line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%	-							
С	Temporarily restricted endowment ▶									
	The percentages in lines 2a, 2b, and 2c shou	ild equal 100%.								
За	Are there endowment funds not in the posse	•	tion tha	at are held a	nd administe	red for th	e organiz	zation		
	by:	ū					J		T	es 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	Scher	tule R2					3b	_
	Describe in Part XIII the intended uses of the	•					•	•	_ <u> </u>	
	t VI Land, Buildings, and Equipm		· · · · · · · · · · · · · · · · · · ·	idilds.						
	Complete if the organization answere		Part IV	line 11a S	ee Form gan	Part Y li	ne 10			
	Description of property	(a) Cost or oth							(d) Dooles	
	Description of property	basis (investm		(b) Cost	or other (other)		cumulate reciation		(d) Book v	alue
	Lond	`	,	Dasis	(0(1)61)	uep	i ecialiUH		10	
	Land .	12,0					FO 0	00		,000.
	Buildings	373,1	.94.				<u>58,8</u>	80.	214	<u>,314.</u>
	Leasehold improvements		1.4.6				40 5			
	Equipment	77,7	49.				<u>43,5</u>	55.	34	<u>,194.</u>
	Other									
<u>Total</u>	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part λ	, colun	nn (B), line 1	0(c).)			\triangleright	260	<u>,508.</u>

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 INSULATORS & ALLIED WORKERS LOCAL #78

Part VIII Investments - Other Securities.

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Schedule D (Form 990) 2013

	Complete if the organization answered "Yes" to				
	ption of security or category (including name of security)	(b) Book value	(c) Method of	valuation Cost or end	d-of-year market value
	ial derivatives				
(2) Closely	/-held equity interests				
(3) Other					
(A)					·
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total (Col.	(b) must equal Form 990, Part X, col. (B) line 12.)				
Part VII	Investments - Program Related.				
	Complete if the organization answered "Yes" to	o Form 990, Part IV	, line 11c. See Form 990	, Part X, line 13.	
	(a) Description of investment	(b) Book value			d-of-year market value
(1)					, , ,
(2)			·		
(3)					·
(4)		·			
(5)					
(6)					······································
(7)					
(8)					
(9)				, , , , , , , , , , , , , , , , , , ,	
	(b) must equal Form 990, Part X, col. (B) line 13.)				- ,
Part IX					
	Complete if the organization answered "Yes" to	n Form 990 Part IV	line 11d. See Form 990	Part X line 15	
		escription	, interrur decronii da	, 1 4117, 1110 10	(b) Book value
(1)	(-)				(-,
(2)					
(3)					
(4)					
(5)					7.7.
(6)					
(7)					
(8)					
				 	
<u>(9)</u>		45)			
Part X	umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	15)		P _	
Tartx		- F 000 D-+ N	has 11 s su 116 Cas Fac	000 Dark V live 05	
	Complete if the organization answered "Yes" to (a) Description of liability	o Form 990, Part IV	(b) Book value	m 990, Part X, line 25	•
1.	····		(D) BOOK VAIUE	-	
	deral income taxes			-	
(2)				_	
(3)					
(4)				_{	
(5)				-	
(6)				_	
(7)	· · · · · · · · · · · · · · · · · · ·			4	
(8)				_	
(9)					
Total, (Colu	ımn (b) must equal Form 990, Part X, col. (B) line	25.)		:	~.····
2. Liability	for uncertain tax positions. In Part XIII, provide t	he text of the footn	ote to the organization's	financial statements	that reports the
organiz	ation's liability for uncertain tax positions under F	FIN 48 (ASC 740) C	heck here if the text of t	he footnote has been	provided in Part XIII

INTERNATIONAL ASSOC.OF HEAT & FROST

Schedule D (Form 990) 2013 INSULATORS & ALLIED WORKERS LOCAL #78 63-0186224 Page 4

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		1	660,420.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	-		000,420.
a	Net unrealized gains on investments	00		
b	Donated services and use of facilities	2a 2b	1	
c	Recovenes of prior year grants		1	
ď	Other (Describe in Part XIII)	2c 2d	1	
	Add lines 2a through 2d		٠,	
e		•	2e	660,420.
3	Subtract line 2e from line 1		3	000,420.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	A=		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4b 22,287.	-	
b	Other (Describe in Part XIII)	4b 22,287.	1	22 207
_C	Add lines 4a and 4b		4c	22,287.
5 Da	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Stateme	nts With Expanses per	Dot:	682,707.
Pa		ents with Expenses per	neu	urn.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		_	600 004
1	Total expenses and losses per audited financial statements		1_1_	632,834.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1		
а	Donated services and use of facilities	2a	1	
b	Prior year adjustments	2b	4	
C	Other losses .	2c	1	
d	Other (Describe in Part XIII.)	_2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	632,834.
4	Amounts included on Form 990, Part IX, line 25, 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 25,090.	1	
С	Add lines 4a and 4b		4c	25,090. 657,924.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	657,924.
Pa	rt XIII Supplemental Information.			
	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additionable and the complete this part to provide any additionable and the complete this part to provide any additionable and the complete this part to provide any additionable and the complete this part to provide any additionable and the complete this part to provide any additionable and the complete this part to provide any additionable and the complete this part to provide any additionable and the complete this part to provide any additionable and the complete this part to provide any additionable and the complete this part to provide any additionable and the complete this part to provide any additionable and the complete this part to provide any additionable and the complete this part to provide any additionable and the complete this part to provide any additionable and the complete this part to provide any additionable and the complete and the com		, r un	(X, III o Z, T art XI,
PAI	RT XI, LINE 4B - OTHER ADJUSTMENTS:			
AD	JUSTMENT FROM ACCRUAL TO MODIFIED CASH BASI	S: \$22,287		_
ם אם	RT XII, LINE 4B - OTHER ADJUSTMENTS:			
FAI	(I AII, DINE 45 - OTHER ADOUGHMENTS:			
Δ Γ).	JUSTMENT FROM ACCRUAL TO MODIFIED CASH BASI	G. 625 NON		
אטנ	OSIMENI FROM ACCROAD TO MODIFIED CASH BASI	S: \$23,030		
				
				
		·		

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

332211 09-04-13

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. INTERNATIONAL ASSOC.OF HEAT & FROST INSULATORS & ALLIED WORKERS LOCAL #78

Employer identification number 63-0186224

Schedule O (Form 990 or 990-EZ) (2013)

FORM 990, PART VI, SECTION A, LINE 6:
EXPLANATION: THE ORGANIZATION IS MADE UP OF MEMBERS: ACTIVE JOURNEYMEN HAVE
VOTING RIGHTS, APPRENTICES DO NOT HAVE VOTING RIGHTS.
FORM 990, PART VI, SECTION A, LINE 7A:
EXPLANATION: MEMBERS OF THE EXECUTIVE BOARD ARE ELECTED BY THE BODY OF
UNION MEMBERS.
FORM 990, PART VI, SECTION A, LINE 7B:
EXPLANATION: ALL DECISIONS OF THE EXECUTIVE BOARD ARE VOTED ON AND APPROVED
BY THE BODY OF UNION MEMBERS.
FORM 990, PART VI, SECTION B, LINE 11:
EXPLANATION: AN OFFICER OF THE BOARD OF DIRECTORS WILL REVIEW AND APPROVE
THE FORM 990 PRIOR TO FILING.
PART XI FINANCIAL STATEMENT REPORTING
EXPLANATION: MODIFIED CASH
FORM 990, PART VI, SECTION B, LINE 15:
EXPLANATION: THE EXECUTIVE BOARD MEMBERS DO NOT RECEIVE COMPENSATION FOR
THEIR SERVICES. TWO MEMBERS OF THE BOARD ARE EMPLOYEES OF THE UNION AND
RECEIVE COMPENSATION FROM THE UNION.
FORM 990, PART VI, SECTION C, LINE 18:

EXPLANATION: THE EXECUTIVE BOARD REVIEWS AND RECOMMENDS OFFICER AND

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

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization INTERNATIONAL ASSOC.OF HEAT & FROST	Employer identification number
INSULATORS & ALLIED WORKERS LOCAL #78	63-0186224
EMPLOYEE COMPENSATION PACKAGES AND ANY CHANGES. THE INDE	POEMDENT BODY OF
EMPLOYED COME BROATION TACKAGED AND ANT CHANGED. THE TRUE	FENDENT BODT OF
UNION MEMBERS VOTE TO APPROVE ALL COMPENSATION AND CHANGE	DECISIONS.
	-
FORM 990, PART VI, SECTION C, LINE 19:	
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: THE ORGANIZATION PROVIDES THESE DOCUMENTS UP	ON REQUEST AND IN
ACCORDANCE WITH THE DEPARTMENT OF LABOR REGULATIONS.	
	- · · ·

SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

► See separate instructions.

SOMB No	1545-0047	113
1	Z B	20

Open to Public Inspection

INTERNATIONAL ASSOC.OF HEAT & FROST

Employer identification number 63-0186224

> Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Part

INSULATORS & ALLIED WORKERS LOCAL #78

	(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
, ,						
		3				
Part	Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year	tions Complete if the organization ans	wered "Yes" on Form 990, Par	t IV, line 34 because	t had one or more re	elated tax-exempt

							1
(a)	(q)	(O)	©	(e)	Œ	(a)	ć
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)(13)	(દ્રા_≺ _
of related organization		foreign country)	section	status (if section	entity	entity?	
				501(c)(3))		Yes	No
INTERNATIONAL ASSOCIATION OF HEAT & FROST							:
INSULATORS & ALLIED WORKERS, 1300							
CONNECTICUT AVE, SUITE 505, WASHINGTON, DC	UNION ORGANIZING	DISTRICT OF COLUMBIA 501(C)(5)	01(C)(5)			×	
	T			_			

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

Schedule R (Form 990) 2013

332161 09-12-13 LHA

INTERNATIONAL ASSOC.OF HEAT & FROST INSULATORS & ALLIED WORKERS LOCAL #78 Schedule R (Form 990) 2013

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

Page 2

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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	31 Gene 32 man 30x man 1ule par 1055) Yes	General or Pe managing Ov partner?	General or Percentage managing ownership partner?
Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year	janizations Taxable	as a Corpo ng the tax y	ration or Trust Co	implete if the	organization an	swered "Yes"	on Form 990, F	art IV, line 3	4 because it ha	ad one or	more	
(a) Name, address, and EIN of related organization	<u>Z</u> c	Prime	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp., S corp, or trust)		(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		Section 512(b)(13) confrolled entity?
								,				
						:						

Schedule R (Form 990) 2013

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Page 3

Yes No

INTERNATIONAL ASSOC.OF HEAT & FROST INSULATORS & ALLIED WORKERS LOCAL #78

Schedule R (Form 990) 2013

34, 35b, or 36.	
art IV, line	
s" o'n Form 990, Pa	
nswered "Yes"	
organization an	
ete if the c	
ns Comple	
rganizatio	
n Related C	
Transactions With	
Part V	

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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?	tions with one or more i	elated organizations listed	in Parts II-IV?	
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	trty			1a X
 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)				Td X
e Loans or loan guarantees by related organization(s)				
 Dividends from related organization(s) 				¥ X
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)				; -
j Lease of facilities, equipment, or other assets to related organization(s)				
k Lease of facilities, equipment, or other assets from related organization(s)				¥
l Performance of services or membership or fundraising solicitations for related or	related organization(s)			
$oldsymbol{m}$ Performance of services or membership or fundraising solicitations by related organization(s)	organization(s)			1m X
 Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 	ıızatıon(s)			th X
 Sharing of paid employees with related organization(s) 				10 X
b Reimbursement paid to related organization(s) for expenses				÷
r Other transfer of cash or property to related organization(s)				1r X
<u>"</u>				1s X
2 If the answer to any of the above is "Yes," see the instructions for information of	on who must complete t	his line, including covered	mation on who must complete this line, including covered relationships and transaction thresholds.	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	ıvolved
(1)				
(2)				
(3)				
(4)				
(9)				
(9)				
332163 09-12-13			Schedule	Schedule R (Form 990) 2013

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INTERNATIONAL ASSOC.OF HEAT & FROST

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Schedule R (Form 990) 2013 INSULATORS & ALLIED WORKERS LOCAL #78

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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.

(h)				
Code V-UBI Germount in box 20 ma of Schedule K-1 Per (Form 1065)				
(h) Disproportionate allocations?				
(g) Share of end-of-year assets				
(f) Share of total				
(e) Are all partners sec 501(c)(3) 0005 7				
Predominant income parties sec (related, unrelated, excluded from tax under section 512-514) yes No				
(c) Legal domicile (state or foreign country)				
(b) Primary activity				
(a) Name, address, and EIN of entity				

Schedule R (Form 990) 2013

INTERNATIONAL ASSOC.OF HEAT & FROST Schedule R (Form 990) 2013 INSULATORS & ALLIED WORKERS LOCAL #78 63-0186224 Page 5 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS: NAME AND ADDRESS OF RELATED ORGANIZATION: INTERNATIONAL ASSOCIATION OF HEAT & FROST INSULATORS & ALLIED WORKERS 1300 CONNECTICUT AVE, SUITE 505 WASHINGTON, DC 20036

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