

Click on the question-mark icons to display help windows
 The information provided will enable you to file a more complete return and reduce the chances the IRS has to contact you

2940254 | 001059
 18/29
 OMB No. 1545-0045

Form **990-EZ**
 Department of the Treasury
 Internal Revenue Service

Short Form
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.
 ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning , 2018, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <input checked="" type="checkbox"/> INSULATION INDUSTRY FUND <i>Insu</i>		D Employer identification number <input checked="" type="checkbox"/> 930981948
	Number and street (or P O box, if mail is not delivered to street address) <input checked="" type="checkbox"/> 669 SOUTH 200 EAST		E Telephone number 801-364-0050
	City or town, state or province, country, and ZIP or foreign postal code SALT LAKE CITY, UT 84111		F Group Exemption Number ▶ <input checked="" type="checkbox"/>
	Room/suite 200		

G Accounting Method Cash Accrual Other (specify) ▶ _____

H Check if the organization is not required to attach Schedule B
 (Form 990, 990-EZ, or 990-PF).

I Website: ▶ _____

J Tax-exempt status (check only one) – 501(c)(3) 501(c)(6) ◀ (insert no) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **73,930**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
Revenue	1	Contributions, gifts, grants, and similar amounts received																												
	2	Program service revenue including government fees and contracts																												
	3	Membership dues and assessments																												73,873
	4	Investment income																												57
	5a	Gross amount from sale of assets other than inventory																												
	b	Less: cost or other basis and sales expenses																												
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																												
	6	Gaming and fundraising events:																												
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)																												
	b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)																												
	c	Less: direct expenses from gaming and fundraising events																												
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																												
	7a	Gross sales of inventory, less returns and allowances																												
	b	Less: cost of goods sold																												
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																												
	8	Other revenue (describe in Schedule O)																												
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶																												73,930
Expenses	10	Grants and similar amounts paid (list in Schedule O)																											45,000	
	11	Benefits paid to or for members																												
	12	Salaries, other compensation, and employee benefits <input checked="" type="checkbox"/>																												
	13	Professional fees and other payments to independent contractors <input checked="" type="checkbox"/>																												4,658
	14	Occupancy, rent, utilities, and maintenance																												
	15	Printing, publications, postage, and shipping																												132
	16	Other expenses (describe in Schedule O) <input checked="" type="checkbox"/>																												12,372
	17	Total expenses. Add lines 10 through 16 ▶																												62,162
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																											11,768	
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																												
	20	Other changes in net assets or fund balances (explain in Schedule O)																												
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 <i>134,052</i> ▶																												

Received in Corres.
 IRS - OSC 03
 OCT 22 2019
 Ogden, Utah

SCANNED JAN 29 2020
 04 23 21 4 47 NOV 27 2019
 Revenue

Detached 8868 5990916

G6

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2018) Part V Other Information. Questions 33-45b regarding organizational activities, financials, and foreign accounts. Includes fields for Form 1120-POL, political expenditures, and foreign bank accounts.

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 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	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date <u>10/17/19</u>
	ROBERT G BERGMAN, SECRETARY Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no			

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

INSULATION INDUSTRY FUND

Employer identification number

93-0981948

Part 1, line 10-Schedule of grants to affiliate organization

Associated Insulation Contractors Oregon, Inc.

Hourly amount paid in 2018 under terms of labor agreement between Associated Insulation Contractors of OR & WA, Inc and Heat & Frost

Insulators Local Union No. 36 were collected by the Insulation Industry Fund and transferred to the Associated Insulation Contractors

(letter of exemption dated May 16, 1985) to fund its activities (see Part III)

Part 1, line 16-Other expenses-drug testing, miscellaneous