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Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A Fo	or the	2013 calendar year, or tax year beginning an	d ending		
3 Ch	eck if	C Name of organization		D Employer identifi	cation number
ар	plicable	HEAT AND FROST INSULATORS AND ALLIED			
	Address change	WORKERS LOCAL UNION NO. 16			
	Name change	Doing Business As		94-0	577197
j	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		
	Termin- ated	3801 PARK RD		· ·	748-1616
	Amende return			G Gross receipts \$	3,517,653
	Applica-	BENICIA, CA 94510		H(a) Is this a group re	
	pending	F Name and address of principal officer:MEL BRESHEARS		for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates in	· — —
Ta		npt status: 501(c)(3)	1) or 52	7	list (see instructions)
		:► N/A	1701 32	H(c) Group exemptio	•
		rganization: Corporation Trust X Association Other	I Vesi		A State of legal domicile: CA
		Summary	L I Cai	Oriomanon. IJIII	of State of legal dofficile.
Ť		riefly describe the organization's mission or most significant activities. IMP	ייי יינע דע	UF WORKING C	ONDITIONS
Solidines & continues		ND WELFARE OF MEMBERS.	KOVE I	HE WORKING C	ONDITIONS
1	_	heck this box if the organization discontinued its operations or disp	osed of moi	e than 25% of its net as	ssets.
		umber of voting members of the governing body (Part VI, line 1a)		3	6
		umber of independent voting members of the governing body (Part VI, line 1b)}	. 4	ě
1		otal number of individuals employed in calendar year 2013 (Part V, line 2a)	7	5	18
١		otal number of volunteers (estimate if necessary)		6	
١		otal unrelated business revenue from Part VIII, column (C), line 12		7a	0
:				·	0.
+	<u> b I</u>	let unrelated business taxable income from Form 990-T, line 34		<u>7b</u>	
		10 at 10 a a a a a 10 a a 14 a a 15 a	-	Prior Year	Current Year
		contributions and grants (Part VIII, line 1h)	} -	0.	0
ı		rogram service revenue (Part VIII, line 2g)	₁ ⊢	<u>2,583,180.</u>	3,426,122
	10 ir	ovestment income (Part VIII, column (A), lines 3, 4, and 7d)	1 -	2,253.	4,118
	11 C	other revenue (Part VIII, column (A), lines 5, 60, 80, 90, 100 and 146)	⊣ اد	<u>65,420.</u>	86,927.
1	12 1	otarrevenue - add lines o through 11 (must equal Part Am-Column (A), line 12,	21	<u>2,650,853.</u>	3,517,167
	13 0	irants and similar amounts paid (Part IX, column (A), lines 1-3) 4 2014	<i>ĭ\</i>	0.	<u>18,750</u>
1	14 B	enefits paid to or for members (Part IX, column (A), line 4) \ =		89,846.	1,881,542
1		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10		882,480.	939,817
	16a P	rofessional fundraising fees (Part IX, column (A), line 103GDEN		0.	0
,		otal fundraising expenses (Part IX, column (D), Ine 25)	0. [
1		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		987,568.	1,286,051
		otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		1,959,894.	4,126,160
		levenue less expenses Subtract line 18 from line 12		690,959.	-608,993
ruilu Dalailces	<u>,</u>		R	eginning of Current Year	End of Year
	20 T	otal assets (Part X, line 16)		4,640,376.	3,902,338
3		otal liabilities (Part X, line 26)		903,273.	774,228
		let assets or fund balances Subtract line 21 from line 20		3,737,103.	3,128,110
L.	rt II	Signature Block		<u> </u>	1
_		ies of perjury, I declare that I have examined this return, including accompanying schedi	ules and state	ments, and to the hest of m	ny knowledge and helief it is
					iy knowicuge anu bellet, it is
ᡛ,	correct,	and complete Declaration of preparer (other than officer) is based on all information of	wnich prepar	a nas any knowledge.	214
		Signature of officer		Data Data	··/ 7
gn	1			Dale	
gn ere	•	Mcl Bre Sheans			
		Type or print name and title		Data	
		Print/Type preparer's name Pr epare r's signature Pr	D 4	Date Check [PTIN
id		JESSICA R. ROSTER CISSIAN	rosu	3/20/20/4 sett-empto	
ep.	arer	Firm's name LINDQUIST LLP		Firm's EIN	52-2385296
		Firm's address 5000 EXECUTIVE PARKWAY, SUITE	400		
	- 1	SAN RAMON, CA 94583		Phone no.92	5-277-9100
av	the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No
			ctions.		Form 990 (2013
	1 10-29	are a second to the sec			. 5 544 (2010

	990 (2013) WORKERS LOCAL UNION NO. 16	<u>94-0577197</u>	Page 2						
Par	t III Statement of Program Service Accomplishments								
	Check if Schedule O contains a response or note to any line in this Part III								
1	Briefly describe the organization's mission:								
•	TO PROMOTE THE WELFARE, WORKING CONDITIONS AND QUALITY OF MEMBERS IN								
	THE JURISDICTIONAL AREA OF LOCAL 16	or munibulto 11							
	THE CONTENTIONAL AND OF LOCAL TO								
									
		···-							
2	Did the organization undertake any significant program services during the year which were not listed on								
	the prior Form 990 or 990-EZ?	Yes	LX. No						
	If "Yes," describe these new services on Schedule O.								
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No						
	If "Yes," describe these changes on Schedule O.								
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses	_						
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other								
	revenue, if any, for each program service reported	,, a, a (a) (a) (a) (a) (a) (a) (a) (a) (a) (
4-									
4a		ue \$	/						
	PROMOTED THE WELFARE AND WORKING CONDITIONS OF MEMBERS		 						
		<u></u>							
		 							
									
4b	(Code) (Expenses \$ including grants of \$) (Reven	ue \$)						
									
4c	(Code) (Expenses \$) (Reven	nue \$,						
									
		· · · · · · · · · · · · · · · · · · ·							
		· · · · · · · · · · · · · · · · · · ·							
		·							
4d	Other program services (Describe in Schedule O.)								
_	(Expenses \$ including grants of \$) (Revenue \$	١							
4e	Total program service expenses								
		Earm Q	90 (2013)						
		roin a	(CUID)						

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Form 990 (2013) WORKERS LOCAL UNION NO. 16
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_		<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		<u> </u>
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		
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		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		
7	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,	_		v
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	7		<u>X</u>
0	Schedule D, Part III	_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	_ 8		
Ū	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		Х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI .	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
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		<u>X</u>
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			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	_X_
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	X	
•	the organization's supplicate or consolidated infancial 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	446	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	Λ	
	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			
46	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			37
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		<u> </u>
• •	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	47		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
	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
20a	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		
		Form	990	(2013)

Form 990 (2013) WORKERS LOCAL UNION NO. 16 94-0577197 Page 4

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants 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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
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,			
	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	i		
	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			
	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
C	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		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		Х
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> </u>
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?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	L
		Form	990	(2013)

	990 (2013) WORKERS LOCAL UNION NO. 16 94-0577	<u> 197</u>	Pa	2 age					
Par									
	Check if Schedule O contains a response or note to any line in this Part V			لِبا					
	·		Yes	No_					
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 19								
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0								
C	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming								
	(gambling) winnings to prize winners?	1c	X						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		- 1						
	filed for the calendar year ending with or within the year covered by this return 2a 18								
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)								
За	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)?	4a		<u>X</u> _					
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>					
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a_		<u>X</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).								
а	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?								
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>					
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c							
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е	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							
9	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.								
a	Did the organization make any taxable distributions under section 4966?	9a		 -					
10	Did the organization make a distribution to a donor, donor advisor, or related person?	_9b_		 					
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	ŀ							
a	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1							
11	Section 501(c)(12) organizations. Enter:	1							
''	Gross income from members or shareholders			}					
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1							
	amounts due or received from them)								
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1						
ıza b		120							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1	}						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>						
a	Note. See the instructions for additional information the organization must report on Schedule O	.54		 					
ь			ĺ						
-	organization is licensed to issue qualified health plans		[
С		1		1					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	X					
_	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b							

HEAT AND FROST INSULATORS AND ALLIED Form 990 (2013) WORKERS LOCAL UNION NO. 16 94-0577197 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 or note to any line in this Part VI \mathbf{x} Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 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 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? Х Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a 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 chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? X 13 Did the organization have a written document retention and destruction policy? 14 X 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Х 16a 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

3801 PARK RD, BENICIA, CA

MEL BRESHEARS - 707-748-1616

Form 990 (2013)

WORKERS LOCAL UNION NO. 16

<u>94-0577197___</u>

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

Employees, and independent Contractors			
' Check if Schedule O contains a response or note to any line 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
- 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	(do	(C) Position to not check more than one				ne	(D) Reportable	(E) Reportable	(F) Estimated	
	hours per week	box, unless person is both a officer and a director/trustee			is both	n an	compensation from	compensation from related	amount of other		
	(list any hours for related organizations below line)	Individual Fustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations	
(1) DONALD MOON	1.00										
EXECUTIVE BOARD		X						600.	0.	. 0	
(2) TIM SEITZ	1.00	ļ							_	_	
EXECUTIVE BOARD		X						300.	0.	0	
(3) SHANNON MCKINNEY EXECUTIVE BOARD	1.00	X						2,288.	0.	166	
(4) ALAN TAYLOR EXECUTIVE BOARD	1.00	x						1,988.	0.	166	
(5) JEFF DAYTON - PAST EXECUTIVE BOARD	1.00	x	-					900.	0.	0	
(6) RANDALL JOJO EXECUTIVE BOARD	1.00	х						75.	0.		
(7) MELVIN BRESHEARS BUSINESS MANAGER	40.00			х				125,244.	0.	69,481	
(8) CHRIS GREANEY BUSINESS AGENT	40.00			x				114,033.	0.	67,542	
(9) FORTINO CURIEL ORGANIZER	40.00			x				122,281.	0.	59,681	
(10) BILL HODGES	1.00			x				0.	0.	(
(11) MARK PLUBELL BUSINESS AGENT	40.00	-		x				119,016.	0.	61,890	
(12) DALE HUDEC	1.00			x				3,075.	0.	1,09	
(13) DAVE CEROCKE	1.00			х				1,060.	0.	194	
(14) JONATHAN BLAINE	1.00	1	1	<u> </u>	H			1,000.			
SERGEANT AT ARMS		_		X	_		_	0.	0.	(
		-			_						
		-	-			-	_				

Form **990** (2013)

Form	990	(2013)	

Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	j Hi	ghes	t C	ompensated Employee	es (continued)				
	(A) ` Name and title	(B) Average hours per week	Average Position (do not check more than one box, unless person is both an					one n an	(D) Reportable compensation	(E) Reportable compensation		(F) Estimated amount of		
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee			Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	s comper SC) from organiz and re		mpensation from the ganization nd related ganizations	
						,								
											1			
			-	-								·	•	
		-									+			
											+	-		
				_							1			
	Sub-total		<u> </u>		<u> </u>	<u> </u>	l	<u> </u>	490,860.			260	, 21	1.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A						>	490,860.		1.	260	, 21	$\frac{0.}{1.}$
2	Total number of individuals (including but n compensation from the organization	ot limited to th	nose	liste	ed al	bove	e) wł	no r						4
_			_									Y	'es	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	uch individual				·	•				_	3		<u>x</u> _
4	For any individual listed on line 1a, is the su and related organizations greater than \$150									the organization	L	4	x	
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	•				•		elat	ed organization or indiv	idual for services		5		<u>x</u> _
Sec 1	tion B. Independent Contractors Complete this table for your five highest co	mpensated in	dep	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of compe	nsa	tion fro		
_	the organization. Report compensation for (A)											(C)		
	Name and business	address	N	ON	E				Description of s	services	Co	mpens	ation	
						_								
													,	
							_							
2	Total number of independent contractors (i \$100,000 of compensation from the organi		ot l	mite	d to		se li:	stec	d above) who received n	nore than				
	4					'	<u>-</u>				F	orm 9	90 (2	013)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under (C) Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a b Membership dues 1b Fundraising events 10 d Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ Total, Add lines 1a-1f Business Code <u>813930 3,391,353.3,391,353.</u> Program Service Revenue 2 a MEMBERSHIP DUES b <u>WITHDRAWLS</u>, TRANSFERS 813930 20,834. 20,834 INITATION FEES 813930 13,935. 13,935. f All other program service revenue 426,122. Total. Add lines 2a-2f Investment income (including dividends, interest, and 1,604. 1,604. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (ii) Personal 31,680. Gross rents 0. b Less: rental expenses ,680. Rental income or (loss) 31,680. 31,680. d Net rental income or (loss) ▶ 7 a Gross amount from sales of (i) Securities (II) Other 3,000 assets other than inventory b Less, cost or other basis and sales expenses 486 2,514. c Gain or (loss) 2,514. 2,514. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue 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 Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code 8139**30 50,530. 11 a REIMBURSEMENT EXPENSES 50,530. 813930 ь OTHER INCOME 4,717. d All other revenue 55,247. e Total. Add lines 11a-11d Total revenue. See instructions. 517,167.3, 0. 35,798. 481 332009 10-29-13 Form 990 (2013)

Form 990 (2013) WORKERS LOCAL UNION NO. 16
Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons		this Part IX	1	
Do not include amounts reported on lines 6b, 7b, 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	40			
_	the United States See Part IV, line 22	18,750.			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16	1 001 542			
	Benefits paid to or for members	1,881,542.	· · · · · · · · · · · · · · · · · · ·		
5	Compensation of current officers, directors,	744 601			
3	trustees, and key employees Compensation not included above, to disqualified	744,681.			
,	persons (as defined under section 4958(f)(1)) and			1	
	persons described in section 4958(c)(3)(B)				
,	Other salaries and wages	97,519.	 		
3	Pension plan accruals and contributions (include	31,313.			
•	section 401(k) and 403(b) employer contributions)				
•	Other employee benefits	50,220.			 -
)	Payroll taxes	47,397.			
ĺ	Fees for services (non-employees)	41,3374			
' a	Management				
b	Legal	20,620.			
c	Accounting	55,384.			
d	Lobbying	00,0021			
е	Professional fundraising services. See Part IV, line 17				·
f	Investment management fees		 		
g	Other. (If line 11g amount exceeds 10% of line 25,				
Ū	column (A) amount, list line 11g expenses on Sch O.)	8,083.			
2	Advertising and promotion				7
3	Office expenses	90,034.			
ļ	Information technology	19,848.			
5	Royalties				-
6	Occupancy	93,905.			
7	Travel	124,651.			
3	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
)	Conferences, conventions, and meetings	84,895.			
)	Interest	54,405.			
ı	Payments to affiliates	581,142.			
?	Depreciation, depletion, and amortization	82,829.	<u> </u>		
3	Insurance	12,212.			
ļ	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.)				
а	CONTRIBUTION, GIFTS, GR	26,523.			
b	TRAINING AND SEMINARS	12,755.			
c	TRADE SUBSCRIPTIONS	12,334.			
d	REFUNDS, SUBSIDY, OTHER	6,344.			
e	All other expenses	87.			
5	Total functional expenses. Add lines 1 through 24e	4,126,160.			
3	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 if following SOP 98-2 (ASC 958-720)				

94-0577197 Page 11

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 445,713 809,482. 1 Cash · non-interest-bearing 2 Savings and temporary cash investments 1,412,980. 2 355,332 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 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 Notes and loans receivable, net 7 8 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment: cost or other 2,993,381 basis, Complete Part VI of Schedule D 10a 255,857. 2,781,683. 2,737,524. b Less: accumulated depreciation 10b 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 Total assets. Add lines 1 through 15 (must equal line 34) 4,640,376 3,902,338. 16 16 24,490. 17 Accounts payable and accrued expenses 71.870 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 Loans and other payables to current and former officers, directors, trustees, 22 Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 873,767. 700,950. 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 5,016. 1,408. 25 903<u>,273</u>. Total liabilities, Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ 🛣 and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 3,737,103. 27 Unrestricted net assets 27 3,059,480. 28 Temporarily restricted net assets 28 68,630. 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 Paid in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 3,737,103. 3,128,110. 33 Total net assets or fund balances Total liabilities and net assets/fund balances 4,640,376. 3,902,338.

Form 990 (2013)

	990 (2013) WORKERS LOCAL UNION NO. 16	94-057	7197	Pag	₁₀ 12				
Pai	t XI Reconciliation of Net Assets	·							
	Check if Schedule O contains a response or note to any line in this Part XI								
	•								
1	Total revenue (must equal Part VIII, column (A), line 12)	_ 1	3,51	7,1	<u>67.</u>				
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,120	5,1	60.				
3	Revenue less expenses. Subtract line 2 from line 1								
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,73	7,1	03.				
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 _	3,128	8,1	10.				
Pai	t XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII				X				
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash Cash Corual X Other MOD CAS	н		İ					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.	1 1						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>				
	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								
b	Were the organization's financial statements audited by an independent accountant?		2b	х					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	e basis,							
	consolidated basis, or both:								
	Separate basis X 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 audit,							
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х					
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.		- 1					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit		ļ					
	Act and OMB Circular A-133?		3a		_X_				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit		-					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b						
			Form	990 ((2013)				

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

• 5	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.			
Nam		D FROST INSULATOR		D Empl	oyer identification number
	WORKERS	LOCAL UNION NO.	16		94-0577197
Pa	rt I-A Complete if the org	ganization is exempt under	r section 501(c) o	r is a section 527 o	rganization.
2	Provide a description of the organic Political expenditures Volunteer hours	zation's direct and indirect political	campaign activities in		
Pa	rt I-B Complete if the org	ganization is exempt under	r section 501(c)(3).	
1	Enter the amount of any excise tax	incurred by the organization under	section 4955	▶ \$	
2	Enter the amount of any excise tax	incurred by organization managers	under section 4955	▶\$	
3	If the organization incurred a section	on 4955 tax, did it file Form 4720 fo	r this year?		Yes No
	Was a correction made?	,			L Yes No
	If "Yes," describe in Part IV. In I-C Complete if the org	ranization is avament undo	recetion FO1/a)	event postion FO1/	0)(3)
1	Enter the amount directly expende	d by the filing organization for secti	on 527 exempt function	on activities >\$	
2	Enter the amount of the filing organ	nization's funds contributed to othe	r organizations for sec	_	
_	exempt function activities		L	▶\$	
3	Total exempt function expenditure:	s. Add lines 1 and 2. Enter here and	on Form 1120-POL,	▶ ¢	
4	line 17b Did the filing organization file Form	1120-BOL for this year?		▶ \$	Yes No
	Enter the names, addresses and en made payments. For each organization contributions received that were proposed to the contributions received that were proposed to the contributions and the contributions are contributions.	mployer identification number (EIN) ation listed, enter the amount paid f	rom the filing organiza separate political orgai	tion's funds. Also enter th nization, such as a separa	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
	AT AND FROST SULATORS AND ALLIE	3801 PARK ROAD BENICIA, CA 94510	20-1681497	0.	19,225.

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

SEE PART IV FOR CONTINUATION

Schedule C (Form 990 or 990-EZ) 2013

332041 11-08-13

LHA

Schedule C (Form 990 or 990-EZ) 2013 'Part II-A Complete if the org	WORKERS	LOC	AL UNION NO	. 16	94-(0577197	Page 2			
(election under sec		GAGII	ipt under section	1 30 I(C)(S) and in	ed F01111 3706					
A Check ' if the filing organiza expenses, and share	tion belongs to a	oying e		Part IV each affiliated	group member's nar	me, address, El	N,			
Limi	ts on Lobbying	Expen			(a) Filing organization's totals	(b) Affiliated totals				
Total lobbying expenditures to influe Total lobbying expenditures to influe Total lobbying expenditures (add liddle) Other exempt purpose expenditure Total exempt purpose expenditure	uence a legislation nes 1a and 1b) es	ve bod	y (direct lobbying)							
f Lobbying nontaxable amount. Enter	er the amount fro	om the	following table in both	n columns.						
If the amount on line 1e, column (a) of Not over \$500,000			bying nontaxable amo							
Over \$500,000 but not over \$1,000	0,000 \$1	100,00	0 plus 15% of the exc	ess over \$500,000.						
Over \$1,000,000 but not over \$1,5	500,000 \$1	75,00	0 plus 10% of the exc	ess over \$1,000,000.						
Over \$1,500,000 but not over \$17,	,000,000 \$2	25,00	0 plus 5% of the exce	ss over \$1,500,000.						
Over \$17,000,000	\$1	1,000,0	000							
 g Grassroots nontaxable amount (er h Subtract line 1g from line 1a. If zer i Subtract line 1f from line 1c. If zer j If there is an amount other than ze reporting section 4911 tax for this 	o or less, enter - o or less, enter -(iro on either line	0-)-	ine 1i, did the organiza	ation file Form 4720	m 4720 Yes					
	4-Ye	ar Ave	raging Period Under	Section 501(h)						
				do not have to comp s 2a through 2f on pa						
	Lobbying	Expen	ditures During 4-Yea	r Averaging Period	,					
Calendar year (or fiscal year beginning in)	(a) 2010		(b) 2011	(c) 2012	(d) 2013	(e) Tot	al			
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))	ľ									
(1.53)						1				

Schedule C (Form 990 or 990-EZ) 2013

94-0577197 Page 3

Schedule C (Form 990 or 990 EZ) 2013 WORKERS LOCAL UNION NO. 16 94-057719

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)).

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? 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?	Yes	No	Amo	ount
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? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes?				
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? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes?				
 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? 			ł	
 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? 			ł	
 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? 				
d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes?				
e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes?				
f Grants to other organizations for lobbying purposes?				
		ļ		
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
			L	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
j Total. Add lines 1c through 1i	<u> </u>		ļ	
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		<u> </u>		
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), secti 501(c)(6).	on 501(c))(5), or se	ction	
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		
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			1	
 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political 	ical	,		
expenses for which the section 527(f) tax was paid).				
a Current year		2a		
b Carryover from last year		2b		
c Total		2c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
expenditure next year?		4_		
5 Taxable amount of lobbying and political expenditures (see instructions)		5		
Part IV Supplemental Information				
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5; Part II-A (affiliated grou	p list); Part l	II-A, line 2; a	and Part II-B	3, line 1.
Nso, complete this part for any additional information. PART I-A, LINE 1:				
<u></u>				
	ED POL	ITICAL	ACTIO	NC
EXPLANATION: THE LOCAL SPONSORS A SEPARATE, SEGREGATE			ITURES	5
EXPLANATION: THE LOCAL SPONSORS A SEPARATE, SEGREGATE COMMITTEE. THE POLITICAL ACTION COMMITTEE MAKES POLITICAL	rical :	EXPEND		
COMMITTEE. THE POLITICAL ACTION COMMITTEE MAKES POLITION	rical :		MBERS	
COMMITTEE. THE POLITICAL ACTION COMMITTEE MAKES POLIT	<u> </u>		MBERS	

Schedule C (Form 990 or 990-EZ) 2013

Schedule C (Form 990 or 990-EZ) 2013 WORKERS LOCAL UNION NO. 16 Part IV Supplemental Information (continued)	94-0577197 Page 4
PART I-C CONTINUATION FOR INCOMPLETE NAME/ADDRESS INFORMA	TION:
HEAT AND FROST INSULATORS AND ALLIED WORKERS LOCAL UNION	NO. 16 PAC
3801 PARK ROAD BENICIA, CA 94510	
	
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332044 11-08-13

Schedule C (Form 990 or 990-EZ) 2013

SCHEDULE D

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.

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

Inspection

OMB No. 1545-0047

Name of the organization

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

Employer identification number 94-0577197

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts, Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? _ Yes In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

	\$ 	
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	 -	

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

Par		LOCAL UNI				. 041			<u> 77197</u>	
3	Using the organization's acquisition, accessing	on, and other record	is, check	any of the	following that	are a sig	nificant i	use of its	collection	items
	(check all that apply):									
а	Public exhibition	c	· 🏳 '	Loan or excl	hange progran	ns				
b	Scholarly research	e	٠ ــــا (Other						<u>-</u>
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ey further tl	ne organizatior	n's exem	pt purpo	se in Pai	t XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, his	storical trea	sures, or other	sımılar a	ssets			
	to be sold to raise funds rather than to be ma	aintained as part of	the orga	nization's co	llection?				Yes	No_
Par	t IV Escrow and Custodial Arrange reported an amount on Form 990, Par		ete if the	organizatio	n answered "Y	es" to F	orm 990	, Part IV,	lıne 9, or	
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	s or other ass	ets not ir	cluded			_
	on Form 990, Part X?		-						Yes	□ No
ь	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowina t	able.						
_	, , , , , , , , , , , , , , , , , , ,								Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
•	Ending balance			•			1f			
0-	Did the organization include an amount on Fe	orm 000 Bort V line	012						Yes	□ No
				n haa haan	nunuidad in Di	 ~~ VIII			162	
Par	if "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete it									
T ai	Endowment unds. Complete								1 (.) [·····
	D	(a) Current year	(0) P	rior year	(c) Two years	Dack (c	i) Tirree y	ears back	(e) Four	years back_
1a	Beginning of year balance								 	
þ	Contributions					_	.		 	
С	Net investment earnings, gains, and losses								<u> </u>	
d	Grants or scholarships		ļ						 	
е	Other expenditures for facilities									
	and programs								ļ	
f	Administrative expenses								ļ	
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end baland	ce (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	ıld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	nd administere	ed for the	organiz	zation		
	by:	_					Ū		Į.	Yes No_
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
h	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Sched	dule R?					3b	
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm									_
	Complete if the organization answere		D. Part IV	/. line 11a. S	ee Form 990.	Part X. lu	ne 10			
	Description of property	(a) Cost or o		r -	or other		cumulate	ed	(d) Book	value
	Description of property	basis (invest		, , ,	(other)		eciation		(u) Dook	VEIGU
	Land	222.2 (351		 .	4,565.	2001			171	565.
	··				0,819.	1	74,4	10	2 194	,409.
	Buildings			4,30	0,013.		<i>, = , \</i>	<u> </u>	4,100	, 4 07•
	Leasehold improvements			1 0	7 007		01 4	47	77	
d	Equipment		-	13	7,997.		<u>81,4</u>	# / •		5,550 <u>.</u>
	Other			(D) (10(1)				2 725	7.524.
I Ota	i And Jines la Infolion le JC:0/JJmn (ol MJIST é	iouai romi 990. Pan	LA COIUI	nn irsi lina .	DRCD L					. 7/4.

4) 0	Complete if the organization answered "Yes"				
	Otion of security or category (including name of security)	(b) Book value	(c) Method of va	aluation Cost or end	d-of-year market value
	al derivatives				
	-held equity interests				
(3) Other					
(A)	· · · · · · · · · · · · · · · · · · ·				
(B)					
(C)					
(D)	····				
<u>(E)</u>					
(F)					
(G)				·	
<u>(H)</u>					
	b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related.				
1 412 411	Complete if the organization answered "Yes"	to Form 990 Part IV	line 11c See Form 990 I	Part Y line 13	
	(a) Description of investment	(b) Book value			d-of-year market value
(1)	· /	1-7	(5)		. ,
(2)					
(3)	· · · · · · · · · · · · · · · · · · ·				
(3)	······································			·	
(5)					
<u>(6)</u>					
<u>(7)</u>					
<u>(8)</u>					
(9)	(h) must equal Form 000. Part V. cal. (P) line 12.)				
Part IX	(b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.	L			
7 dit ix	Complete if the organization answered "Yes"	to Form 990 Part IV	line 11d See Form 990 I	Part Y line 15	
		Description	inte i id. See i omi 990, i	art A, iiile 15.	(b) Book value
	(ω)				(5) 55511 14.55
<u>(1)</u>					
(2)					
(3)					
<u>(4)</u>					
<u>(5)</u>					
(6)			 		
<u>(7)</u>					
(8)		- <u></u>			ļ
(9) Takan (Col	uma (h) must squal Form 000 Part V sol (P) lin	o 15)			
Part X	umn (b) must equal Form 990, Part X, col. (B) lin Other Liabilities.	<u>e 13./</u>			L
T di t X	Complete if the organization answered "Yes"	to Form 990 Part IV	line 11e or 11f See Form	990 Part Y line 25	
	(a) Description of liability	10 1 01111 930, 1 211 1	(b) Book value	1 330, 1 21(X, 1110 23	<u>''</u>
1. (1) 50			(b) Book value		
	deral income taxes AYROLL WITHHOLDINGS PAYA	BI.E	1,408.		
	AIROLL WITHHOLDINGS PAIR	TOTIE	1,400.		
(3)					
(4)					
<u>(5)</u>					
<u>(6)</u>					
<u>(7)</u>					
(8)				-	
(9)	4) 15 22 2 3	051	1,408.	-	
Lotal (CO)	umn (b) must equal Form 990, Part X, col (B) lin	P 25 1	1 408.	1	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2013 WORKERS LOCAL UNION NO. 16 94-0577197 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. Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12. a Net unrealized gains on investments 2a Donated services and use of facilities 2b Recoveries of prior year grants 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2e Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII) 4h Add lines 4a and 4b 4c Total revenue Add lines 3 and 4c, (This must equal Form 990, Part I, line 12) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a b Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2e Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1. a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) 4b Add lines 4a and 4b 4¢ Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: EXPLANATION: MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE LOCAL AND HAS CONCLUDED THAT, AS OF DECEMBER 31, 2013, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE LOCAL IS SUBJECT TO ROUTINE AUDITS BY THE TAXING JURISDICTIONS; HOWEVER, CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. THE LOCAL BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR THE FISCAL YEARS PRIOR TO 2010.

Pert XII Supplemental Information (continued)	Schedule D (Form 990	<u>)) 2013</u>	WORKERS L	OCAL UNI	ON NO. 1	6	94	-0577197	Page 5
	Part XIII Supple	mental Inform	lation (continued	<u>1)</u>					
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332055 09-25-13

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Attach to Form 990. Department of the Treasury Internal Revenue Service SCHEDULE ! (Form 990)

OMB No 1545-0047 2013

Open to Public

2

X Yes

94-0577197

Inspection

Employer identification number Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization HEAT AND FROST INSULATORS AND ALLIED WORKERS LOCAL UNION NO. 16 General Information on Grants and Assistance criteria used to award the grants or assistance?

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part

(h) Purpose of grant or assistance Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) : (e) Amount of assistance non-cash recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable (p) EIN 1 (a) Name and address of organization or government Part

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

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2013)

WORKERS LOCAL UNION NO. 16

Page 2

94-0577197

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2013)
Part III Grants and Other

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	17	18,750,	0		
Part IV Supplemental Information. Provide the information required in		e 2, Part III, column	Part I, line 2, Part III, column (b), and any other additional information.	Iditional information.	
PART I, LINE 2:					
EXPLANATION: FOR THE DEPENDENT CHILDREN OF MEMBERS OF HEAT AND FROST	LDREN OF	MEMBERS O	F HEAT AND	FROST	
INSULATORS AND ALLIED WORKERS LOCAL NO. 16 WHO ARE ENROLLED AS	L NO. 16	WHO ARE E	NROLLED AS		
FULL-TIME STUDENTS WITH 12 OR MORE UNI	UNITS P	PER SEMESTE	SEMESTER IN A COLLEGE OR	LEGE OR	
UNIVERSITY AND MUST MAINTAIN A 2.25 GPA.	5 GPA.				

332102 10-29-13

Schedule I (Form 990) (2013)

SCHEDULE J (Form 990)

Compensation Information

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

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

► Attach to Form 990.
 ► See separate instructions.
 ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

OMB No 1545-0047

Name of the organization

Department of the Treasury

HEAT AND FROST INSULATORS AND ALLIED

rm990. Inspection
Employer identification number

Schedule J (Form 990) 2013

WORKERS LOCAL UNION NO. 16 94-0577197

Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		·	
	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 organization follow a written policy regarding payment or			
-	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
_				
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's]		
	CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.]		
	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 VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	ļ	X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	<u> </u>	X_
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	ļ	l	ļ
	contingent on the revenues of:			
а	The organization?	5a		
b	Any related organization?	5b		
	If "Yes" to line 5a or 5b, describe in Part III.	İ		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	}		
	contingent on the net earnings of:			i
а	The organization?	6a		
b	Any related organization?	6b		
	If "Yes" to line 6a or 6b, describe in Part III.	1		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	Ì		
	not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	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) 2013

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

94-0577197

Page 2

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 VIII.

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(Q)-(v)(g)	reported as deferred in pnor Form 990
(1) MELVIN BRESHEARS	E	122,309.	0	2,935.	48,203.	21,278.	194,725.	0
	<u> </u>		0	0		1		0
(2) CHRIS GREANEY	€	110		4,007.	46,26	21,278.	181,57	0
BUSINESS AGENT) (E			• 0		1 1		
(3) FORTINO CURIEL	ε	119,377.		2,904.	38,40	21,278.	181,962.	0.
ORGANIZER	▣			• 0				
(4) MARK PLUBELL	Ξ	117,17	0	1,844.	40,202.	21,688.	180,906.	
BUSINESS AGENT	Ξ	0	0	0.	0	0	0	0
	Ξ							
	≘							
	Ξ							
	(ii)							
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HEAT AND FROST INSULATORS AND ALLIED WORKERS LOCAL UNION NO. 16

Page 3

94-0577197

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information. Schedule J (Form 990) 2013

Part III | Supplemental Information

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		:						

332113 09-13-13

SCHEDULE 0

Department of the Treasury

(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. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Open to Public

OMB No 1545-0047

Inspection

Internal Revenue Service Name of the organization

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

Employer identification number 94-0577197

FORM 990, PART VI, SECTION A, LINE 4:
EXPLANATION: EFFECTIVE 12/7/2007, THE NAME OF THE ORGANIZATION WAS CHANGED
TO HEAT AND FROST INSULATORS AND ALLIED WORKERS LOCAL UNION NO. 16.
FORM 990, PART VI, SECTION A, LINE 6:
EXPLANATION: 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:
EXPLANATION: 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:
EXPLANATION: 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:
EXPLANATION: 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:
EXPLANATION: THE FORM 990 WAS PROVIDED TO EACH MEMBER OF THE ORGANIZATION'S
GOVERNING BODY FOR REVIEW BEFORE IT WAS FILED WITH THE IRS.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2013)

332211 09-04-13

CHANGED.

SCHEDULE R (Form 990)

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

► Attach to Form 990.

▶ See separate instructions.

2013

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

Employer identification number 94-0577197 Open to Public Inspection

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

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

Name of the organization Department of the Treasury Internal Revenue Service

Direct controlling entity End-of-year assets <u>e</u> Total income Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity PartII

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.

חשמוול אווון מחווון מחווול מוש אבשוי							
(a)	(q)	(0)	(p)	(e)	(J)	(b)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)(13)	(51)(a); 6d pa
of related organization		foreign country)	section	status (if section	entity	entity?	,
				501(c)(3))		Yes	No
HEAT & FROST INSULATORS & ALLIED WORKERS	 ,				HEAT & FROST		
LOC, UNION NO, 16 PAC - 20-1681497, 3801 PARK	· •				INSULATORS &		
RD, BENICIA, CA 94510	PAC	CALIFORNIA	527	N/A	ASBESTOS WORKERS		×
HEAT & PROST INSULATORS OF NO. CAL, LOC, 16	TO PROVIDE HEALTH AND						
HEALTH & WELFARE FUND - 94-1233004, 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

332161 09-12-13 LHA

WORKERS LOCAL UNION NO. 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

94-0577197

3	General or Percentage managing ownership											
9	eneral or anaging artner?	YesNo						 				
3	amount in box m	K-1 (Form 1065) Y				-					•	
چ	Disproportionate allocations?	ટ										
ε	Dispropo	Yes										
(6)	Share of end-of-year											
	Share of total income											
(e)	Predominant income (related, unrelated, excluded from tax under	sections 512-514)		,			,			•		
(b)	Orrect controlling entity				-							
(c)	domicile (state or	country)										
(q)	Primary activity											
(a)	Name, address, and EIN of related organization											

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 frust during the tax year. Part IV

	(i)	Section 512(b)(13) controlled entity?	Yes No			 						990) 2013
	(h)	Percentage ownership					-					Schedule R (Form 990) 2013
		of ear	doodlo									Sche
		Share of total income										
	(e)	Type of entity (C corp, S corp,	Or tidady						•			
	(p)	Direct controlling entity										
	(၁)	Legal domicile (state or foreion	country)									30
ing the tax year.	(q)	Primary activity										
organizations treated as a corporation of trust during the tax year.	(a)	Name, address, and EIN of related organization										332162 09-12-13

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Schedule R (Form 990) 2013 WORKERS LOCAL UNION NO. 16

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note, Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Α.	Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more re	elated organizations listed	in Parts II-IV?			
a Receipt of (i) interest (ii) annuties (iii) royalties or (iv) rent from a controlled entity		:	: :		1a	×
b Gift, grant, or capital contribution to related organization(s)	•	•	:	:	1	×
(S)					10	×
	•		•	•	3	×
	:	:	:	•	2	1
e Loans or loan guarantees by related organization(s)	:	:	:		e P	×
• Dividends from related organization(s)					÷	×
	:	•	:			; ;
g Sale of assets to related organization(s)		:		: : : : : : : : : : : : : : : : : : : :	<u>-</u>	<
h Purchase of assets from related organization(s)	•	•		•	ŧ	×
					1!	X
(a) contact of patrices of advances and the set of the contact of			•		;	>
J Lease of facilities, equipment, of other assets to related organization(s)	•				-	4
					;	
k Lease of facilities, equipment, or other assets from related organization(s)			;		¥	4
I 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)				-mt	X
Character of facilities of summer of maintain lets or other assets with related executation(s)	tion(s)	: .		:	ţ	×
II Onaining of racinities, equipment, maining lists, of other assets with related diganizat	(e),,,,,	•		:		4 ;
 Shanng of paid employees with related organization(s) 					9	×
					_	
p Reimbursement paid to related organization(s) for expenses			:		1p	×
Reimbursement paid by related organization(s) for expenses					10	×
	:	:	,	:		
					÷	>
	•		:		•	; >
s Other transfer of cash or property from related organization(s)		•			18	4
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 the	nis line, including covered	relationships and transaction	thresholds.		
(a) Name of related organization	(b) Transaction	(c) Amount involved	Method of detern	(d) Method of determining amount involved	olved	
	type (a-s)				ļ	!
(t)						
(2)						
(6)						
(4)						
(5)						
(9)						
332163 09-12-13	31			Schedule R (Form 990) 2013	(Form 9	90) 2013

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Schedule R (Form 990) 2013 WORKERS LOCAL UNION NO. 16

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.

that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	structions regarding exclu	Sion for certain inv	estment parnersnips.							
(a)	(a)		©	(e)			(h)	(j)	S	<u>\</u>
Name, address, and EIN of entrty	Primary activity	Legal domicile (state or foreign country)	Predominant income pamers sec (related, unrelated, 501(c)(3) excluded from tax	501(c)(3) 0105 7	Share of total income	Share of end-of-year assets	Uspropor- tonate allocations?	Uspropor COGE V-UBI General of Percentage boate amount in box 20 managing ownership of Schedule K-1 partner ownership (form 1065)	General or managing partner?	Percentage
		ł	מווחפו פפרווסוו סיו ליוו	ON Se			Yes No	(2001	Yes	
					_		-			
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Schedule R (Form 990) 2013 WORKERS LOCAL UNION NO. 16 94-057/197 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 OF RELATED ORGANIZATION:
HEAT & FROST INSULATORS & ALLIED WORKERS LOC.UNION NO.16
PAC
DIRECT CONTROLLING ENTITY: HEAT & FROST INSULATORS & ASBESTOS WORKERS
LOCAL UNION NO. 16
332165 09-12-13 Schedule R (Form 990) 201

2013 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE

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990

Current Year Deduction	28,513.	30,508.	16,393. 7,415. 23,808. 0. 82,829.	ation Deduction
Current Sec 179		0		nercial Revitaliz
Accumulated Depreciation	54,373.	61,016.	19,740. 37,899. 57,639. 173,028.	age, Bonus, Comn
Basis For Depreciation	1140509.	1220310.	94,370. 63,627. 157,997. 474,565. 2993381.	* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction
Reduction In Basis	- 17/ 2 - 17 1 1 - 1	0		* ITC,
Bus % Excl				
Unadjusted Cost Or Basis	1140509.	1220310.	94,370. 63,627. 157,997. 474,565. 2993381.	(D) - Asset disposed
Line	16	16	1 1 6	
Lıfe	000.	0000	000.	
Method	J.	-	러 다	
Date Acquired	VARIESSL	VARIESSL	VARIESSL VARIESL	
Description	BUILDINGS BUILDING IMPROVEMENTS	BUILDING * 990 PAGE 10 TOTAL BUILDINGS MACHINERY &	AUTOMOBILES FURNITURE AND EQUIPMENT * 990 PAGE 10 TOTAL MACHINERY & EQUIPM LAND * 990 PAGE 10 TOTAL LAND * GRAND TOTAL 990 PAGE 10 DEPR	
Asset No	-	· · · · · · · · · · · · · · · · · · ·		328102 05-01-13

(D) - Asset disposed

Heat and Frost Insulators and Allied Workers Local Union No. 16

3801 PARK ROAD BENICIA, CA 94510



(707) 748-1616 FAX (707) 748-1620 www.insulators16-wica.com

Effective December 5, 2007, the organization's name was changed to Heat and Frost Insulators and Allied Workers Local 16. This name change was under the direction of the International Association of Heat and Frost Insulators and Allied Workers (parent organization). The organization received the attached memorandum regarding the name change.

BUSINESS Manager 3-21-14

Title Date

Title Date

Title Date





Heat & Frost Insulators & Allied Workers

International Headquarters

James A. Grogan, General President James P. McCourt, General Secretary-Treasurer 9602 M L King Hwy Lanham, MD 20706

Tel: 301-731-9101 Fax: 301-731-5058

December 5, 2007

MEMORANDUM

TO:

Unions, Contractors and other Affiliated Organizations

FROM:

President, James A. Grogan and Secretary-Treasurer James P. McCourt

RE:

Organizational Name Change

This is a formal notice to advise you that the Heat and Frost Insulators and Asbestos Workers has approved and implemented a name change.

Effective immediately, the organization will be known as the International Association of Heat and Frost Insulators and Allied Workers.

Future communications should be directed accordingly. Please distribute this notification to all concerned parties within your organization.

All other information for the International Union (address, phone, fax, e-mail) remains the same.

International Association of Heat and Frost Insulators and Allied Workers 9602 M L KING HWY LANHAM, MD 20706-1839

PHONE: (301) 731-9101 FAX: (301) 731-5058

E-MAIL: hfi@insulators.org

WEBSITE: www.insulators.org

Should you have any questions regarding this matter, please contact our office.

Construction

Trades Department, Metal Trades Department

Affiliated with

the AFL-C1O. **Building and**

and Canadian Labour Congress JAG/JPM:tzh

cc:

International Vice Presidents, Reps and Organizers

Local Union Business Managers

