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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)

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.

OMB No 1545-0047

2014

Open to Public Inspection

Depai Intern	rtment of the Tr al Revenue Se	reasury ervice		Information	enter social sec on about Form '	urity numbers 990 and its in:	s on this form structions is a	as it may t www.i	rs.gov	ie public. /form990) .			ection_
A I	For the 201	14 calend	ar year, or tax	year beg	inning	<u> </u>	, 20	14, and	endin	g			,	
В	Check if applica	able	C Name of organic	zation IN	TERNATION	AL ASSOC	IATION O	F HEA'	T & 5	1 AWIA	D Empl	oyer iden	tification nu	mber
	Address of	hange	Doing business	Doing business as						61-	-6038	3500		
	Name cha	change Number and street (or P O box if mail is not delivered to street address) Room/suite E Telep								hone num	ne number			
	Initial retu	, J.	708 DORSE	Y WAY							(5))2) 3	327-064	4.5
	Final return/	<u>-</u>			e, country, and ZII	or foreign pos	tal code		<u> </u>		1 19	<u>, , , , , , , , , , , , , , , , , , , </u>	27.00	
	Amended	l l	LOUISVILL		-	• .	v	Y 40	223-	2709	G Gross	roceinte	\$ 730	,936.
	H	ļ -	F Name and addre		al officer			1 40			a group retu			Yes Yes
	Application					an		40			l subordinate			Yes
	Ŧ-		ASA GLENN		OODHAVEN RIDGE			KY 40		If 'No,	' attach a list	(see inst	ructions)	۱۰۰۰ ۱
'	Tax-exemp		1	X 501(c) (<u>(5</u>) 1	(insert no)	4947(a)(1	or j	527					
<u></u>	Website:							-			exemption r			
K	Form of orga		X Corporation	Trust	Association	Other -		L Year of	formatio	n 191	.8 M	State of	legal domicile	KY_
Pa		ummary												
1			the organization		_	-				GANIZA				
છ			PROFESSI											
픮			THE ARBIT											<i>.</i>
Activities & Governance			FELLOWSH							·			Y POSS	IBLE.
<u>§</u>		k this box	ш	-	on discontinue	•	•						,	
9			ng members of									3		
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劃			f individuals em		•	•	•					5	ļ	
듦			f volunteers (es									6		
Ă۱			business rever		· · ·							7a		
_	b Net u	inrelated b	usiness taxable	e income	from Form 99	0-T, line 34		· · · <u>· ·</u>	• • •			7b		
- 1											Prior Yea		Curr	rent Year
a			nd grants (Part	· · · · · · · · · · · · · · · · · · ·	•						574 ,	473.		651,6
ᇎ	9 Progr	ram servic	e revenue (Par	t VIII, line	2g)		<i></i> .				64,	<u>495.</u>		37 <u>,</u> 4
Revenue			ome (Part VIII, d		•	•					14,	780.	<u> </u>	21,8
œ	11 Other	r revenue	(Part VIII, colun	nn (A), lın	es 5, 6d, 8c, 9	c, 10c, and	11e)							19 , 9
	12 Total	revenue -	 add lines 8 th 	rough 11	(must equal F	Part VIII, col	umn (A), line	: 12)	· · <u>· ·</u>		653,	748.		730,9
	13 Grant	ts and sim	ılar amounts pa	aid (Part I)	X, column (A)	, lines 1-3)					3,	769.		4,9
	14 Bene	fits paid to	or for member	s (Part IX	, column (A),	line 4)	7		ŢD.		<u>-</u>			
			compensation,	-			(A);-lines-5	=10)		177	190,	822.		236,0
Expenses			ndraising fees (•		} ~ 1		201	<u> </u>		<u></u>		
ĕ			•		• •	•	ไร้ไ∵ ไก	10. m. 1		1:5	<u>'</u>			
꿃			g expenses (Pa			· -	(-)			16	<u> </u>			
_		•	s (Part IX, colur		•	•	11	11.		īL	368,	514.		557 , 3
	18 Total	expenses	. Add lines 13-1	17 (must e	equal Part IX,	column (A),	line 25) 🕒	ن در مستوسو	19	-	563,	105.		798,3
- 1	19 Reve	nue less e	xpenses. Subtr	ract line 1	8 from line 12						90,	643.		-67,4
៦ ខ្លី					 · · · · · · · · · · · · · · · · · ·					Beginn	ing of Curre		End	of Year
6 č l	20 Total	assets (Pa	art X, line 16) .								662,			594,1
Asset		,	(Part X, line 26)					.		<u> </u>		498.		6,0
물림			and balances. S											
				Subtract III	ne 21 from line	e 20	· · · · · ·	· · · ·			655 ,	5/1.	L	588,1
Par		gnature												
Inder	penalties of pe	erjury, I declar	re that I have example (other than office)	red this returns based on a	n, including accord	npanying schedi	ules and statements any knowledge	ents, and to e	the bes	t of my know	wledge and b	elief, it is i	true, correct,	and
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		irm's name			ookkeepii			ce			4			
Jse	Only F	irm's address	3201 F	ern V	alley Rd	Ste 11	0				Firm s EIN	<u>► 61</u>	<u>-07267</u>	83
			Louisv	ılle			KY 402	213			Phone no	(50	2) 968	-1892
May	the IRS dis	scuss this	Louisv		shown above?) (see instru		213					2) 968 . X Ye	

Form 990 (2014)

rai	rt III Stat	oment of Broar	am Service Acc	ON OF HEAT & ST AWIA		
		•		•		
				ote to any line in this Part III		· · · · · · · · · · · · · · · · · · ·
7	•	be the organization's				
				NG UNIT TO REPRESENT T		
			- <i></i> -	S; TO IMPROVE OCCUPATI		
	FOSTER I	FELLOWSHIP O	F ITS MEMBER	S; TO IMPROVE THE TRAD	E IN EVERY WAY POSSIBLE.	
2	Did the organ	nization undertake a	ny significant prograi	m services during the year which were	e not listed on the prior	
	Form 990 or	990-EZ?				s X No
	If 'Yes,' descr	ribe these new servi	ces on Schedule O.		ш	
3				ficant changes in how it conducts, an	y program services? Ye	s X No
		ribe these changes of				لتيا
4		_		shments for each of its three largest	program services, as measured by expe	nses.
•	Section 501(c)(3) and 501(c)(4) c	organizations are req	uired to report the amount of grants a	and allocations to others, the total expens	es,
	and revenue,	if any, for each pro	gram service reporte	d.		
					_ _	
4 a	(Code) (Expenses	\$	including grants of \$) (Revenue \$)
	BARGAINI	NG UNION TO	REPRESENT T	HE INTERESTS OF THE UN	ION	
				ESS; MAKE JOBS AVAILAB		
	MEMBERS			-		
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4 b	(Code:) (Expenses	\$	including grants of \$) (Revenue \$)
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4 c) (Expenses) (Revenue \$	
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	: (Code.		\$			
	: (Code.) (Expenses	\$	including grants of \$		

Partiva Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Х Χ 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? X 3 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 X 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Х 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the 7 X 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,' Х 8 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 9 Х X 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, 11 or X as applicable. a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule Х 11 a **b** Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total X 11 b X 11 c 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 X 11 d e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X. . . . 11 e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X. 11 f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Х 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and X If the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional 12 b X 13 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. Χ 14a 14a Did the organization maintain an office, employees, or agents outside of the United States?.... 14b X Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to X or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Χ 17 column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, X 18 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 Х Χ 20 20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H 20 b

rai	Checkist 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 domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	ļ	Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J		X
			+
24 a	a 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	a	X
Ł	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	b	
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?		
c	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		+
			-
	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	<u>a</u> _	ļ
t	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	b	_
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 'Yes', complete Schedule L, Part II		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	 	-
21	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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	1	
	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	a	 ^ -
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	ь	х
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	c	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M		X
31	contributions? If 'Yes,' complete Schedule M	+-	$\frac{\hat{x}}{x}$
32			
32	Schedule N, Part II	_	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I		Х
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		x
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		Х
b	of 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	b	
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		
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		Х
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	Х	

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Form 990 (2014)

Page 5

Form 990 (2014) INTERNATIONAL ASSOCIATION OF HEAT & 51 AWIA

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			. X
			Yes	No
1 a	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			i
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
2 a	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 2 a 4			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
	If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		
		-		
	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)?	4 a		X
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)	ł		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
		30		
6 a	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?	6 a		Х
	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		X
	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
	Form 8282?	7 c		X
	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?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a		ļ	
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	7 h		
	organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	∸		
	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12	- 1		ı
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b			ı
	Section 501(c)(12) organizations. Enter	ĺ	ľ	ı
	Gross income from members or shareholders			ı
	Gross income from other sources (Do not net amounts due or paid to other sources			ı
-	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13 a		
	Note. See the instructions for additional information the organization must report on Schedule O		1	
	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			
С	Enter the amount of reserves on hand			
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b		-

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. Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year . . . 1 a 12 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 8 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X Did the organization make any significant changes to its governing documents 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 6 Х 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Х 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8 a X 8 b **b** Each committee with authority to act on behalf of the governing body? . Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes Nο 10 a Х b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 11 a 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 12 a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12 b to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12 c 13 Х X 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15 a Х 15b X 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 16 a Χ 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 16 b 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 > 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. Other (explain in Schedule O) Another's website X Upon request Own website 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, address, and telephone number of the person who possesses the organization's books and records 20 CLARK HEIM 708 DORSEY WAY LOUISVILLE 40223 (502) 327-0645

Part: VIII 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

 ∇

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

- 1 a 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.

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

	_ <u></u> _	Ι΄ Τ	(C)					<u> </u>	·	
(A) Name and Title	(B) Average hours per	than	one i s both	box, ι an o	inless fficer truste	e)	n	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) MICHAEL HICKEY BUSINESS MGR/RECORDING SEC	41.00			Х		Х		57,023.	0.	6,496.
(2) MICHAEL WINTER ORGANIZER	41.00			Х				54,902.	0.	2,650.
(3) CLARK HEIM FIN SEC	11.00			х				21,799.	0.	30.
_ (4) ASA GLENN PRESIDENT	3.00			Х				3,389.	0.	0.
(5) MICKEY HARL VICE PRESIDENT	2.00			Х				0.	0.	0.
(6) KEVIN KELLEY TRUSTEE	1.00	Х						0.	0.	0.
(7) CHASE NORTON E-BOARD	1.00	х						0.	0.	0.
(8) TYLER LAGLEY E-BOARD	1.00	х						0.	0.	206.
(9) ROBERT MILES TRUSTEE	1.00	Х						1,312.	0.	0.
(10) JOHNNY THOMAS TRUSTEE	1.00	х						0.	0.	0.
(11) JASON LINTELMAN E-BOARD	1.00	Х						1,987.	_ 0.	589.
(12) RICHARD HERBIG E-BOARD	1.00	х						0.	0.	0.
(13)										
(14)										·

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated E								npensated Empl	oyee	S (cont	inued)	
(A) Name and title	Average hours per week	box	unle icer a	heck ss pe nd a c	rson (than cost both or/trust	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	amou	(F) stimated int of oth pensatio	ner
	(list any hours for related organiza - tions below dotted line)	or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	omer	(W-2/1099-MISC)	(W-2/1099-MISC)	orga	om the anization I related anization	i
(15)		 										
(16)	 						-					
<u>(17)</u>												
(18)												
(19)										_		
(20)	 	<u> </u>					-					
(21)					-	<u> </u>	_				_	
(22)												
(23)									-			
(24)									:			
(25)												
1 b Sub-total			•	• •			-	140,412.	0.		9,9	971.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)							>	140,412.	0.	9,971.		<u> </u>
2 Total number of individuals (including but not limited from the organization ►							eive	d more than \$100,0	000 of reportable com	pensat		
nom the digamization											Yes	No
3 Did the organization list any former officer, director, on line 1a? If 'Yes,' complete Schedule J for such ind										3		X
For any individual listed on line 1a, is the sum of rep the organization and related organizations greater the	an \$150,0	000?	If 'Y	'es' d	and comp	other	cor Sch	mpensation from hedule J for				
such individual	mpensati	on fr	om a	any (4		X
for services rendered to the organization? If 'Yes,' co Section B. Independent Contractors										5	_	Х
Complete this table for your five highest compensate compensation from the organization. Report comper	d indepe	nden	cale	itrac ndar	tors	that ar end	rece	eived more than \$1 with or within the	00,000 of organization's tax yea	r		
(A) Name and business addre								(B) Description o	f services ((Compe	C) nsatio	n
					_							
2 Total number of independent contractors (including t	out not lim	nited	to th	ose	liste	d ab	ove) who received moi	re than			
\$100,000 of compensation from the organization												

Par	<u>t VI</u>	II Statement of Rev		respor	nse or note to any lin				
ı	·					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts Its	1 a	Federated campaigns		1 a					
irar Our	b	Membership dues		1 b	651,668.		ļ		
S, E		Fundraising events		1 c			-		
Giff Tal		Related organizations		1 d		1			
ns,	е	Government grants (contribution	ns)	1 e			[
Program Service Revenue and Other Similar Amounts		All other contributions, gifts, gra similar amounts not included ab		1 f					
ontr od C		Noncash contributions included							
<u>ة ت</u>	_ <u>n</u>	Total. Add lines 1a-1f			Business Code	651,668.	···-		
듷	2 a			}	Business Code				
ě	b								
iğ.	c								
šerv	đ								
Ë	е								
ğ	f	All other program service i	evenue]		37,454.	37,454.	0.	0
<u>~</u>	g	Total. Add lines 2a-2f	<u> </u>	• • •		37,454.			
	3	Investment income (includ other similar amounts)	ıng dıvıd	lends, ı	nterest and	01 064	01 064	0	
	4	Income from investment of				21,864.	21,864.	0.	0.
	5 Royalties							 -	
		Γ	(ı) Re		(II) Personal			- -	
	6 a	Gross rents	19,	950.					
	b	Less rental expenses							
		Rental income or (loss)		950.					
	d	Net rental income or (loss)				19,950.	19,950.	0.	0.
	7 a	Gross amount from sales of assets other than inventory	(ı) Secu	nties	(II) Other				
	b	Less cost or other basis and sales expenses							
		Gain or (loss)			<u> </u>				
	d	Net gain or (loss)		• • •	·			 	
Other Revenue	8 a	Gross income from fundra (not including \$ of contributions reported o	_						
3e√		See Part IV, line 18							
eri	h	Less direct expenses							
Æ		Net income or (loss) from			·				
		Gross income from gaming See Part IV, line 19		_					
		Less direct expenses							
		Net income or (loss) from			s				
	10 a	Gross sales of inventory, leand allowances	ess retur	rns					
		Less cost of goods sold .							
		Net income or (loss) from			ry <u>►</u>				
		Miscellaneous Revenue			Business Code				
	11 a			}				<u> </u>	
	b								_
	C C	All other revenue							
		Total. Add lines 11a-11d.		٠. ٢					

79,268

0

	Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)									
Sect	tion 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. All ot	her organizations must	complete column (A)	· · · · · · · · · · · · · · · · · · ·					
	' Check if Schedule O contains a res	i		·						
	not include amounts reported on lines 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 domestic organizations and domestic governments. See Part IV, line 21	4,798.								
-	ındıviduals See Part IV, line 22	200.								
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16		.							
4 5	Benefits paid to or for members	137,113.								
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)									
7	Other salaries and wages	13,270.								
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	71,617.								
9	Other employee benefits	717017.								
10	Payroll taxes	14,057.								
11	Fees for services (non-employees)									
а	Management									
b	Legal	756.								
	Accounting	14,005.								
	Lobbying									
	Professional fundraising services See Part IV, line 17 .			<u> </u>						
-	Investment management fees	3,575.								
g 42	(A) amount, list line 11g expenses on Schedule O)	1,000.								
13	Advertising and promotion	1,509. 10,050.								
14	Information technology	10,030.								
15	Royalties				· <u> </u>					
16	Occupancy	46,736.								
17	Travel	41,666.								
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	11,000.								
19	Conferences, conventions, and meetings	1,645.								
20	Interest									
21	Payments to affiliates	<u> </u>								
22	Depreciation, depletion, and amortization	4,671.								
23	Insurance									
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 O.)									
а	<u>-</u>	5,083.								
b	· ·	17,733.								
С	-	225,199.								
d	 -	183,714.								
	All other expenses									
25	Total functional expenses Add lines 1 through 24e	798,397.		_						
26	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									

SOP 98-2 (ASC 958-720). . .

Balance Sheet

Part X

(B) Beginning of year End of year 1 86,793. 2 2 265,849 75,333. 3 3 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 7 8 9 10 a 10 b 27,883 10 c 21.021 16,350. 375,199 11 415,655. Investments - other securities See Part IV, line 11 12 12 Investments - program-related, See Part IV, line 11 13 13 14 14 15 15 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 662,069 594,131 17 17 18 18 19 19 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees. 22 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties . . . 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . 25 6,498 6,021. Total liabilities. Add lines 17 through 25....... 6.498 26 6.021 Organizations that follow SFAS 117 (ASC 958), check here ► and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets...... 27 27 28 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here | X and complete lines 30 through 34. 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 655,571 588,110. 33 33 655,571 588,110. 34 34 662,069 594,131

BAA

Form	n 990 (2014) INTERNATIONAL ASSOCIATION OF HEAT & 51 AWIA 61-6	03850	0	Pa	ge 12
Pai	rt 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	7	30,9	36.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7	98,3	97.
3	Revenue less expenses. Subtract line 2 from line 1	3		67,4	61.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6!	55,5	71.
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
_		10	58	<u>88,1</u>	<u> 10.</u>
Pai	rt 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: X Cash Accrual Other		.		
	lf the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2 a	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a				
	separate basis, consolidated basis, or both:		1		
	X Separate basis				ı
t	b Were the organization's financial statements audited by an independent accountant?		2 b	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate		1 1		
	basis, consolidated basis, or both X Separate basis Consolidated basis Both consolidated and separate basis				
C	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				i
	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a		Х
t	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required aud	ıt			ı
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	·		_	
BAA			Form	990 (2	2014)

TEEA0112 05/28/14

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and it instructions is at www.irs.gov/form990.

2014

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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) (see instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see instructions), then

• 5	Section 501(c)(4), (5), or (6) org	anizations Complete Part III.			
Name	of organization			Employer identific	ation number
INT	TERNATIONAL ASSOCIA	TION OF HEAT & 51 AWIA		61-603850	0
Pai	rt I-A Complete if the o	rganization is exempt under secti	on 501(c) or is a	section 527 organi	zation.
1		ganization's direct and indirect political camp			
2					
		<u></u>			
Pai	t I-B Complete if the o	rganization is exempt under secti	on 501(c)(3).		
1		e tax incurred by the organization under sect			
2	Enter the amount of any excis	e tax incurred by organization managers und	er section 4955		
3	If the organization incurred a s	section 4955 tax, did it file Form 4720 for this	year?		· · · Yes No
4 a	a Was a correction made?				Yes No
	If 'Yes,' describe in Part IV.				
		rganization is exempt under secti			
1	Enter the amount directly expe	ended by the filing organization for section 52	7 exempt function activ	vities ▶ \$	
2	Enter the amount of the filing of function activities	organization's funds contributed to other orga	nizations for section 52	27 exempt ▶ \$	
3	Total exempt function expendine 17b	tures Add lines 1 and 2. Enter here and on F	orm 1120-POL,		
4	Did the filing organization file I	Form 1120-POL for this year?			Yes No
5	organization made payments amount of political contribution	and employer identification number (EIN) of a For each organization listed, enter the amount is received that were promptly and directly deaction committee (PAC). If additional space is	nt paid from the filing o elivered to a separate r	organization's funds. Also political organization, suc	enter the
	(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-
(1)					
(2)					
(3)					_
(4)					
(5)					
(6)					

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

Schedule C (Form 990 or 990-EZ) 2014

Schedule C (Form 990 or 990-EZ) 20	⁾¹⁴ INTERNATIO	NAL ASSOCIATION OF	HEAT & 51 AW	IA 61-6038	3500 Page 2
Part II-A Complete if section 501		on is exempt under se	ction 501(c)(3) and	d filed Form 5768 (e	ection under
A Check ► If the filir	ng organization belo	ongs to an affiliated group (and	list in Part IV each affil	iated group member's nam	е,
L.J		d share of excess lobbying ex			
B Check ► I If the filir	ng organization che	cked box A and 'limited control	provisions apply.		
(The term	Limits on Lobb	ying Expenditures eans amounts paid or incurr	ed.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu	res to influence put	olic opinion (grass roots lobbyii	na)	 	
, , ,	•	egislative body (direct lobbying	••		
		nd 1b)			
, ,	•				
	•	es 1c and 1d)			
f Lobbying nontaxable am	ount. Enter the am	ount from the following table in			
If the amount on line 1e, col		The lobbying nontaxable a			
Not over \$500,000	(0) 0. (0) 10	20% of the amount on line 1e			
Over \$500,000 but not over \$	1,000,000	\$100,000 plus 15% of the excess	over \$500,000		,
Over \$1,000,000 but not over		\$175,000 plus 10% of the excess	over \$1,000,000		
Over \$1,500,000 but not over	\$17,000,000	\$225,000 plus 5% of the excess of	ver \$1,500,000		
Over \$17,000,000		\$1,000,000			
g Grassroots nontaxable a	mount (enter 25%	of line 1f)			
h Subtract line 1g from line	a 1a. If zero or less,	enter -0			
i Subtract line 1f from line	1c If zero or less,	enter -0			
j If there is an amount oth section 4911 tax for this	er than zero on eith	er line 1h or line 1i, did the org	anızatıon file Form 472	0 reporting	Yes No
(Som	ne organizations th	4-Year Averaging Period Unat made a section 501(h) ele	ction do not have to d	complete all of the five	
		nns below. See the instruction bying Expenditures During		· · · · · · · · · · · · · · · · · · ·	
	T			T	
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2 a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					
ВАА				Schedule C (Form	990 or 990-EZ) 2014

Schedule C (Form 990 or 990-EZ) 2014 INTERNATIONAL ASSOCIATION OF HEAT & 51 AWIA Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT		-603			P	age 3
(election under section 501(h)).						
	(a)		(t	<u>)</u>	
For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	Yes	No		Amo	ount	
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of						
a Volunteers?						
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?						
c Media advertisements?						
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 Railies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i Other activities?						
j Total. Add lines 1c through 1ı						
2 a 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		ŀ		-		
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 501(c)(5)	or				
section 501(c)(6).	0)(0)	, 0.				
					Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			[1	Х	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2	Х	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?				3		Х
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) I answered 'Yes.'	Part	II-A,	ectic line	on 50 3, is)1(c)	
1 Dues, assessments and similar amounts from members	$\cdot \cdot \cdot $	1				
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).						
a Current year		2 a				
b Carryover from last year	$\cdot \cdot \cdot $	2 b				
c Total	[2 c				
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 excess 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 group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 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 2014

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

n990. Inspection
Employer identification number

	INTERNATIONAL ASSOCIATION OF HEAT & 51 AWIA	61-6038500
Pai	Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accomplete if the organization answered 'Yes' to Form 990, Part IV, line 6.	counts.
	(a) Donor advised funds (b) F	unds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor 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?	
Pai	rt II Conservation Easements.	<u> </u>
	Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.	
1		
	Preservation of land for public use (e.g., recreation or education) Preservation of a historically	•
	Protection of natural habitat Preservation of a certified hi	storic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a consellast day of the tax year	ervation easement on the
		leld at the End of the Tax Year
	a Total number of conservation easements	icia de tilo Ella of tilo Fax Foal
	b Total acreage restricted by conservation easements	
	c Number of conservation easements on a certified historic structure included in (a)	
	d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organiza tax year ▶	tion during the
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations,	□vaa □ Na
_	and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the y	ear
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)?) Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statemer include, if applicable, the text of the footnote to the organization's financial statements that describes the organization conservation easements	nt, and balance sheet, and cation's accounting for
Par	Organizations Maintaining Collections of Art, Historical Treasures, or Other Sin Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.	nilar Assets.
1 :	a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and tart, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of in Part XIII, the text of the footnote to its financial statements that describes these items.	palance sheet works of public service, provide,
1	b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and bala historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public following amounts relating to these items	blic service, provide the
	(i) Revenue 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, pro amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
	a Revenue included in Form 990, Part VIII, line 1	
i	b Assets included in Form 990, Part X	▶\$

Schedule D (Form 990) 2014 INTERNATION Part'III Organizations Maintaining			HEAT & 51 AWIA	r Other Similar Ass	
Using the organization's acquisition, accessitems (check all that apply)					
a Public exhibition		d Loan	or exchange programs		
b Scholarly research		e Other	3-1-3		
c Preservation for future generations					
4 Provide a description of the organization's	collections and	explain how the	ev further the organizatio	n's exempt purpose in	
Part XIII.			,		
5 During the year, did the organization solicit to be sold to raise funds rather than to be r	maintained as j	part of the organ	ızatıon's collection?		Yes No
Part ivid Escrow and Custodial Arra	ngements. on Form 99	Complete if t 0, Part X, lin	he organization ans e 21.	wered 'Yes' to Form	990, Part IV,
1 a Is the organization an agent, trustee, custo on Form 990, Part X?				sets not included	Yes No
b If 'Yes,' explain the arrangement in Part XI	II and complete	e the following ta	ble		
					Amount
c Beginning balance					
d Additions during the year					
e Distributions during the year					
f Ending balance					
2 a Did the organization include an amount on					
b If 'Yes,' explain the arrangement in Part XI	II. Check here	if the explanation	n has been provided in P	rart XIII	
Part Vi Endowment Funds. Comple	te if the org	anization ans	wered 'Yes' to Form	n 990, Part IV, line 1	0.
(a) (Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					
2 Provide the estimated percentage of the cu	urrent year end	balance (line 1	g, column (a)) held as:		
a Board designated or quasi-endowment					
b Permanent endowment ►	⁹⁶				
c Temporarily restricted endowment		- ⁰⁰			
The percentages in lines 2a, 2b, and 2c sh 3 a Are there endowment funds not in the poss			are held and administer	and for the	
organization by (i) unrelated organizations		-			Yes No
(ii) related organizations					3a(ii)
b If 'Yes' to 3a(II), are the related organization					3b
4 Describe in Part XIII the intended uses of t		13 GINOWITETIL I	unds.		· - · ·
Complete if the organization		es' to Form 9	990, Part IV, line 11a	a. See Form 990, Pa	art X, line 10.
Description of property		or other basis vestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				THE PROPERTY OF	
b Buildings					
c Leasehold improvements					·

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

d Equipment

. • 16,350. Schedule D (Form 990) 2014

16,350.

27,883

61-6038500

Part VII Investments – Other Securities. Complete if the organization answered	Yes' to Form 990, F	Part IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
	<u> </u>	
Total (Column (b) must equal Form 990, Part X, column (B) line 12) > Part VIII Investments — Program Related.	<u> </u>	<u> </u>
Complete if the organization answered "	Yes' to Form 990, F	Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
_(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
_(9)		
(10)		
Total (Column (b) must equal Form 990, Part X, column (B) line 13)▶ Part IX Other Assets.		<u> </u>
Part IX Other Assets. Complete if the organization answered "	Yes' to Form 990, F	Part IV, line 11d. See Form 990, Part X, line 15.
(a) Des	scription	(b) Book value
(1)		
(2)		
(3)		
<u>(4)</u> (5)		
(6)	<u> </u>	
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B), I	ine 15)	·
Part X Other Liabilities.	000 Dort IV line 11	Lo az 11f. Cao Farra 000. Dart V. lina 2F
Complete if the organization answered 'Yes' to Fo	(b) Book value	Te of 111. See Point 990, Part X, life 25
(1) Federal income taxes	(b) Book value	
(2) PAYROLL WITHHOLDING TAX PAYABLE	5,99	1.
(3) BREATH OF LIFE CHANCES	3	0.
(4)		
(5)		
(6)		
(7)		
(8)		
(10)		
(11)		
Total (Column (b) must equal Form 990, Part X, column (B) line 25)	► 6,02	1.
2. Liability for uncertain tax positions in Part XIII, provide the text of the footr		
tax positions under FIN 48 (ASC 740) Check here if the text of the footnote h		

4 b

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 XIII Supplemental Information.

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

798,397

SCHEDULE 0 (Form 990 or 990-EZ)

Pt XII, Line 3b

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. Department of the Treasury Internal Revenue Service

2014 Open to Public Inspection

OMB No 1545-0047

	at www.maigaviia.maca.	The state of the s						
Name of the organization		Employer Identification number						
INTERNATIONAL ASS	61-6038500							
Pt VI, Line 11b								
Pt VI, Line 19	Documents are available for inspection upon rec	quest.						
Pt VI, Line 7a Union members elect officers by vote.								
Limited decisions are reserved for the approval by members other that								
Pt VI, Line 7b	the governing body.							
	Column F includes reimbursements and weekly/biw	eekly expenses agreed to						
Pt VII, Col (F)	and recorded in the union bylaws and minutes.							
	Revenue includes dues, fees, assessments, per o	capita, rental income						
Pt VIII	direcly related to union, misc reimbursements.							
	The balance sheet includes assets, liabilities,	and net assets direcetly						
Pt X	related to the union.							
Pt V, Line 3b	Organization had not unrelated business income.	•						
Pt VI, Line 6	Organization consits of union members.							
Pt VI, Line 8a	Organization recording secretary records minute	es of meetings.						
Pt VI, Line 8b	Committee meetings are recorded.							
Pt XII, Line 1	Cash method of accounting used for all reportir	g purposes.						
	Organization annually selects independent audit	or for compilation of						
Pt XII, Line 2c	financial statements.							

Organization did not receive a federal reward.

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

Department of the Treasury Internal Revenue Service

(99)

► Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172

2014

Attachment Sequence No 179

identifying number Name(s) shown on return 61-6038500 INTERNATIONAL ASSOCIATION OF HEAT & 51 AWIA Business or activity to which this form relates Form 990 / Form 990EZ Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 1 2 2 Total cost of section 179 property placed in service (see instructions) Threshold cost of section 179 property before reduction in limitation (see instructions) 3 3 4 4 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 6 (a) Description of property Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 10 Carryover of disallowed deduction from line 13 of your 2013 Form 4562 10 11 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs) . . Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11. Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12 ▶ Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the Property subject to section 168(f)(1) election \dots 15 MACRS Depreciation (Do not include listed property) (See instructions) Section A 4,671 Section B - Assets Placed in Service During 2014 Tax Year Using the General Depreciation System (a)
Classification of property (b) Month and (C) Basis for depreciation (f) Method (g) Depreciation year placed in service (business/investment use only — see instructions) Recovery period deduction 19 a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property 25 yrs S/L g 25-year property 27.5 yrs MM S/L h Residential rental MM S/L 27.5 yrs property S/L MM I Nonresidential real 39 yrs MM S/L Section C - Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System S/L 20 a Class life S/L 12 yrs **b** 12-year. c 40-year S/L 40 yrs Part IV | Summary (See instructions.) 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on 22 4,671 the appropriate lines of your return Partnerships and S corporations — see instructions

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

	n 4562 (2014)	INTERNATI											03850		Page :
Pa		Property (In- ment, recreation			in other	vehicles	, certain	aircrai	ft, certain	compute	ers, and	property	used for	•	
	Note: Fo	r any vehicle fo	r which you are	using th	e standa	rd milea	ge rate d	or dedu	ıctıng lea	se exper	se, com	plete on	ly 24a, 2	24b,	
		<i>(a) ṫhrough (c) (</i> n A – Deprecia								mits for i	nassenn	er autom	obiles \		
24	Do you have eviden						Yes		lo 24b l					Yes	No
	(a)	(b)	(c)	(d)		<u> </u>	(e)	<u> </u>	(f)	1 103, 13 11	(g)	T T	(h)	100	(i)
Type of property (list vehicles first) Date placed In service Business/ Investment		Cos	Cost or Basi		sis for depreciation			Recovery Meth			reciation duction	Elected section 179			
	(list venicles first)	depreciation allowance for qualified liste		- Other	Other basis		(business/investment use only)		ent period			ļ		cost	
25	Special deprecia used more than										25	l			
26	Property used m					s)	••••	• • •	· · · · · ·	• • • • •	120	<u> </u>			
						ļ <u>.</u>						<u> </u>			
	Dropody used 5	20/ or loop in a	avaletied by ave			<u> </u>				l					
27	Property used 50	0% or less in a c	qualified busine	ess use		1						Τ		Т	
						<u> </u>	-			_		 		٦.	
] .	
28	Add amounts in	column (h), line	s 25 through 2	7 Enter h	ere and	on line 2	1, page	1			28				
29	Add amounts in	column (ı), line	26 Enter here							<u></u>	<u></u>		. 29		
`om	plete this section	for vahicles use	ad by a sole pro		B – Info					related	nerenn	lf you pr	ovided v	ahirlas	
o yo	our employees, firs	st answer the qu	uestions in Sec	tion C to	see if you	u meet a	n excep	tion to	complet	ng this se	ection fo	r those v	ehicles	ernoics	
30	Total business/u	otal business/investment miles driven uring the year (do not include		(a) (b)			(c)		d)	(6		(f			
JU	during the year (icle 1	Vehi	cle 2	Ve	hicle 3	Vehicle 4		Vehicle 5		Vehicle 6	
31	commuting miles	•						-		 		-		 -	
32	Total commuting mi Total other person	-	•	-						 	·	<u> </u>			
-	miles driven	•								ļ		ļ		_	
33	Total miles drive lines 30 through														
	ines so unough	32		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34	Was the vehicle during off-duty h														
35	Was the vehicle than 5% owner of	used primarily l or related perso	by a more n?												
36	Is another vehicle						-								
	· · · · · · · · · · · · · · · · · · ·	Section	C – Questions	for Emp	oloyers \	Nho Pro	vide Ve	hicles	for Use	by Their	Emplo	yees		<u> </u>	
	wer these question whers or related			exceptio	n to comp	oleting S	ection B	for ve	hicles us	ed by em	ployees	who are	not mo	re than	
				-	-						 .			Yes	No
37	Do you maintain by your employe								cluding co	mmuting], 			163	-110
38	Do you maintain employees? See	a written policy	statement that	prohibits	persona	l use of	vehicles	, exce	ot commu	iting, by	your				
39	Do you treat all u			-	•									-	 -
40	Do you provide r	nore than five v	ehicles to your	employe	es, obtaii	n informa	ation fro	n your	employe	es about	the use	of the			
41	Do you meet the	requirements of	oncerning qual	ified auto	mobile d	emonstr	ation us	e? (Se	e instruct	ions).					
_	Note: If your ans		39, 40, or 41 is	'Yes,' do	not com	olete Se	ction B f	or the d	covered v	ehicles ————					
Pa	t VI Amorti	zation (a)		l · · -	(b)		(c)			(d)		(e)		(f)	
	Desc	cription of costs		Date amortization begins				e		Code section		Amortization period or		Amortization for this year	
42	Amortization of o	costs that begin	s during your 2	014 tax v	ear (see	Instructe	ons)		l		per	centage	L		
			g , oui £												
													$\overline{}$		
						l							ļ		