

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490





See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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.

OMB No 1545-0047 2015 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

<u>A</u> _	For th	ne 2015 c			ear beginning		/01/1				31/1	6					
В	Check if a	applicāble	C Name of or	ganization				OC OF					P	Employe	r identificat	ion number	
	Address	change			INSULA	TORS	& ALLI	ED WOR	KERS,	#114	1		_			_	
	Name ch	nange	Doing busin					_,							3916	24	
\Box	Initial retu	um		•	box if mail is not o	delivered (o	street addres	5)			[Room/suite	[-	Telephon	e number		
H	Final retu				nce, country, and 2	IP or foreig	n postal code										
	terminate	ed .	BRAND	ON		М	s 3904	2					ا	Gross rec	ointe C	6!	5,291
	Amended	d return	F Name and		apal officer				_					01000100	<u>Ψ</u>		=
	Application	on pending	- JERR	Y MCCI	LENDON							H(a) Is this	a group re	eturn for s	ubordinates?	Yes	X No
			145	COON I	IUNTERS	RD						H(b) Are al	l subordin	ates ındu	ded?	Yes	No
			BRAN				MS	39042	2			lf.	"No," atta	ch a list (see instruct	ons)	
1	Tax-exer	mpt status	501	(c)(3) X	501(c) (5) 4 (ins	sert no)	4947(a)(527		ĺ					
J	Website	▶ N	/A	<u></u>					<u> </u>			H(c) Group	exemptio	n numbei	•		
ĸ	Form of o	organization	X Corpo	ration Tr	ust Associ	ation	Other >				L Ye	ar of formation				f legal domici	le
_F	Part I	Su	mmary														
	1 1			ganization's	s mission or m	ost signi	ficant activ	rities									
Φ		THE 1	LABOR O	RGANIZA	ATION'S	BJEC!	rive i	S THE E	SETTER	MENT	OF						
ഭലപ് Activities & Governance		WORK	ING CON	DITIONS	3.												
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သ ရ ပ်					from Part VII		n (C), line	12						7a			0
: :1	1				come from Fo									7b			0
· З													Year		C	urrent Year	
	8 (Contribution	ons and gra	nts (Part VI	II, line 1h)						Ļ		<u> 100,</u>	886		<u>65</u>	,289
ָ מוני	9 1															0	
Revenue	10	Investmen	it income (P	art VIII, col	umn (A), lines	3, 4, and	d 7d)				Ĺ			11			2
} CC	11 (11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)													0		
3 	12	Total reve	nue – add li	nes 8 throu	gh 11 (must e	qual Par	t VIII, colu	nn (A), line	12)			:	LOO,	897		65	,291
	13 (Grants and	d sımılar an	nounts paid	(Part IX, colur	ກກ (A), li	nes 1-3)				L	·					0
ج	14 8	Benefits pa	aid to or for	members (Part IX, colum	ın (A), lın	e 4)				Ļ						0
	15 3											69,	453		67	,875	
Expenses	16a i	Profession	nal fundraisi	ng fees (Pa	rt IX, column ((A), line	11e) , 🦳	EW.			<u> </u>						0
çbe	b	Total fund	raising expe	enses (Part	rt IX, column (IX, column (D), line 25			()	0	_						
ú	111	Other expe	enses (Part	IX, column	(A), lines 11a-	-11d, 1	f-24e)		Ĭ		L		43,				,407
	18	Total expe	nses Add l	ines 1317	(must equal P	Part IX,∫c	(A) <mark>իրիլա</mark> նո	ilin@2501					112,				,282
	19				t line 18 from				6.				-11,				,991
Net Assets or Fund Balances		_					20		7		-	Beginning o			<u></u>	nd of Year	
Sset	20		ts (Part X, I	=				· . U	l fi		<u> </u> -	•	<u>157,</u>				,000
et A	21		ities (Part X		_						-	 -		048			<u>,275</u>
					tract line 21 fr	om line 2	20						L55,	110		112	<u>,725</u>
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_					parer shown a		see instruc	tions)								Yes	No No
DAA	raperw	ork Reduct	tion Act Not	ice, see the	separate instru	ictions.										Form 9	90 (2015)

			4-0391624	Page 2
	Statement of Program Servi Check if Schedule O contains	ce Accomplishments a response or note to any line in the	us Part III	X
1 Briefly desc THE LAB	cribe the organization's mission	OBJECTIVE IS THE BETT		
prior Form 9 If "Yes," des	990 or 990-EZ? scribe these new services on Schedu	ogram services during the year which were r ile O significant changes in how it conducts, any p		Yes X No
4 Describe the expenses S		omplishments for each of its three largest pro nizations are required to report the amount of		
4a (Code N/A) (Expenses \$	including grants of \$) (Revenue \$)
4b (Code) (Expenses \$	including grants of \$) (Revenue \$)
4c (Code) (Expenses \$	including grants of \$) (Revenue \$)
4d Other progra	am services (Describe in Schedule O) ding grants of \$) (Revenue \$	
	m service expenses ▶	uning grants or \$) (ivevelue 4	
				Form 990 (2015)

Part IV Checklist of Requ	ired Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
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 provide advice on the distribution or investment of amounts in such funds or accounts? If	ļ ,		
	"Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
1	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	
ь	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		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
Ŭ	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
а	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		
-	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
_	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
f		11f		x
2-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X			
Zd	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a		x
L	Schedule D, Parts XI and XII	124		
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	125		x
2	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13		X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
þ	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			v
_	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			v
_	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	امدا		v
_	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			v
_	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			4.5
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
9	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	ليبا	X
		For	m 99((2015)

Part IV Checklist of Required Schedules (continued)

			Yes	No
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		
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	21		X
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	22	į	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	ł	1	
	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		
С	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	1	
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), 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	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?			
		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	- {	i	
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
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 of any of these persons? If "Yes," complete Schedule L, Part III	27	i	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		28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
		28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	l		
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		ĺ	
	complete Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	l		
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,		i	
	or IV, and Part V, line 1	34		X
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	ĺ	[
		35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable	l		
	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	ĺ	[
	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	. J		-
	19? Note. All Form 990 filers are required to complete Schedule O	38	- 990	<u> </u>
			_ uun	MARKE

Page 6 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 X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X The governing body? 8a X 8b h 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No X 10a Did the organization have local chapters, branches, or affiliates? 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 X Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 13 14 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X 16a with a taxable entity during the year? 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 16b organization's exempt status with respect to such arrangements? Section C. Disclosure MS 17 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 Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year 20 State the name, address, and telephone number of the person who possesses the organization's books and records KEN STEVERSON 145 COON HUNTERS RD

662-327-9057

MS 39042

BRANDON

orm 990 (2015) INTERNATIONAL	ASSOC OF	HEAT	& FROST	64-0391624	Page 7
Part VII	Compensation of Offic	ers, Director	s, Trustee	s, Key Emp	loyees, Highest Compens	
	Independent Contracto	ors				
	Check if Schedule O cor	ntains a respo	nse or not	e to any line	ın thıs 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

Check this box if neither the orga	nization nor any	relate	ed or	ganı	zatio	n cor	npe	nsated any current officer, o	director, or trustee	
(A) Name and Title	(B) Average hours per week (list any hours for	bo	x, uni	Pos check ess pe nd a d	rson ı	than or s both r/truste	an e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(VV-2 (USS-VIISC)	organization and related organizations
(1) JOSH FRITH										
VICE PRESIDENT	2.00	x		x				0	0	0
(2) LARRY WEST				•	}					
CEDCEANT AM ADMO	2.00 0.00	x		x				o	o	o
SERGEANT-AT-ARMS (3) TIMOTHY E. PATTE		^	-	^		╂╾╌╂		<u> </u>	<u>-</u>	
(5) IIMOINI E. PAILE	2.00									
EXECUTIVE BOARD	0.00	X						0	0	0
(4) MIKE WINSTEAD										
	2.00									
EXEC. BOARD/TRUSTEE	0.00	X		ļ		 		0	0	0
(5) GLEN LOVELACE	2.00							}		
EXECUTIVE BOARD	0.00	x						O	O	o
(6) KENNETH STEVERSO										
•	20.00	-								
BUS. MGR/FIN. SEC.	0.00	<u> </u>		X				39,462	0	0
(7) JERRY MCCLENDON			ļ					į		
	2.00			,,						_
PRESIDENT	0.00			X	_			0	0	0
(8)	}									
(9)										
(10)										
(11)		-								
			İ							

Form 990 (2015)

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	Average hours per (do no week box, ur (list any officer					erage Position rs per (do not check more than or box, unless person is both any officer and a director/truste					an ee)	(D) Reportable compensation from the organization (W-2/1099 MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	co or a	(F) Estima amoun othe mpens from ti ganiza nd rela ganiza	ted t of r ation ne ation	
												-							
												•							
																			
1b c	Sub-total Total from continuation shee	ts to Part VII, So	ectio	on A			<u></u>	>	39,462										
d 2	Total (add lines 1b and 1c) Total number of individuals (increportable compensation from t			to th	ose	isted	i abo	ve)	39,462 who received more than \$1	00,000 of	<u></u>								
3 4 5	Did the organization list any for employee on line 1a? If "Yes," of For any individual listed on line organization and related organization and related organization and person listed on line 1a	mer officer, directomplete Schedu 1a, is the sum of zations greater th	etor, le J repo	or tru for si ortab 3150,	ich i le co .000°	ndivi impe ? If "	dual ensat Yes,'	ion a	and other compensation fro nplete Schedule J for such	m the		3	Yes	X X					
	for services rendered to the org	anization? If "Ye										5		<u> </u>					
1	Complete this table for your five compensation from the organization	highest comper	sate	d ind	lepe on fo	nder r the	t cor cale	ntrac ndar	year ending with or within	n \$100,000 of the organization's tax year (B) tion of services		Co	(C) mpensa	ation					
																			
2	Total number of independent correceived more than \$100,000 o								listed above) who	0				0 (2015)					

Form 990 (2015) INTERNATIONAL ASSOC OF HEAT & FROST 64-0391624 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue (D) Revenue Unrelated exempt function business excluded from tax revenue under sections revenue 512-514 Gifts, Grants ilar Amounts 1a 1a Federated campaigns 65,289 b Membership dues 1b 1c c Fundraising events d Related organizations 1d 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 65,289 h Total. Add lines 1a-1f Program Service Revenue Busn Code 2a b C f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 6a Gross rents b Less rental exps c Rental inc or (loss) Net rental income or (loss) Gross amount from (i) Secunties (II) Other sales of assets other than inventor b Less cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a b

65,291

0

0

All other revenue Total, Add lines 11a-11d

Total revenue. See instructions

Form 990 (2015) Part IX **Statement of Functional Expenses**

	not include amounts reported on lines 6b, Bb, 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				, p., }
	and domestic governments. See Part IV, tine 21				, 1
2	Grants and other assistance to domestic		<u> </u>	,	et Ty Tourse The
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign			•	
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				The state of the s
4	Benefits paid to or for members				7. 45 9 7.5
5	Compensation of current officers, directors,				
	trustees, and key employees	39,462			
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 salanes and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	14,749	 		
9	Other employee benefits	10,419			
10	Payroll taxes	3,245			
11	Fees for services (non-employees)				
а	Management				
b	T T T T T T T T T T T T T T T T T T T	2 405	. <u></u>		
С	Accounting	3,405			
d	, ,			'S	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
40	(A) amount, list line 11g expenses on Schedule O)				<u> </u>
12	Advertising and promotion				
13	Office expenses				
14	Information technology Royalties				
15 16	Occupancy				
17	Travel	4,760			
18	Payments of travel or entertainment expenses			7	
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
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	PER CAPITA TAX	10,373			
ь	CONVENTION	8,361			<u> </u>
С	TELEPHONE	4,505	······································		
d	DISASTER RELIEF	3,600			
е	All other expenses	5,403			
25	Total functional expenses. Add lines 1 through 24e	108,282	0	0	0
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 ▶ ☐ if following SOP 98.2 (ASC 958.720)				

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 119,026 1 Cash-non-interest bearing 1 84,646 38,738 30,354 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, 17 6 trustees, key employees, and highest compensated employees 1.388 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 Notes and loans receivable, net 7 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 2,213 other basis Complete Part VI of Schedule D 10a 2.213 b Less accumulated depreciation 10b 10c Investments-publicly traded securities 11 12 12 Investments--other securities See Part IV, line 11 13 Investments-program-related See Part IV, line 11 13 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 157,764 115,000 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 2,048 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 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 2,048 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 28 Temporanly restricted net assets 28 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 1,206 1,206 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 154,510 111,519 32 Retained earnings, endowment, accumulated income, or other funds 155,716 112,725 33 33 Total net assets or fund balances 157,764 115,000 Total liabilities and net assets/fund balances

Forn	1990 (2015) INTERNATIONAL ASSOC OF HEAT & FROST 64-0391624			Pa	ge 12
Pa	art 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		65,	291
2	Total expenses (must equal Part IX, column (A), line 25)	2		08,	
3	Revenue less expenses Subtract line 2 from line 1	3		42,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	55,	716
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	1			
	33, column (B))	10	1	12,	<u>725</u>
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			** (**)	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		1.	· ·	
	Schedule O		^~,		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		17.	, .	
	reviewed on a separate basis, consolidated basis, or both			1.15.	
	Separate basis Consolidated basis Both consolidated and separate basis		172		1 4
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		《	3.53	
	separate basis, consolidated basis, or both		24.6		•
	Separate basis Doth consolidated and separate basis			1.	_1 .
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		1		
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in		第	1. A	
	Schedule O		13	^	-
3a	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?		3a		<u>x</u>
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		l

Form **990** (2015)

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements ► Complete if the organization answered "Yes" on 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.

Open to Public Inspection

OMB No 1545-0047

Internal Revenue Service

Name of the organization

Employer identification number

	NTERNATIONAL ASSOC OF HEAT & FROST NSULATORS & ALLIED WORKERS, #114		64-0°	391624					
	art I Organizations Maintaining Donor Advised Fun								
Г.	Complete if the organization answered "Yes" on F		ounts	•					
	Complete it the organization answered Tes On t	(a) Donor advised funds	/h) Funds and other accounts					
4	Total number at and of uses	(a) Donor advised fullus		Trains 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)	-		<u> </u>					
4	Aggregate value at end of year	<u> </u>							
5	Did the organization inform all donors and donor advisors in writing that the								
	funds are the organization's property, subject to the organization's exclusi		∐ Yes ∐ No						
6	Did the organization inform all grantees, donors, and donor advisors in wr	-							
	only for chantable purposes and not for the benefit of the donor or donor a	advisor, or for any other purpose		П, П.					
	conferring impermissible private benefit?			Yes No					
Pa	Irt II Conservation Easements. Complete if the organization answered "Yes" on F	orm 990 Part IV line 7							
1	Purpose(s) of conservation easements held by the organization (check all								
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically importa		irea					
	Protection of natural habitat	Preservation of a certified historic str	ucture						
•	Preservation of open space	the form of a consequence	_						
2	Complete lines 2a through 2d if the organization held a qualified conserva easement on the last day of the tax year	tion contribution in the form of a conservation	\Box	Hold at the Ford of the Tow Year					
_	·		 	Held at the End of the Tax Year					
	Total number of conservation easements		2a						
	Total acreage restricted by conservation easements	-d :- (a)	2b						
	Number of conservation easements on a certified historic structure includ		2c						
a	Number of conservation easements included in (c) acquired after 8/17/06	, and not on a	24						
_	historic structure listed in the National Register	and a terminated by the eraparation de	2d						
3	Number of conservation easements modified, transferred, released, extin	guished, or terminated by the organization du	ining the						
	tax year >	atad N							
4	Number of states where property subject to conservation easement is loc								
5	Does the organization have a written policy regarding the periodic monitor violations, and enforcement of the conservation easements it holds?	ing, inspection, nariding of		Yes No					
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of v	inlations, and enforcing conservation easeme	ente duri						
Ü	b	iolations, and emoreing conservation easeme	into dan	ng the year					
7	Amount of expenses incurred in monitoring, inspecting, handling of violati-	ons, and enforcing conservation easements	dunna th	e vear					
•	> \$	0110, 0110 011010119 0011001 001001		- ,					
8	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 No					
9	In Part XIII, describe how the organization reports conservation easemen	ts in its revenue and expense statement, and							
	balance sheet, and include, if applicable, the text of the footnote to the org	ganization's financial statements that describe	es the						
	organization's accounting for conservation easements								
Pa	rt III Organizations Maintaining Collections of Art, I		nilar A	ssets.					
	Complete if the organization answered "Yes" on F	orm 990, Part IV, line 8							
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not								
	works of art, historical treasures, or other similar assets held for public ex		e of						
	public service, provide, in Part XIII, the text of the footnote to its financial								
þ	If the organization elected, as permitted under SFAS 116 (ASC 958), to re								
	works of art, historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherance	e of						
	public service, provide the following amounts relating to these items								
	(i) Revenue included on Form 990, Part VIII, line 1		•	\$					
_	(ii) Assets included in Form 990, Part X			\$					
2	If the organization received or held works of art, historical treasures, or ot		ne						
	following amounts required to be reported under SFAS 116 (ASC 958) rel	ating to these items							
	Revenue included on Form 990, Part VIII, line 1		•	\$					
_b	Assets included in Form 990, Part X			\$					

		NAL ASSO				64-03					age 2
Part III Organizations Main	taining (Collections of	f Art, Hi	storical Tr	easures,	or Other S	imilar As	sets (co	ntinue	<u>d)</u>	
3 Using the organization's acquisition, a collection items (check all that apply)	accession,	and other records	, check a	ny of the follow	ving that are	a significant u	ise of its				
a Public exhibition		d 🗌	Loan or	exchange pro	grams						
b Scholarly research		e 🗍	Other		•						
c Preservation for future generation	าร										
4 Provide a description of the organizat		ctions and explain	how they	further the ord	anızatıon's e	xempt purpos	se in Part				
XIII					,						
5 During the year, did the organization s	solicit or re	ceive donations of	f art. histo	ncal treasures	s, or other sin	nılar					
assets to be sold to raise funds rather			-		-				Yes		No
Part IV Escrow and Custod				<u> </u>							
Complete if the organ			on Fo	rm 990, Pa	rt IV, line 9	or report	ed an amo	ount on	Form		
990, Part X, line 21.				,	•	'					
1a Is the organization an agent, trustee,	custodian o	or other intermedia	ary for cor	ntributions or o	other assets r	not		·			
included on Form 990, Part X?			,						Yes		No
b If "Yes," explain the arrangement in P	art XIII and	complete the follo	owing tabl	e							
, , , , , , , , , , , , , , , , , , , ,			•						Amount		
c Beginning balance							1c				
d Additions during the year							1d				_
e Distributions during the year							1e				
f Ending balance							1f				
2a Did the organization include an amoun	nt on Form	990. Part X. line 2	21. for esc	crow or custod	fial account li	ability?	البستنسبا		Yes		No
b If "Yes," explain the arrangement in Pa						=				П	
Part V Endowment Funds.									-	ليساسه	
Complete if the organ	ization a	inswered "Yes	" on Fo	m 990, Pai	rt IV, line 1	10					
		(a) Current year		Pnor year	(c) Two ye		(d) Three years	back	(e) Four y	ears ba	ack
1a Beginning of year balance			1	-							
b Contributions		·	1								
c Net investment earnings, gains, and											
losses	1										
d Grants or scholarships										-	
e Other expenditures for facilities and			<u> </u>								
programs											
f Administrative expenses	_										
g End of year balance			1								
2 Provide the estimated percentage of the	he current	vear end balance	(line 1a. d	column (a)) he	eld as						
a Board designated or quasi-endowmer		%	((-,,							
b Permanent endowment ▶	%										
c Temporanly restricted endowment ▶	,,	%									
The percentages on lines 2a, 2b, and	2c should										
3a Are there endowment funds not in the		•	on that a	re held and ad	Iministered fo	r the			_		
organization by	•	·								es	No
(i) unrelated organizations									3a(i)		
(ii) related organizations									3a(iı)		
b If "Yes" on line 3a(ii), are the related o	rganization	ns listed as require	ed on Sch	edule R?					3b		
4 Describe in Part XIII the intended uses	_							<u> </u>			
Part VI Land, Buildings, and	Equip	nent.									
Complete if the organ	ization a	inswered "Yes	" on Fo	rm 990, Pai	rt IV, line 1	l1a. See F	orm 990, I	Part X, I	ine 10.		
Description of property		(a) Cost or other	basis	(b) Cost or o	other basis	(c) Acc	umulated		(d) Book va	slue	
		(investment))	(oth	er)	depre	eciation				
1a Land											
b Buildings											
c Leasehold improvements	l					L		1			
d Equipment]		2,213		2,21	3			
e Other					_	L					
Total, Add lines 1a through 1e (Column (d)	must equa	I Form 990. Part	X. column	(B), line 10c)		•	• [

Schedule D (Fo	orm 990) 2015 INTERNATIONAL ASSOC	OF HEA	T	& FI	ROST	64-0391624	Page
Part VII	Investments—Other Securities.						
	Complete if the organization answered "Yes" of	on Form 9	90, I	Part I\	/, line	11b See Form 990, Pa	rt X, line 12
	(a) Description of security or category	-	(b) Bo	ok value		(c) Method of	valuation
	(including name of security)					Cost or end-of-year	market value
(1) Financial d	erivatives						
(2) Closely-hel	d equity interests						
(3) Other							
(A)			_				
(B)							
(C)							· · · · · · · · · · · · · · · · · · ·
(D)							
(E)							
(F)							
(G)							
(H)							
	(b) must equal Form 990, Part X, col (B) line 12) ▶						
Part VIII	Investments—Program Related.	•					
	Complete if the organization answered "Yes" of	on Form 9	90, f	Part I\	I, line I	11c See Form 990, Pa	rt X, line 13
	(a) Description of investment			ok value		(c) Method of	
						Cost or end-of-year	market value
_(1)							
(2)						 	
(3)							
(4)			·				
(5)							
(6)							
(7)							
(8)							
(9)							
Total. (Column	(b) must equal Form 990, Part X, col (B) line 13) ▶						
Part IX	Part IX Other Assets.						
	Complete if the organization answered "Yes" of	on Form 9	90, F	Part I\	/, line <i>*</i>	11d See Form 990, Pa	rt X, line 15
	(a) Description						(b) Book value
_(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)			.				
_(9)							
	(b) must equal Form 990, Part X, col (B) line 15)		_			<u> </u>	
Part X	Other Liabilities.				, ,	44. 0	00 D-4V
	Complete if the organization answered "Yes" of	on Form 9	90, I	Part IV	/, line	11e or 11f. See Form 9	90, Рап Х,
	line 25					· · · · · · · · · · · · · · · · · · ·	
1.	(a) Description of liability		(b) Boo	ok value			
	ncome taxes				\longrightarrow		
(2)							
(3)							
(4)							
(5)				_			
<u>(6)</u>					+		
(7)							
(8)							

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶

^{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) 2015 INTERNATIONAL ASSOC OF HEAT & FROST 64-0391624 Page 4								
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.								
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a								
1	Total revenue, gains, and other support per audited financial statements	1						
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12							
а	Net unrealized gains (losses) on investments	2a						
b	Donated services and use of facilities	2b						
С	Recovenes of prior year grants	-						
ď	Other (Describe in Part XIII)	2d	_					
е	Add lines 2a through 2d	2e						
3	Subtract line 2e from line 1		3					
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1							
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
b	Other (Describe in Part XIII)	4b						
C	Add lines 4a and 4b		4c					
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5						
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ements With Expenses pe	r Return	•				
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a						
1	Total expenses and losses per audited financial statements	1						
2	Amounts included on line 1 but not on Form 990, Part IX, line 25							
а	Donated services and use of facilities	2a						
b	Prior year adjustments	2b						
С	Other losses	2c						
d	Other (Describe in Part XIII)	2d	-					
е	Add lines 2a through 2d		2e					
3	Subtract line 2e from line 1	()	3					
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		,					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
b	Other (Describe in Part XIII)	4b						
C	Add lines 4a and 4b		4c					
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		_ 5					

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 XIII Supplemental Information (continued)

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2015

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► 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 Inspection* Employer identification number

Name of the organization

INTERNATIONAL ASSOC OF HEAT & FROST INSULATORS & ALLIED WORKERS, #114

64-0391624

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT N/A

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION NO DOCUMENTS AVAILABLE TO THE PUBLIC