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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public

Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

A	For t	he 2012 calendar year, or tax year beginning	ınd endıng				
В	Check	C Name of organization		D Employer identif	cation number		
	applica	MECHANICAL CONTRACTORS ASSOCIATION					
	Add	ress OF AMERICA, INC					
Ē	Nan	ne .		13-0	831270		
Ē	lnıtı retu	al	Room/si				
F	Terr	1395 DICCADD DDIVE)869-5800			
F	ateo	ended China and affice and AID and		G Gross receipts \$	14,650,426.		
F		lica- DOCKVITTE MD 20850		H(a) Is this a group r			
-	tion pen	F Name and address of principal officer JOHN GENTILLE	for affiliates?				
		SAME AS C ABOVE		H(b) Are all affiliates in			
_	Taylo	exempt status	(1) or		list. (see instructions)		
		site: WWW.MCAA.ORG	(1) 01	H(c) Group exemption			
		of organization: X Corporation Trust Association Other			M State of legal domicile: NY		
	art I			car or formation. 10001	VI Glate of legal confibile, 14 2		
ــــا	1	Briefly describe the organization's mission or most significant activities SEI	τ ραρπ	III, LINE 1.			
Se	'	bliefly describe the organization's mission of most significant activities	2 LWILL	111, HIND 1.			
Governance	_	Check this box If the organization discontinued its operations or dis	naccad of n	nore than 25% of its not a	ecete		
Ver	2		sposed of fi		25		
ĝ	3	Number of voting members of the governing body (Part VI, line 1a)	L	3	24		
త	4	Number of independent voting members of the governing body (Part VI, line 1	נט	4	24		
Activities	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	250		
ξ	6	Total number of volunteers (estimate if necessary)		6			
Ä		a Total unrelated business revenue from Part VIII, column (C), line 12		7a	130,146.		
		b Net unrelated business taxable income from Form 990-T, line 34		7b	0.		
			,	Prior Year	Current Year		
ē	8	Contributions and grants (Part VIII, line 1h)		823,195.	805,200.		
Revenue	9	Program service revenue (Part VIII, line 2g)		10,797,613.	11,222,779.		
ş	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		193,121.	305,656.		
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		356,390.	241,468.		
	12		2)	12,170,319.	12,575,103.		
	13			31,951.	1,026,924.		
	14	Benefits paid to or for members (Paris), column (A), line 4)		0.	0.		
S	15	Salaries, other 100 mpensation, employee benefits (Part IX, column (A), lines 5-	10)	3,805,810.	3,930,253.		
JS L	16	a Professional fundraising fees (Part Lacolumn (A), line 11e)		0.	0.		
' . xpenses	-	b Total fundraising expenses (Part IX, column (D), line 25)	0.				
⊃̈́ښ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		8,073,711.	8,227,511.		
	18			11,911,472	13,184,688.		
,	19	D 1 10 10 10 10 10 10 10 10 10 10 10 10 1		258,847	-609,585.		
Net Assets or ~	ß			Beginning of Current Year	End of Year		
ets	20	Total assets (Part X, line 16)		15,477,979	14,582,599.		
ASS	21	Total liabilities (Part X, line 26)		3,682,183			
Set .	22			11,795,796			
P	art I						
tine	der ne	nalties of perjury, I declare that I have examined this return, including accompanying sche	dules and sta	atements, and to the best of r	ny knowledge and belief, it is		
- 1		ect, and complete. Declaration of preparer (other than officer) is based on all information of			•		
フ	,	Was ald Man	······································		2013		
رِيَّ) Siç	ın	Signature of officer		Date			
He		DONALD MAY, CFO					
•••		Type or print name and title					
_		Print/Type preparer's name / Preparen's signature /		Date, Check	PTIN + COAA		
Pai	id	Tamiveline & meta Demile	א	11/12/13 If self-empli	PTIN P01330244		
	parer			Firm's EIN	52-1392008		
	e Only		N	1 11111 3 5111	<u> </u>		
551	- Uy	BETHESDA, MD 20814-2930		Phone no.	(301) 951-9090		
 	ıv the	IRS discuss this return with the preparer shown above? (see instructions)		I Hone no.	X Yes No		
	.,	to the forest from the property of the first above 1000 indiadelone)					

	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission.
	THE MECHANICAL CONTRACTORS ASSOCIATION OF AMERICA INC. (MCAA) IS
	DEDICATED TO THE DEVELOPMENT OF THE MECHANICAL CONTRACTING INDUSTRY
	AND THE PROMOTION OF THE INTERESTS AND WELFARE OF ITS MEMBERS. MCAA'S
	PURPOSE IS TO IMPROVE THE CHARACTER OF THE WORK DONE AND LABOR
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported
4a	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	ANNUAL CONVENTION - A FORUM FOR MEMBERS OF THE MECHANICAL CONTRACTING
	INDUSTRY TO LEARN, GET INVOLVED, AND NETWORK WITH OTHER INDUSTRY
	PROFESSIONALS THROUGH EXCEPTIONAL EDUCATIONAL WORKSHOPS, SPECIAL
	SESSIONS AND EXHIBITS.
4b	(Code) (Expenses \$
	MSCA EDUCATION CONFERENCE - THE ONLY INDUSTRY CONFERENCE SPECIFICALLY
	GEARED TO MECHANICAL SERVICE COMPANIES AND THE UNIQUE CHALLENGES AND
	ISSUES THEY FACE. ALSO INCLUDED IS AN EXHIBIT OF PRODUCTS AND SERVICES
	THAT CAN HELP THEM RUN THEIR BUSINESSES MORE EFFICIENTLY.
4c	(Code) (Expenses \$
	NATIONAL EDUCATION INITIATIVE - A SERIES OF HALF-DAY, ONE-DAY, AND
	TWO-DAY COURSES WHICH DELIVER INDUSTRY-CRITICAL CONTENT ON A NUMBER OF
	TOPICS. THESE COURSES ARE OFFERED ON THE LOCAL LEVEL THROUGH MCAA
	AFFILIATE ASSOCIATIONS OR INDIVIDUAL MEMBER COMPANIES. COURSES INCLUDE
	ADVANCED SUPERVISORY EDUCATION, FUNDAMENTALS OF PROJECT MANAGEMENT,
	CLAIMS AVOIDANCE, GREEN 101, JOB OPERATIONS, PROJECT PROFITABILITY
	SEMINARS, AND STRATEGIC MANAGEMENT SEMINARS.
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ►
23200	Form 990 (2012

Part IV Checklist of Required Schedules

	T T T T T T T T T T T T T T T T T T T		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		<u>X</u>
2	Is the organization required to complete Schedule B, Schedule of Contributors	2_	_X_	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		v
_	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		N/	7
_	during the tax year? If "Yes," complete Schedule C, Part II	4_	14 /	_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Χ_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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,		37	
	Part VI	11a	X	
D	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		х
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	1110		
C	assets reported in Part X, line 16° If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	1.0		
_	Part X, line 16 ⁹ If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			1
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	446		X
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b		
15	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			<u></u>
10	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u>x</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	ļ <u>. </u>	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
		Form	990	(2012)

Form 990 (2012) OF AMERICA, INC
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			٠,,
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	1		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	00	X	-
04-	Schedule J	23	Λ_	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	i		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	N/	Α
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	l		
	Schedule L, Part I	25b	N/	A
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? 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			l
	of any of these persons? If "Yes," complete Schedule L, Part III	_27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)	00		-
a		28a	Х	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		-
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
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			
00	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1		
	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, Part II, III, or IV, and		ļ	
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1,,
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	 -	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		NT .	/ 3
•-	If "Yes," complete Schedule R, Part V, line 2	36	N/	A
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	 	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	X	
	Note. All Form 990 filers are required to complete Schedule O			(2012)
		. 5.11		,,

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Form **990** (2012)

	990 (2012) OF AMERICA, INC. 13 0051	<u> </u>		age o						
Par										
	Check if Schedule O contains a response to any question in this Part V			<u> </u>						
			Yes	No						
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 60									
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable									
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming									
	(gambling) winnings to prize winners?	1c	X	<u> </u>						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a 24		х							
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?									
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)									
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a_	X							
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b_	X	<u> </u>						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			i						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X						
b	If "Yes," enter the name of the foreign country			1						
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b_		X						
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	L	<u> </u>						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			}						
	any contributions that were not tax deductible as charitable contributions?	6a	X	ļ						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?	6b	ļ	X						
7	Organizations that may receive deductible contributions under section 170(c). N/A									
а										
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<u> </u>	-						
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7c_	-	 						
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e								
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?									
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f								
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	<u> </u>	 						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A									
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	_8_								
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the organization make any taxable distributions under section 4966? N/A	9a	 	- 						
þ	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	9b	 	+						
10	Section 501(c)(7) organizations. Enter		ļ							
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a	-		1						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	ł								
11	Section 501(c)(12) organizations. Enter									
а	Gross income from members or shareholders N/A 11a	┨								
b	Gross income from other sources (Do not net amounts due or paid to other sources against	Ì		1						
	amounts due or received from them)	-								
		12a	-	+						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	1								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10	 							
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a	+	+						
	Note. See the instructions for additional information the organization must report on Schedule O			ļ						
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans	1								
	Enter the amount of reserves on hand	-	\vdash	X						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	+-	1						
b	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b	l .							

MECHANICAL CONTRACTORS ASSOCIATION

Form 990 (2012)

OF AMERICA, INC 13-0831270

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions									
	Check if Schedule O contains a response to any question in this Part VI			\mathbf{x}						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 25									
	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 1b 24									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2_		X						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, or trustees, or key employees to a management company or other person?	3_		X						
4										
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х						
6	Did the organization have members or stockholders?	6	_X_							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a	<u> X</u>							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		7.7	:						
	persons other than the governing body?	7b	Х	 -						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		37							
a	The governing body?	8a	X							
b	Each committee with authority to act on behalf of the governing body?	8b	X							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		х						
500	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9_		^						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		Yes	No						
100	Did the organization have local chapters, branches, or affiliates?	10a	X	140						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IVa								
J	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		x						
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X						
b										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х							
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
_	in Schedule O how this was done	12c	Х							
13	Did the organization have a written whistleblower policy?	13	Х							
14	Did the organization have a written document retention and destruction policy?	14	Х							
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?		:							
а	The organization's CEO, Executive Director, or top management official	15a	L X							
b	Other officers or key employees of the organization	15b		Х						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		Ì							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b		<u> </u>						
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ► NONE									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılat	le							
	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)									
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, are	id finai	ncial							
	statements available to the public during the tax year									
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	tion 🕨	-							
	DONALD MAY - (301)869-5800									
23200	1385 PICCARD DRIVE, ROCKVILLE, MD 20850	-								
12-10-		Forn	ո 990	(2012						

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization (A)	(B)	(C)					isat	(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one					nne	Reportable	Reportable	Estimated
	hours per	box, unless person is both an officer and a director/trustee)				is bot	h an	compensation	compensation	amount of
	week) C1 &1		T	77.11.43		from the	from related organizations	other compensation
	(list any hours for	individual trustee or director				-		organization	(W-2/1099-MISC)	- from the
	related	ee or	stee			usate		(W-2/1099-MISC)	(,	organization
	organizations	trus	Institutional trustee		Key employee	Highest compensated employee				and related
	below	ıvıdua	itutio	Officer	emp	hest c	mer			organizations
	line)	Ind	Inst	-#J	Key	로등	For			
(1) WILLIAM J. LYNCH	5.00							24 555	0	0
PRESIDENT	F 00	X		X		<u> </u>		31,555.	0.	<u> </u>
(2) MICHAEL R. CABLES	5.00							1 205	0	0
PRESIDENT-ELECT		X		X		-		1,205.	0.	0.
(3) CHUCK FELL	5.00							1 561	0	0
SR. V.P./TREASURER		Х		X		ļ. —		1,561.	0.	0.
(4) STEPHEN R DAWSON	5.00	7,		٠,,				2 065	0	0
V.P./ ASSIS. TREASURER	F 00	X		X				2,965.	0.	0.
(5) MARK A. ROGERS	5.00	٠,		٠,				7 057	^	0
IMMEDIATE PAST PRESIDENT	1 00	Х		X	_	┼—		7,057.	0.	0.
(6) SCOTT BERGER	1.00								_	0 <u>.</u>
DIRECTOR	1 00	X	-		-		<u> </u>	0.	0.	<u> </u>
(7) MICHAEL BRANDT	1.00	7.						0.	0.	0.
DIRECTOR	1 00	X	 	<u> </u>	 	├				<u>_</u>
(8) DON BROWN	1.00	v						0.	0.	0.
DIRECTOR	1.00	X	 		 	-		0.	<u> </u>	<u> </u>
(9) CHARLIE BUTTS, JR.	1.00	х						0.	0.	0.
DIRECTOR	1 00	A	-	-		-		0.		<u></u>
(10) BRETT W. CHRISTIANSEN	1.00	х						0.	0.	0.
DIRECTOR	1.00	Λ			<u> </u>	 		0.	<u>U.</u>	
(11) PETER COMEAU	1.00	Х			ļ			0.	0.	0.
DIRECTOR	1.00	Δ			<u> </u>	-		0.	<u></u>	· ·
(12) CHRISTOPHER W. FITZGERALD	1.00	X			ł			0.	0.	0.
DIRECTOR	1.00	^			 	-		0.	<u>.</u>	<u> </u>
(13) GREG FULLER	1.00	X						0.	0.	0.
DIRECTOR	1.00	^	-		\vdash	+	\vdash	<u>.</u>		
(14) ARMAND KILIJIAN	1.00	X						0.	0.	0.
DIRECTOR	1.00	^	 		┝	┼				
(15) ANDREW S. KRUSE	1.00	Х					1	0.	0.	0.
DIRECTOR (16) TOP LAPRUMMO	1.00	^	\vdash	-	 	+-	<u> </u>	· · · · · · · · · · · · · · · · · · ·	·	J.
(16) JOE LABRUZZO	1.00	X						0.	0.	0.
DIRECTOR A LAKE	1.00	^			+	1		 	<u> </u>	
(17) ROBERT A. LAKE	1.00	X						0.	0.	0.
DIRECTOR	<u>_</u>	Λ		L	1	1	Ь			Form 990 (2012)

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13-0831270

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Form 990 (2012) OF AME									13-0831	2/0	Pa	age o
Part VII Section A. Officers, Directors,	Trustees, Key Em	ploy	ees	and	d Hi	ghe	st C	ompensated Employe	es (continued)			
(A)	(B)			_ (0				(D)	(E)		(F)	
Name and title	Average	(do			Position Reportable Reportab			Reportable	Es	tımate	:d	
	hours per	box, unless per		person is both an director/trustee)		h an	compensation	compensation	am	ount o	of .	
	week	├	ceran	o a o	recto	r/trus	tee)	from	from related		other	
	(list any hours for	ecto						the	organizations		pensa	
	related	or di	9			sated		organization	(W-2/1099-MISC)		om the anızatı	
	organizations	rustee	trustee		ಜ	ubeu		(W-2/1099-MISC)		~	d relate	
	below	lual tr	tiona		gla	st con	_				ınızatı	
	line)	Individual trustee or director	Institutional	Officer	Key employee	Highest compensated employee	Former			,		
(18) GREG M. LEWIS	1.00											_
DIRECTOR		X						742.	0.			0.
(19) RICK PEROSA	1.00											
DIRECTOR		X			<u> </u>			0.	0.			0.
(20) NICHOLAS SAPNAR	1.00								_			_
DIRECTOR		X						0.	0.			0.
(21) FRANK SCHAETZKE	1.00											_
DIRECTOR		X	ļ		ļ			0.	0.			0.
(22) ADAM E. SNAVELY	1.00							4 054				_
DIRECTOR	1 00	X	_					1,371.	0.	ļ		0.
(23) RICHARD A. STARR	1.00							0.50	^			_
DIRECTOR		X						959.	0.	ļ		0.
(24) TOM J. STONE	1.00	,,							0.			Λ
DIRECTOR	1 00	X	_					0.				0.
(25) CHARLIE USHER	1.00	Х						631.	0.			0.
DIRECTOR	40.00	Α.	-				_	631.	0.			<u> </u>
(26) JOHN GENTILLE	40.00			х				532,865.	0.	12	6,9	17
EXECUTIVE VICE PRESIDENT/CEO 1b Sub-total		L	<u> </u>	Λ	<u> </u>		L	580,911.	0.		6,9	
c Total from continuation sheets to Pa	rt VII Saatian A							1,302,473.	0.		7,6	
d Total (add lines 1b and 1c)	it vii, dection A							1,883,384.	0.		$\frac{7}{4}, 6$	
2 Total number of individuals (including b	out not limited to th	IOSE	liste	nd at	2016	2) W.				1	<u> </u>	<u> </u>
compensation from the organization		,000	note	, a a	JO V C	٠, •••	.0 .0		,,000 01 (oportable			10
											Yes	No
3 Did the organization list any former offi	icer, director, or tru	uste	e, ke	y en	nplo	yee,	or I	highest compensated e	mployee on			
line 1a? If "Yes," complete Schedule J	for such individual									3		_X
4 For any individual listed on line 1a, is the	•							•	the organization			i
and related organizations greater than										4	_X_	
5 Did any person listed on line 1a receive	•				-		elate	ed organization or indiv	idual for services	_		37
rendered to the organization? If "Yes,"	complete Schedul	e J f	or s	uch	pers	son				5		<u>X</u>
Section B. Independent Contractors												

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
MORGAN KELLER		
70 THOMAS JOHNSON DR., FREDRICK, MD 21702	FACADE CONSTRUCTION	371,874.
JOHN KOONTZ	INSTRUCTIONAL	
203 STACEY HOLLOW DR, LAFAYETTE, IN 47905	SERVICES	291,454.
PCI COMMUNICATIONS		
3015 COLVIN STREET, ALEXANDRIA, VA 22314	PRODUCTION SERVICES	<u> 177,646.</u>
WASHINGTON SPEAKERS BUREAU		
PO BOX 75021, BALTIMORE, MD 21275	CONFERENCE SPEAKERS	<u> 150,162.</u>
NATIONAL SPEAKER BUREAU, INC., 14047 W.		
PETRONELLA DR. STE. 102, LIBERTYVILLE, IL	CONFERENCE	148,100.
2 Total number of independent contractors (including but not limited to those list		
\$100,000 of compensation from the organization		

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2012)

OF AMERICA, INC

13-0831270

Part VII Section A. Officers, Directors	Trustees, Kev Er	npla	ovee	s. ai	nd F	łıah	est	Compensated Employ	ees (continued)	<u> </u>
(A)	(B)		,,,,,	(((D)	(E)	(F)
Name and title								Reportable	Reportable	Estimated
Tana and the	hours	l (ci	Position check all that apply)				lv)	compensation	compensation	amount of
	per	<u> </u>	THE CHAIR THE			, at apply,		from	from related	other
	week					yee		the	organizations	compensation
	(list any	ector	١.			eg u		organization	(W-2/1099-MISC)	from the
	hours for	ā				ted e		(W-2/1099-MISC)		organization
	related	stee	ruste		a	bens				and related
	organizations	를	onali		oloye	5				organizations
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Рог шег			
		Ē	SE .	ĕ	Ke	_₹	횬			
(27) DONALD MAY	40.00								_	
CFO				X				183,740.	0.	54,420
(28) CYNTHIA BUFFINGTON	40.00									
SENIOR EXECUTIVE DIRECTOR		ļ	L.		X	ļ		198,596.	0.	53,703
(29) BARBARA DOLIM	40.00									
EXECUTIVE DIRECTOR, MSCA					X			182,541.	0.	50,247
(30) JOHN MCNERNEY	40.00	_								
GENERAL COUNSEL						X		244,317.	0.	61,057
(31) DENNIS LANGLEY	40.00									
EXECUTIVE DIRECTOR						Х		132,288.	0.	23,227
(32) PETE CHANEY	40.00									
DIRECTOR, SAFETY AND HEALTH						X		124,376.	0.	43,173
(33) DARIUSH NIKPOURFARD	40.00									
EXECUTIVE DIRECTOR						Х		119,384.	0.	21,121
(34) LU ANN STEELE-CORNMAN	40.00									
CHIEF INFORMATION OFFICER						Х		117,231.	0.	20,743
			ļ		<u> </u>					
							ĺ			
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		1								
						T				
			 	-	<u> </u>		\vdash	<u> </u>		
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	-	 					\vdash	 	 	
		1								
		<u> </u>	L	L	<u> </u>	<u> </u>	L	 	 	
***								1 202 472		227 601
Total to Part VII, Section A, line 1c								1,302,473.	<u> </u>	<u>327,691</u>

Form 990

Form 990 (2012) OF AMER
Part VIII Statement of Revenue

		Check if Schedule O cont	tains a response	to any question i				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ıts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues 1b c Fundraising events 1c						
s, G	С							
ar /	d	Related organizations	1d					
S, E		Government grants (contribut	tions) 1e					
ēΩ		All other contributions, gifts, gran						
the the		similar amounts not included abo		805,200.				
ÖĒ	a	Noncash contributions included in lines		505,255,				
a So		Total. Add lines 1a-1f		>	805 200			
				Business Code				
e,	2 a	MEMBERSHIP DUES		900099	6,507,463.	6,507,463,		
Program Service Revenue	b	CONVENTION		900099	2,353,115.	2,353,115.		
	С	EDUCATIONAL ACTIVITIES		900099	2,004,965.	2,004,965.		
eve		PUBLICATION SALES		541800	357,236.	227,090.	130,146.	
P. P.	е							
בֿ	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f		>	11,222,779,			
	3	Investment income (including	dividends, inter	est, and				
		other similar amounts)		▶	147,339.		_	147,339.
	4	Income from investment of ta	x-exempt bond	oroceeds >				
	5	Royalties			91,696.			91,696.
			(ı) Real	(ıı) Personal				·
	6 a	Gross rents						
	b	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		>				
	7 a	Gross amount from sales of	(ı) Securities	(II) Other				
		assets other than inventory	2,233,640					
	b	Less cost or other basis						
		and sales expenses	2,075,323					
	С	Gain or (loss)	158,317					
	d	Net gain or (loss)			158,317.			158,317.
<u>o</u>	8 a	Gross income from fundraisin	g events (not					
eune		including \$						
Other Reve		contributions reported on line						
e.		Part IV, line 18 a						
됐	b	Less direct expenses	b					
Ĭ	С	Net income or (loss) from fund	draising events	•				
	9 a	Gross income from gaming ac	ctivities See					
		Part IV, line 19	а					
	b	Less direct expenses	b					
	С	Net income or (loss) from gam	ning activities	•				
	10 a	Gross sales of inventory, less	returns					
		and allowances a						
	b	Less cost of goods sold				ļ		
	С	Net income or (loss) from sale	s of inventory	•				
		Miscellaneous Revenu	e	Business Code				
	11 a	MCERF MANAGMENT FEE		900099	150,000.			150,000.
	b	MISCELLANEOUS		900099	-228.			-228.
	С							
	d	All other revenue						<u> </u>
	е	Total. Add lines 11a-11d		>	149,772.			
	12_	Total revenue See instructions.			12,575,103,	11,092,633.	130,146	547 124
23200	9					· 		Form 990 (2012)

Form 990 (2012) OF AMERICA, II
Part IX Statement of Functional Expenses

Secti	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)										
	Check if Schedule O contains a respon		s Part IX								
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to governments and										
	organizations in the United States. See Part IV, line 21	1,021,924.									
2	Grants and other assistance to individuals in										
	the United States See Part IV, line 22	5,000.									
3	Grants and other assistance to governments,										
	organizations, and individuals outside the										
	United States See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors,				-						
	trustees, and key employees	1,431,075.									
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	1,787,671.									
8	Pension plan accruals and contributions (include										
	section 401(k) and 403(b) employer contributions)	238,341.									
9	Other employee benefits	297,105.	<u>.</u>								
10	Payroll taxes	176,061.									
11	Fees for services (non-employees)			1							
а	Management										
b	Legal	15,285.									
С	Accounting	30,730.									
d	Lobbying										
е	Professional fundraising services See Part IV, line 17	60 604			·						
f	Investment management fees	68,694.									
g	Other (If line 11g amount exceeds 10% of line 25,	706 110									
	column (A) amount, list line 11g expenses on Sch O)	786,110. 110,694.	· · · · · · · · · · · · · · · · · · ·								
12	Advertising and promotion	1,368,719.									
13	Office expenses Information technology	248,533.									
14 15	Royalties	1,158.									
16	Occupancy	24,562.									
17	Travel	1,445,509.			•						
18	Payments of travel or entertainment expenses	2/113/3031									
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings	3,238,830.									
20	Interest										
21	Payments to affiliates										
22	Depreciation, depletion, and amortization	255,605.									
23	Insurance	61,134.	·-··								
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)										
	amount, list line 24e expenses on Schedule 0.)	400 711									
а	MERCHANT FEES	106,541.									
b	DUES & SUBSCRIPTIONS	79,892.		 -							
C	REPAIRS & MAINTENANCE	79,078.		 							
d	DESIGN & GRAPHIC ART	67,329.									
	All other expenses	239,108. 13,184,688.		 							
25	Total functional expenses Add lines 1 through 24e	13,104,000.									
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)										
					5 000 (0040)						

Form 990 (2012)
Part X | Balance Sheet OF AMERICA, INC

Part	t X	Balance Sheet			
		Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	591,697.	1	929,943.
	2	Savings and temporary cash investments	2,932,349.	2	1,688,860
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	78,787.	4	51,770
	5	Loans and other receivables from current and former officers, directors,			
	-	trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
its	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
`	9	Prepaid expenses and deferred charges	368,943.	9	469,450
}		Land, buildings, and equipment cost or other	00075200		
		basis Complete Part VI of Schedule D 10a 5, 205, 836.			
	b	Less accumulated depreciation 10b 2,244,553.	2,834,533.	10c	2,961,283
	11	Investments · publicly traded securities	7,863,907.	11	2,961,283, 7,567,609,
	12	Investments other securities See Part IV, line 11		12	
	13	Investments program-related See Part IV, line 11		13	
1	14	Intangible assets		14	
1	15	Other assets See Part IV, line 11	807,763.	15	913,684
ļ	16	Total assets. Add lines 1 through 15 (must equal line 34)	15,477,979.	16	14,582,599
	17	Accounts payable and accrued expenses	284,988.	17	505,665.
	18	Grants payable		18	
	19	Deferred revenue	2,589,432.	19	1,653,790
:	20	Tax-exempt bond liabilities		20	
တ္က :	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,			
<u>a</u>		key employees, highest compensated employees, and disqualified persons			
-		Complete Part II of Schedule L		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	807,763.		913,684
:	26	Total liabilities. Add lines 17 through 25	3,682,183.	26	3,073,139
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
် မို		complete lines 27 through 29, and lines 33 and 34.			
<u>ا</u> ۾	27	Unrestricted net assets	<u>11,795,796.</u>	27	11,509,460
<u> </u>	28	Temporarily restricted net assets		28	
ᅙ 2	29	Permanently restricted net assets		29	
로		Organizations that do not follow SFAS 117 (ASC 958), check here			
p		and complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
Age :	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
듈 :	32	Retained earnings, endowment, accumulated income, or other funds		32	
- :	33	Total net assets or fund balances	11,795,796.	33	11,509,460
:	34	Total liabilities and net assets/fund balances	<u> 15,477,979.</u>	34	14,582,599

Form **990** (2012)

	990 (2012) OF AMERICA, INC		<u>0027</u>	<u> </u>	ray	ye ız
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,57		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,18		
3	Revenue less expenses Subtract line 2 from line 1	3		<u>-60</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11	<u>,79</u>		
5	Net unrealized gains (losses) on investments	5		32	<u>3,2</u>	<u>50.</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	<u> 11</u>	<u>,50</u>	<u>9,4</u>	<u>61.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					igspace
					Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in 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 reviewe	d on a				
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basıs,				
	consolidated basis, or both					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	, , ,	ne audīt,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	nedule O				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Aud	tit			
	Act and OMB Circular A-133?			3a_		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	uired aud	lit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	255	<u> </u>
				Form	990	(2012)

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

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. See separate instructions. 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

	Section 501(c)(4), (5), or (6) organization	•	y rax), or Form 990-62	z, Part V, inte 350 (Frox)	raxj, triefi
		CAL CONTRACTORS	ASSOCIATION	Em	oloyer identification number
		ICA, INC			13-0831270
Pa	ert I-A Complete if the org	janization is exempt und	ler section 501(c)	or is a section 527	organization.
		· · · · · · · · · · · · · · · · · · ·			
1	Provide a description of the organiz	ation's direct and indirect politic	cal campaign activities i	n Part IV	
2	Political expenditures			>	\$
3	Volunteer hours				
Pa	art I-B Complete if the ord	ganization is exempt und	ler section 501(c)((3).	. <u>-</u>
	Enter the amount of any excise tax				\$
	Enter the amount of any excise tax	, ,			\$
	If the organization incurred a section				Yes No
	Was a correction made?	,	•		Yes No
	olf "Yes," describe in Part IV				
		janization is exempt und	der section 501(c),	except section 50	I(c)(3).
1	Enter the amount directly expended	by the filing organization for se	ection 527 exempt funct	tion activities	\$
2	Enter the amount of the filing organ	ization's funds contributed to of	ther organizations for se	ection 527	
	exempt function activities			>	\$
3	Total exempt function expenditures	Add lines 1 and 2 Enter here a	and on Form 1120 POL	1	
	line 17b			>	\$
4	Did the filing organization file Form	1120-POL for this year?			Yes No
5	Enter the names, addresses and en	nployer identification number (E	IN) of all section 527 pc	olitical organizations to wh	ich the filing organization
	made payments For each organiza				
	contributions received that were pro-	omptly and directly delivered to	a separate political orga	anization, such as a sepa	rate segregated fund or a
	political action committee (PAC) If	additional space is needed, pro	vide information in Part	IV	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	• •			filing organization's	contributions received and
				funds If none, enter -0	promptly and directly delivered to a separate
					political organization
					If none, enter -0-
					
			İ	i	

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

Schedule C (Form 990 or 990-EZ) 2012

232041 01-07-13

MECHANICAL CONTRACTORS ASSOCIATION

Schedule C (Form 990 or 990-EZ) 2012	OF AME	<u>RICA,</u>	INC	7044 \(\lambda\)	13-0	0831270 Page 2
Part II-A Complete if the org			mpt under sectio	n 501(c)(3) and file	ed Form 5/68	
(election under sec						
A Check 🕨 📖 if the filing organiza	tion belongs	to an affi	liated group (and list in	Part IV each affiliated	group member's nar	ne, address, EIN,
expenses, and shar	re of excess	lobbying	expenditures).			
B Check ▶ if the filing organiza	tion checked	d box A ai	nd "limited control" pro	visions apply		
	ts on Lobby ditures" mea		nditures unts paid or incurred.)	,	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence public	opinion (grass roots lobbying)			
b Total lobbying expenditures to influ			• • • •			
c Total lobbying expenditures (add li	•		, , , , , , , , , , , , , , , , , , , ,			
d Other exempt purpose expenditure		,		İ		
e Total exempt purpose expenditure		1c and 1c	1)		<u> </u>	
f Lobbying nontaxable amount Enter	,		•	h columns		
If the amount on line 1e, column (a) o			bying nontaxable am			
Not over \$500,000	, , , , , , ,		the amount on line 1e	[
Over \$500,000 but not over \$1,000	2,000		00 plus 15% of the exc	ess over \$500,000		
Over \$1,000,000 but not over \$1,5			00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,			00 plus 5% of the exce			
Over \$17,000,000	000,000	\$1,000,		33 0 ver \$1,500,000		
Over \$17,000,000	L_	Φ1,000,	000			
g Grassroots nontaxable amount (en	tor 25% of I	no 1f)				
h Subtract line 1g from line 1a If zero						
i Subtract line 1f from line 1c If zero					to d'	
			line 1. did the evening	ntion file Form 4700		
j If there is an amount other than ze		line mor	line ir, did trie organiza	ation life Form 4720		Yes No
reporting section 4911 tax for this	·	V A		Castian FO1/h)		res NO
	ations that	made a s		n do not have to comp es 2a through 2f on pa		
	Lobby	ing Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 20	009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))						
1						
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2012

Schedule C (Form 990 or 990 EZ) 2012 OF AMERICA, INC 13-0831270 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(;	a)	(b) Amount	
of th	e lobbying activity	Yes	No		
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	, , , ,				
е	•				
f	Grants to other organizations for lobbying purposes?				
9	Direct contact with legislators, their staffs, government officials, or a legislative body?			·	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				· · · · · · · · · · · · · · · · · · ·
J	Total Add lines 1c through 1i				-
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? † III-A Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)	(5) or se	ection	
. u.	501(c)(6).		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		Χ
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		X
1	answered "Yes." Dues, assessments and similar amounts from members		1	6,50	7,463.
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	tical			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a	5	<u>4,242.</u>
b	Carryover from last year		2b		
С	Total		2c	54	4,242.
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	xcess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	l political			
	expenditure next year?		4	_	0.
	Taxable amount of lobbying and political expenditures (see instructions)		5	5.	<u>4,242.</u>
5					
Par	t IV Supplemental Information	D			
Par Com	T IV Supplemental Information plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5; I	Part II-A (affil	ated group	list), Part II	l-A, line 2,
Par Com	t IV Supplemental Information	Part II-A (affil	lated group	list), Part II	I-A, line 2,
Par Com	T IV Supplemental Information plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5; I	Part II-A (affil	lated group	list), Part II	l-A, line 2,
Par Com	T IV Supplemental Information plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5; I	Part II-A (affil	ated group	list), Part II	I-A, line 2,
Par Com	T IV Supplemental Information plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5; I	Part II-A (affil	lated group	list), Part II	-A, line 2,
Par Com	T IV Supplemental Information plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5; I	Part II-A (affil	lated group	list), Part II	l-A, line 2,
Par Com	T IV Supplemental Information plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5; I	Part II-A (affil	ated group	list), Part II	I-A, line 2,
Par Com	T IV Supplemental Information plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5; I	Part II-A (affil	lated group	list), Part II	l-A, line 2,
Par Com	T IV Supplemental Information plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5; I	Part II-A (affil	ated group	list), Part II	I-A, line 2,
Par Com	T IV Supplemental Information plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5; I	Part II-A (affil	ated group	list), Part II	I-A, line 2,
Par Com	T IV Supplemental Information plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5; I	Part II-A (affil	lated group	list), Part II	I-A, line 2,

Schedule C (Form 990 or 990-EZ) 2012

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

MECHANICAL CONTRACTORS ASSOCIATION

Employer identification number

Pai	t I Organizations Maintaining Donor Advised	d Funds o	r Other Similar Fund	ls or Ac	13-U83127U
Га			i Other Siliniai Fund	15 UI AU	Complete if the
	organization answered "Yes" to Form 990, Part IV, line		onor advised funds	(b)) Funds and other accounts
		(a) D	onor advised funds	(D)) i drids and other accounts
1	Total number at end of year		 		
2	Aggregate contributions to (during year)	· _ .	*****	ļ	
3	Aggregate grants from (during year)	····	· ··-		
4	Aggregate value at end of year			1	
5	Did the organization inform all donors and donor advisors in w	-		used fund	
	are the organization's property, subject to the organization's e	_			Yes No
6	Did the organization inform all grantees, donors, and donor ac				
	for charitable purposes and not for the benefit of the donor or	r donor advis	or, or for any other purpos	e conferri	
Do	impermissible private benefit?		1111/111/11	5 . 11/ 1	Yes No
Pai				Part IV, II	ne /.
1	Purpose(s) of conservation easements held by the organization	•			
	Preservation of land for public use (e.g., recreation or ed	ducation)		•	important land area
	Protection of natural habitat		Preservation of a ce	ertified his	toric structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualification	ied conserva	tion contribution in the form	n of a cor	servation easement on the last
	day of the tax year			Г	
				-	Held at the End of the Tax Year
а	Total number of conservation easements			-	
b	Total acreage restricted by conservation easements			-	2b
С	Number of conservation easements on a certified historic stru		. ,	-	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06,	and not on a historic struc	cture	
	listed in the National Register			_ L	2d
3	Number of conservation easements modified, transferred, rele	eased, exting	juished, or terminated by t	he organi	zation during the tax
	year ▶				
4	Number of states where property subject to conservation eas			-	
5	Does the organization have a written policy regarding the peri		ing, inspection, handling o)†	
_	violations, and enforcement of the conservation easements it				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, a		-		
7	Amount of expenses incurred in monitoring, inspecting, and e				
8	Does each conservation easement reported on line 2(d) above	e satisfy the	requirements of section 17	/U(n)(4)(B)	~ — —
_	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservation		·		
	include, if applicable, the text of the footnote to the organization	ion's financia	ii statements that describe	es the orga	anization's accounting for
Par	conservation easements t III Organizations Maintaining Collections of	Art Hick	orical Traceurae, or	Other S	Similar Assats
T al	Complete if the organization answered "Yes" to Form 9			Ouiei C	minai Assets.
			,	omont on	d belease shoot works of art
13	If the organization elected, as permitted under SFAS 116 (ASI				
	historical treasures, or other similar assets held for public exh	•	,	rance or p	bublic service, provide, in Fart Alli,
	the text of the footnote to its financial statements that describ			مط امصم امد	Names shoot works of art historical
b	If the organization elected, as permitted under SFAS 116 (ASI	•			
	treasures, or other similar assets held for public exhibition, ed	ducation, or r	esearch in furtherance of p	Jubiic Ser	vice, provide the following amounts
	relating to these items (i) Payanua included in Form 900. Part VIII. Inc. 1				▶ ¢
	(i) Revenues included in Form 990, Part VIII, line 1				► \$ ► \$
_	(ii) Assets included in Form 990, Part X		nav aimilav aas its fau fisses	la	
2	If the organization received or held works of art, historical trea			Jiai gain, p	provide
_	the following amounts required to be reported under SFAS 11	10 (ASC 338)	relating to these items		• •
a	Revenues included in Form 990, Part VIII, line 1				\$
р	Assets included in Form 990, Part X				S

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

Schedule D (Form 990) 2012

Sche	MECHANICA dule D (Form 990) 2012 OF AMERIC	AL CONTRACTOR	S ASSOCI	ATION	13-0	0831270	Page 2		
	t III Organizations Maintaining Col		orical Treas	sures. or C					
3	Using the organization's acquisition, accession								
•	(check all that apply)		,		-				
а	Public exhibition	4	Loan or exchan	ae programs					
b	Scholarly research		Other						
c	Preservation for future generations	•							
4	Provide a description of the organization's colle	ctions and explain how th	nev further the c	rganization's	exempt ourpose in	Part XIII			
5	During the year, did the organization solicit or re	•	=						
•	to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No								
Par	t IV Escrow and Custodial Arrange				s" to Form 990. Part				
	reported an amount on Form 990, Part	•	organization an			,,			
1a	Is the organization an agent, trustee, custodian		contributions of	other assets	not included				
	on Form 990, Part X?					Yes	☐ No		
b	If "Yes," explain the arrangement in Part XIII an	d complete the following t	table						
_	,,,,					Amount			
c	Beginning balance				1c				
d	Additions during the year				1d				
e									
f	Ending balance				1f				
2a									
	If "Yes," explain the arrangement in Part XIII C		on has been ord	vided in Part	XIII				
Par									
) Two years ba		ack (e) Four y	ears back		
1a	Beginning of year balance	- 1			1 1				
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the currer	t year end balance (line 1	g, column (a)) h	eld as					
a	Board designated or quasi-endowment	%	J. ("						
b	Permanent endowment	%							
c	Temporarily restricted endowment ▶	— %							
	The percentages in lines 2a, 2b, and 2c should								
За	Are there endowment funds not in the possess	•	at are held and	administered	for the organization				
	by	. .			ŭ	Y	es No		
	(i) unrelated organizations					3a(i)			
	(ii) related organizations					3a(ıi)			
b	If "Yes" to 3a(ii), are the related organizations li	sted as required on Sche	dule R?			3b			
4	Describe in Part XIII the intended uses of the o	·				<u> </u>			
	t VI Land, Buildings, and Equipme					· · · · · · · · · · · · · · · · · · ·			
	Description of property	(a) Cost or other	(b) Cost or	other	(c) Accumulated	(d) Book	value		
		basis (investment)	basis (oth		depreciation		-		

149. 41,496. ► 2,961,283. Schedule D (Form 990) 2012

1,358,796.

466,308. 419,449. 652,700.

50,128.

2,216,959.

1a Land

b Buildings

d Equipment

e Other

c Leasehold improvements

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

652,700.

516,436.

460,945.

3,575,755.

MECHANICAL O Schedule D (Form 990) 2012 OF AMERICA,		S ASSOCIATION	13-(083 <u>1270</u> Page 3
Part VII Investments - Other Securities. See	Form 990, Part X, II	ne 12		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va	aluation Cost or end-o	f-year market value
(1) Financial derivatives			<u>. </u>	
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(1)				
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. See		1 10		
(a) Description of investment type	e Form 990, Part X, (b) Book value		aluation Cost or end-o	f-vear market value
(1)	(B) Book value	(0) 11100 01 11		
(2)			4	
(3)				<u></u>
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13)				
Part IX Other Assets. See Form 990, Part X, line 1	15			
(a) C	Description			(b) Book value
(1) ASSETS HELD TO FUND DEFERE	RED COMPEN	SATION OBLIGA	TION	913,684
(2)				
(3)				
(4)		· <u> · · · · · · · · · · · · · · · · ·</u>		
(5)				
(6)				
(8)				
(9)				
(10)				012 604
Total. (Column (b) must equal Form 990, Part X, col (B) line			P	913,684
Part X Other Liabilities. See Form 990, Part X, III (a) Description of liability	ne ∠5	(b) Book value	 	
		(b) Book value		
(1) Federal income taxes	T C A CIT C NT	012 604	1	
(2) DEFERRED COMPENSATION OBL	LGATION	913,684.]	

			a	
1.		(a) Description of liability		(b) Book value
(1) Fe	deral income t	axes		
(2) D	EFERRED	COMPENSATION	OBLIGATION	913,684.
(3)				
(4)				
(5)_				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
Total. (Col	umn (b) must e	equal Form 990, Part X, col	!. (B) line 25)	▶ 913,684.

2. FIN 48 (ASC 740) Footnote 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) 2012

MECHANICAL CONTRACTORS ASSOCIATION

Sche	dule D (Form 990) 2012 OF AMERICA, INC				0831270	Page 4
Par	t XI Reçonciliation of Revenue per Audited Financial Statemen	ts W	ith Revenue per R	eturr		
1	Total revenue, gains, and other support per audited financial statements			1	12,829,	<u>659.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains on investments	2a	323,250.			
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII)	2d				
е	Add lines 2a through 2d			2e		250.
3	Subtract line 2e from line 1			3	12,506,	<u>409.</u>
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	68,694.			
b	Other (Describe in Part XIII)	4b				
С	Add lines 4a and 4b			4c	68,	694.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	12,575,	<u> 103.</u>
Par	rt XII Reconciliation of Expenses per Audited Financial Stateme	nts V	Vith Expenses per	Retu	rn	
1	Total expenses and losses per audited financial statements			1	13,115,	995.
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		0.
3	Subtract line 2e from line 1			3	13,115,	995.
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	68,694.			
b	Other (Describe in Part XIII)	4b				
С	Add lines 4a and 4b			4c	68,	694.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	13,184,	689.
Pai	rt XIII Supplemental Information				-	
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III,	lines	1a and 4, Part IV, lines 1	b and	2b, Part V, line	4, Part
X, lın	e 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to p	provide	e any additional informat	ion		
PAI	RT X, LINE 2: FOR THE YEARS ENDED DECEMBER	31,	2012 AND 20	11,	MCAA	
HAS	S DOCUMENTED ITS CONSIDERATION OF FASB ASC	740	-10, INCOME	TAX	ES, THAT	<u> </u>
PRO	OVIDES GUIDANCE FOR REPORTING UNCERTAINTY I	NI	NCOME TAXES	AND	HAS	
DE	TERMINED THAT NO MATERIAL UNCERTAIN TAX POS	ITI	ONS QUALIFY	FOR	EITHER	
REC	COGNITION OR DISCLOSURE IN THE CONSOLIDATED	FI	NANCIAL STAT	'EME	NTS.	
THI	E FEDERAL FORM 990, RETURN OF ORGANIZATION	EXE	MPT FROM INC	OME	TAX, IS	5
<u>SUI</u>	BJECT TO EXAMINATION BY THE INTERNAL REVENU	E S	ERVICE, GENE	RAL	LY FOR	
				Sche	dule D (Form 9	90) 2012

			1	MECI	HANICAL	CONTRACTOR	S ASSOCIATI	ON		
Schedule [(Form 990)	2012		<u> </u>	AMERICA (continued)	, INC			13-0831270	Page 5
Part XIII	Supplei	mental in	form	ation	(continued)					
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Employer identification number 13-0831270 Open to Public OMB No 1545-0047 2012 Inspection (h) Purpose of grant or assistance GENERAL UNRESTRICTED GENERAL UNRESTRICTED Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any ONATION ONATION Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ▶ Attach to Form 990. recipient that received more than \$5,000 Part II can be duplicated if additional space is needed 6,000, (d) Amount of 000 000 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table CONTRACTORS ASSOCIATION (c) IRC section 3 Enter total number of other organizations listed in the line 1 table
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. if applicable 501(C)(3) 501(C)(3) Enter total number of other organizations listed in the line 1 table 68-0051386 52-1646891 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? MECHANICAL OF AMERICA 1 (a) Name and address of organization 330 SOUTH PATTERSON AVENUE or government SPRINGFIELD, MO 65802 Name of the organization ROCKVILLE, MD 20850 1385 PICCARD DRIVE Department of the Treasury CONVOY OF HOPE Internal Revenue Service SCHEDULEI (Form 990) Part I Part II MCERF

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232101 12-18-12

Schedule I (Form 990) (2012)

MECHANICAL CONTRACTORS ASSOCIATION

OF AMERICA, INC

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed Schedule I (Form 990) (2012)

Page 2

13-0831270

(f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part IV

232102 12-18-12

SCHEDULE J (Form 990) .

Compensation Information

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

➤ Complete if the organization answered "Yes" to Form 990, Part IV, line 23. OMB No 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

► Attach to Form 990. ► See separate instructions.

MECHANICAL CONTRACTORS ASSOCIATION

Employer identification number 13-0831270

OF AMERICA, INC
Part I Questions Regarding Compensation

		-	Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	X Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	X	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee. Written employment contract			
	Independent compensation consultant X Compensation survey or study			1
	X Form 990 of other organizations Approval by the board or compensation committee	e		
	, pproval by the board of component community		ŀ	
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization.			
а	Receive a severance payment or change-of-control payment?	4a		x
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Х	
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	1	X
Ŭ	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	70		
	The to any of three halo, not the persons and provide the applicable amounts for each term in a art in			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		1	İ
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of			
а	The organization?	5a		
b	Any related organization?	5b		
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of			
а	The organization?	6a		
b	Any related organization?	6b		
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	İ		
	not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		
_HA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	hedule J (For	m 990) 2012

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13-0831270

Page 2

OF AMERICA, Schedule J (Form 990) 2012

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

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

		(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	able	(E) Total of columns	(F) Compensation
(A) Name and Title	•	(i) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	otner deferred compensation	Denemis	(n)-(i)(n)	reported as deterred in prior Form 990
(1) JOHN GENTILLE	ε	371,000.	150,000.	11,865.	107,000.	19,917.	659,782.	0
= =	3	0	0	4	0	0	0	0
(2) DONALD MAY	ε	148,400.	40,000.	-4,660.	31,722.	22,698.	238,160.	0
	Ξ	0	0.	0	0.	0	0.	0.
(3) CYNTHIA BUFFINGTON	Ξ	159,000.	42,500.	-2,904.	33,99	19,704.	252,299.	0.
SENIOR EXECUTIVE DIRECTOR	(II)	0	0	0.	0	- 1	- 1	0
(4) BARBARA DOLIM	(i)	148,400.	37,000.	-2,859.	31,	19,04	232,788.	0
\sim	Ξ	• 0	0	0.				0
1	Ξ	185,500.	57,500.	1,317.	41,21	19,84	305,374.	.0
GENERAL COUNSEL	Ξ	0	0	0.	0		0.	0
(6) DENNIS LANGLEY	Θ	116,000.	14,000.	2,288.	21,57	1,651.	155,515.	0
EXECUTIVE DIRECTOR	•	0	0	0	0	0	0.	0
(7) PETE CHANEY	Ξ	116,000.	9,500.	-1,124.	20,793.	22,380.	167,549.	0.
	Ξ	0	0	0	0	0	0.	0.
J	Ξ							
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MECHANICAL CONTRACTORS ASSOCIATION OF AMERICA, INC

13-0831270

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Schedule J (Form 990) 2012

Part III | Supplemental Information

34

Schedule J (Form 990) 2012

SCHEDULE L

Department of the Treasury

(Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047

Open To Public Inspection

Internal Revenue Service Name of the organization MECHANICAL CONTRACTORS ASSOCIATION **Employer identification number** 13-0831270 OF AMERICA, INC Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990 EZ, Part V, line 40b (d) Corrected? (b) Relationship between disqualified (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (b) Relationship (h) Approved (i) Written by board or (a) Name of (d) Loan to or (c) Purpose (e) Original (g) In (f) Balance due with from the interested person of loan principal amount default? agreement? committee? organization organization? To From Yes Yes Yes No No No **S** Total Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27 (a) Name of interested person (c) Amount of (d) Type of (e) Purpose of (b) Relationship between **ássistance** assistance interested person and the organization

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

Schedule L (Form 990 or 990-EZ) 2012

Schedule L (Form 990 or 990-EZ) 2012 OF AMERICA, INC

	Durainage	Tuesdiane	Inner and Indian on I and	erested Persons.
Part IV	Business	Transactions	involvina int	erested Persons
			0	0.0000

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	zation's
				Yes	No
SALLY GENTILLE	SPOUSE- V.P.		EXECUTIVE C		X
SABINA GRANDIN	SPOUSE- CFO	562.	CONSULTING		X
		-			
					<u> </u>
					
Part V Supplemental Information Complete this part to provide addition	onal information for responses to question	s on Schedule L (see	instructions)		
SCH L, PART IV, BUSINESS	TRANSACTIONS INVOLVI	NG INTEREST	ED PERSONS:		
(A) NAME OF PERSON: SALLY	GENTILLE				
(B) RELATIONSHIP BETWEEN	INTERESTED PERSON AND	D ORGANIZAT	TION:		
SPOUSE- V.P.					
(C) AMOUNT OF TRANSACTION	N \$ 94,007.				
(D) DESCRIPTION OF TRANSP	ACTION: EXECUTIVE COM	MUNICATIONS	S/SPEECH-WRI	TING	1
SERVICES.		· · · · · · · · · · · · · · · · · · ·			
(E) SHARING OF ORGANIZATI	ON REVENUES? = NO				
(A) NAME OF PERSON: SABIN	NA GRANDIN				
(B) RELATIONSHIP BETWEEN	INTERESTED PERSON AN	D ORGANIZAT	rion:		
SPOUSE- CFO				<u> </u>	
(C) AMOUNT OF TRANSACTION	N \$ 562.				
(D) DESCRIPTION OF TRANSA	ACTION: CONSULTING SE	RVICES-PAYI	ROLL SYSTEM	'HRIS	3
SYSTEM.					
(E) SHARING OF ORGANIZATI	ON REVENUES? = 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.

2012
Open to Public Inspection

Name of the organization

MECHANICAL CONTRACTORS ASSOCIATION OF AMERICA, INC

Employer identification number 13-0831270

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
EMPLOYED, AND BY BETTER PUBLIC SERVICE, TO CONTRIBUTE TO THE
ADVANCEMENT OF THE INDUSTRY IN ALL ITS BRANCHES, TO STANDARDIZE THE
MATERIALS AND METHODS USED IN THE INDUSTRY, AND TO UNIFY AND MAKE
EFFECTIVE THE WORK OF LOCAL STATE AND REGIONAL ASSOCIATIONS WITHIN THE
DECLARED OBJECTIVES OF MCAA.
FORM 990, PART VI, SECTION A, LINE 6: MCAA IS A MEMBERSHIP ORGANIZATION
WHICH IS COMPRISED PRIMARILY OF MECHANICAL CONTRACTING COMPANIES FROM
ACROSS THE UNITED STATES. THERE IS ONLY ONE CLASS OF MEMBERSHIP.
FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS OF THE MANUFACTURER
SUPPLIER COUNCIL ELECT THEIR PRESIDENT WHO, IN TURN, IS A MEMBER OF THE
MCAA BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION A, LINE 7B: BY-LAW CHANGES RECOMMENDED BY THE
BOARD OF DIRECTORS MUST BE APPROVED BY THE GENERAL MEMBERSHIP AT THE
ASSOCIATION'S ANNUAL BUSINESS MEETING.
FORM 990, PART VI, SECTION B, LINE 10B: THE ORGANIZATION HAS AFFILIATED
LOCAL ASSOCIATIONS WHICH ARE INDEPENDENT. MCAA DOES NOT HAVE ANY CONTROL OR
INFLUENCE OVER THEIR GOVERNANCE OR OPERATIONS. THEY ARE ALL INDEPENDENT.
FORM 990, PART VI, SECTION B, LINE 11: THE 990 WAS PREPARED BY THE OUTSIDE
ACCOUTANTS AND REVIEWED BY THE EXECUTIVE COMMITTEE ON BEHALF OF THE BOARD.

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

Schedule O (Form 990 or 990-EZ) (2012)

Name of the organization • MECHANICAL CONTRACTORS ASSOCIATION OF AMERICA, INC	Employer identification number 13-0831270
FORM 990, PART VI, SECTION B, LINE 12C: ON AN ANNUAL BASI	S, ALL BOARD
MEMBERS AND MCAA EMPLOYEES ARE PROVIDED WITH A COPY OF TH	E CONFLICT OF
INTEREST POLICY AND ARE REQUIRED TO COMPLETE AND SIGN THE	ACKNOWLEDGMENT
AND DISCLOSURE FORM. ALL COMPLETED FORMS, AS WELL AS ALL	OTHER PERTINENT
INFORMATION PROVIDED BY BOARD MEMBERS, ARE PROVIDED TO AN	D REVIEWED BY THE
MCAA PRESIDENT AND EXECUTIVE VICE PRESIDENT/CEO. ANY BOAR	D MEMBER WHO
PRESENTS ACTUAL OR POTENTIAL CONFLICT OF INTEREST IS RECU	SED FROM
PARTICIPATING IN DEBATES AND VOTING ON THE MATTER.	
FORM 990, PART VI, SECTION B, LINE 15A: THE PERFORMANCE O	F MCAA'S EXECUTIVE
VICE PRESIDENT & CEO IS REVIEWED ANNUALLY BY THE COMPENSA	TION COMMITTEE,
WHICH, IN TURN, ESTABLISHES HIS/HER SALARY. THE COMMITTEE	USES COMPENSATION
SURVEYS AS A FACTOR IN DETERMINING THE LEVEL OF COMPENSAT	ION AND/OR SALARY
INCREASES. UPON THE CONCLUSION OF ITS REVIEW, THE COMPEN	SATION COMMITTEE
CHAIRMAN SENDS A LETTER TO THE CFO DOCUMENTING THE DECISI	ON OF THE
COMMITTEE, WHICH IS INCLUDED IN THE CEO'S PERSONNEL FILE.	THE LAST
COMPENSATION REVIEW PROCESS TOOK PLACE ON DECEMBER 11, 20	12.
FORM 990, PART VI, SECTION C, LINE 19: COPIES OF MCAA'S C	CONFLICT OF
INTEREST POLICY, GOVERNING DOCUMENTS AND FINANCIAL STATEM	MENTS ARE AVAILABLE
FOR REVIEW UPON REQUEST AT MCAA'S OFFICE DURING NORMAL BU	SINESS HOURS.

(Form 990)
Department of the Treasury
Internal Revenue Service SCHEDULE R

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990.

2012 Open to Public Inspection

OMB No 1545-0047

nber

Name of	Name of the organization MECHANICAL CONTI	MECHANICAL CONTRACTORS ASSOCIATION OF AMERICA, INC	ON		E	Employer identification numb
Part	Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)	e if the organization answered "Yes"	to Form 990, Part IV, line 33)			•
	(a) Name, address, and EIN (if applicable)	(b) Primary activity	(c) Legal domicile (state or	(d) Total income	(e) End-of-year assets	(f) Direct controlling
	oi disregarded eriniy		toreign country)			ennny
Part II	Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	tions (Complete if the organization a	inswered "Yes" to Form 990, Par	t IV, line 34 becaus	e it had one or more r	elated tax-exempt

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	(b)(13) ed ?
				501(c)(3))		Yes	No
MCAA POLITICAL ACTION COMMITTEE - 52-2188539							
1385 PICCARD DRIVE							
0	POLITICAL ACTIVITY	MARYLAND	527	N/A	MCAA	×	
							
	!						

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

232161 12-10-12 LHA

Schedule R (Form 990) 2012

MECHANICAL CONTRACTORS ASSOCIATION

Schedule R (Form 990) 2012 OF AMERICA, INC

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

Page 2

13-0831270

(a) (b) (c)	(q)	(c)	(p)	9)	(e)	(£)	(6)		(E)	€	9	(K)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	trolling y	Predomina (related, u excluded fro sections 9	t income related, i tax under i 2-514)	Share of total income	Share of end-of-year assets		ortion- ations?	-UBI n box nedule 1065)	General or managing partner?	General or Percentage managing ownership partner?
							(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	ganizations Taxable arporation or trust durin	as a Corporate tax)	ration or Trust (Co	omplete if the	e organization	answered "Ye	s" to Form	990, Part IV,	line 34 b	ecause it had o	ne or mor	e related
(a) Name, address, and EIN of related organization	<u>~</u>	Prim	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity		entity corp, st)	(f) Share of total income		(g) Share of Perend-of-year ow	(h) Percentage ownership	Section 512(bX13) controlled entity?
							-					
												_
232162 12-10-12				40						Schedule	B (Form	Schedule R (Form 990) 2012

Schedule R (Form 990) 2012

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	8
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more re	lated organizations listed	in Parts II-IV?		_	
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a	•	×
b Gift, grant, or capital contribution to related organization(s)				1p		×
c Gift, grant, or capital contribution from related organization(s)				5	1	×
d Loans or loan quarantees to or for related organization(s)				1d		×
				1		×
				2		
f Dividends from related organization(s)				#		×
g Sale of assets to related organization(s)				19		×
h Purchase of assets from related organization(s)				ŧ		×
i Exchange of assets with related organization(s)				=		×
 Lease of facilities, equipment, or other assets to related organization(s) 				-		×
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
I Performance of services or membership or fundraising solicitations for related organization(s)	anızatıon(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	anızatıon(s)			Ę		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			£	_	×
 Sharing of paid employees with related organization(s) 				9		×
a Dambursament hard to related organization(s) for exhances				- £		×
p neimbul sement paid to refaced organization(s) for expenses				-		×
					<u> </u>	
r Other transfer of cash or property to related organization(s)				-		×
s Other transfer of cash or property from related organization(s)				18		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete th	is line, including covered	relationships and transaction thresholds	ŀ		
(a) Name of other organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	volveď		
(1)						
(2)						
6						
(4)						
(9)			-		i	
(9)						
232163 12-10-12	41		Schedule	Schedule R (Form 990) 2012	(066	2012

MECHANICAL CONTRACTORS ASSOCIATION

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OF AMERICA, INC Schedule R (Form 990) 2012 Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

.) ntage rship				
(k) Percent owners				
(j) General or managing partner? Yes No				
-UBI G box 20 m lie K-1 E 065) Y				
(i) Code V- mount in of Schedu (Form 1				
(h) (i) (j) (k) Uspropor Code V-UBI General or Percentage Induste amount in box 20 managing ownership of Schedule K-1 partner? Ves No (Form 1065) ves No				
(g) Share of end-of-year assets				
(f) Share of total				
(e) Are all 501(c)(3) 00gs 7 Ves No				
(d) Predominant income pa (related, unrelated, excluded from tax under section 512-514) y				
(c) Legal domicile (state or foreign country)				
(b) Primary activity				
(a) Name, address, and EIN of entity				

Schedule R (Form 990) 2012