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Form **990**

SCANNED MAY 2 1 2014.

Depat'ment 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)

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

OMB No 1545-0047
2012
Open to Public Inspection

	roi tile	2012 Calendar year, or tax year beginning 001 1, 2012 and endin	y v	<u>UN 30, ZUI3</u>	
В	Check if applicable	FOUNDATION OF THE WALL AND CEILING		D Employer identifi	cation number
닏	change	INDUSTRY, INC.			
Ļ	change	Doing Business As		52-1	244895
	Initial return Termin ated	Number and street (or P.O. box if mail is not delivered to street address) Room/ 513 WEST BROAD STREET Room/	'suite	E Telephone number 703-	538-1600
Г	Ameno	City, town, or post office, state, and ZIP code		G Gross receipts \$	665,548.
F	Applica			H(a) Is this a group r	
_	pendin			for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates in	
_			507	1	
上	Tax-exe	empt status: X 501(c)(3) 501(c) ()	527	1	list. (see instructions)
		e: WWW.AWCI.ORG		H(c) Group exemption	
_			Year	of formation: 19/8	M State of legal domicile: DC
P		Summary			
a	1 1	Briefly describe the organization's mission or most significant activities: SEE SCHI	EDU	LE O	
Activities & Governance					
Ë	2	Check this box if the organization discontinued its operations or disposed of	more	than 25% of its net a	ssets.
Š		Number of voting members of the governing body (Part VI, line 1a)		3	11
Ğ	1	Number of independent voting members of the governing body (Part VI, line 1b)		4	11
ο 0	1	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	0
ij	1	Total number of volunteers (estimate if necessary)		6	0
≩		, , , , , , , , , , , , , , , , , , , ,		7a	0.
¥		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	B	Net unrelated business taxable income from Form 990-T, line 34	т	Prior Year	<u> </u>
Revenue		0	\vdash	78,695.	Current Year 75,324.
	8	Contributions and grants (Part VIII, line 1h)	<u> </u>		
	9	Program service revenue (Part VIII, line 2g)	<u> </u>	0.	0.
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	⊢	34,401.	44,957.
_	11 1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	<12,144.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		100,952.	117,932.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		13,325.	23,014.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Ś	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		48,910.	50,193.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
g	Ь.	Total fundraising expenses (Part IX, column (D), line 25) > 9,500.			
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		55,433.	81,883.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A)-line 25)		117,668.	155,090.
		Revenue less expenses. Subtract line 18 from line 12		<16,716.	
5	3	Teveride less expenses. Subtract line 10 Horit line 12	RÁ	ginning of Current Year	
Net Assets or	20	Total assets (Part V June 16)	17	1,423,477.	1,442,241.
SS	20		\$ †	46,690.	16,752.
<u>=</u>	21		41-	1,376,787.	1,425,489.
윱	art II	Net assets of fund balances. Subtract line 21 from line 20		1,370,707.	1,423,403.
_			<u> </u>		
		lties of perjury, I declare that I have examined this return, including accompanying schedules and s			y knowledge and belief, it is
tru	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer	nas any knowledge.	<u> </u>
				<u> 4/28/</u> Date	<u>H</u>
Sig	jn	Signature of officer		Date	
He	re	STEVE ETKIN, EXECUTIVE VICE PRESIDENT			
_		Type or print name and title			
		Print/Type preparer's name Preparer's signature	T	Date Check	PTIN
Pai	d	JOHN HUSKINS 11 Hesters	4	42414 self-emptoy	red P01081531
Pre	parer	Firm's name JOHNSON LAMBERT LLP		Firm's EIN	52-1446779
Us	Only	Firm's address 700 SPRING FOREST ROAD, SUITE 115			
	•	RALEIGH, NC 27609		Phone no. (919) 719-6400
Ma	v the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
	., .,, ., .,				

232001 12-10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

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Form **990** (2012)

Form:		2-1244895	Page 2
Pa	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:		
	TO BE AN ACTIVE, UNBIASED SOURCE OF INFORMATION AND EDUCA	ATION TO	
	SUPPORT THE WALL AND CEILING INDUSTRY.		
2	Did the organization undertake any significant program services during the year which were not listed on	<u></u>	X No
	the prior Form 990 or 990-EZ?	∟ Yes	L& No
2	If "Yes," describe these new services on Schedule O.		X No
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.	ii res	LAS NO
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	eacured by exponen	c
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others		
	revenue, if any, for each program service reported.	, the total expenses,	and
4a	04 245		
	THE FOUNDATION OF THE WALL AND CEILING INDUSTRY IMPLEMENT		RES '
		E FINANCIA	
	ASSISTANCE DURING TIMES OF NEED ARISING FROM SUDDEN ILLN	ESS, ACCIDE	INT,
	DEATH OR HARDSHIP BEYOND INSURANCE OR FINANCIAL CAPABILIT	TIES. GRANT	'S
	ARE AVAILABLE TO THE EMPLOYEES AND FAMILIES OF AWCI MEMBI		
	WHO EXPERIENCE A FINANCIAL HARDSHIP CREATED BY UNFORSEEN	CIRCUMSTAN	ICES.
41.	(Code) (Expenses \$ 5,788 • Including grants of \$) (Revenue 9		
4b	(Code) (Expenses \$		л ОЕ)
	ITS ANNUAL RESEARCH SERIES. THE REPORT IS DISTRIBUTED TO		CI OI
	MEMBERSHIP FOR FREE AND MADE AVAILABLE ON THE AWCI WEBSI		
			
4c	(Code) (Expenses \$) (Revenue 5)
			
	· · · · · · · · · · · · · · · · · · ·		
			_
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$	1	
4e	20 105		-

Form **990** (2012)

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FOUNDATION OF THE WALL AND CEILING

Form 990 (2012) INDUSTRY, INC.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		х	
2	If "Yes," complete Schedule A 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			
Ū	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8_		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?		1	х
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10	-	
• •	as applicable.			,
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		-	ŀ
_	Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		_	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	-,,-	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	,		х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
128	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	1
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12.0		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			,,,
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			v
4-	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
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	x	1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	<u> </u>		
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	(2012)

FOUNDATION OF THE WALL AND CEILING Form 990 (2012) INDUSTRY, INC. Part IV Checklist of Required Schedules (continued)

	Note. All Form and main are required to complete achieudie o		990	(0010
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	x	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	x	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	<u> </u>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			u,
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
	If "Yes," complete Schedule N, Part I	31		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	<u> </u>
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	.	X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			,,
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	instructions for applicable filing thresholds, conditions, and exceptions).			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
26	Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified	25b		┢┷
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	٥٠٠		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
Ü	any tax-exempt bonds?	24c		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		\vdash
h	Schedule K. If "No", go to line 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		Х
_ ,	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23_		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	-		
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
21 '	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the	 	res	NO
			Yes	No

52-1244895

18 Enter the number reported in Box 3 of Form 1098. Enter 0- if not applicable 19 b Enter the number of Porms W-25 included in line 1 a. Enter 0- if not applicable 20 of the organization conply with backup withholding rules for reportable payments to vendors and reportable gaining (gambling) with more 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 10 b If at least one is reported on line 2a, did the organization file all required redered employment tax returns? 10 Note, If the sum of lines 1 a and 2a is greater than 250, you may be required redered employment tax returns? 10 b If 1 (1) and 1 and 2a is greater than 250, you may be required for each give enstructions) 11 a D O or more dump the reports of the 2a is greater than 250, you may be required to end the year? 12 b If 1 (1) and 2 is greater than 250, you may be required for each give enstructions) 13 a D C the organization have wintered than seasons income of \$1,000 or more dump the year? 14 b If 1 (1) and		Check if Schedule O contains a response to any question in this Part V					
b Enter the number of Forms W2G included in line 1s Enter 0-if not applicable Del the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize winners? 2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, life of forthe calendar year andrag with or within the year covered by this return b If a least one is reported on line 2a, did the organization tile all required federal employment tax returns? 3 If If the calendar year and 2 is greater than 250, you may be required to e-fife (see instructions) 3 If If we, I see an office is an analysis of the organization the all required federal employment tax returns? 4 If If any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts? 5 If If yes, I see the name of the foreign country. 5 If If yes, I see the the name of the foreign country. 5 If If yes, I see the comparison of the organization have an interest in, or a signature or other authority over, a financial accounts. 5 If If yes, I see the comparison of the organization of the organization of Foreign Bank and Financial Accounts. 5 If If yes, I see the organization of the organization file Form 8886.7? 5 If If yes, I see the organization in tax eductible as charitable contributions? 5 If If yes, I see that the organization file Form 8886.7? 5 If If yes, I see the organization in tax eductible as charitable contributions? 6 If If yes, I see the organization in the wear yes applied by a promotive that was or a party to a prohibitor and party for goods and services provided? 7 Organizations that may receive deductible contributions of a party to a prohibitor and party for goods and services provided? 7 Organizations that may receive deductible on the party of the organization organization services are services provide						Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) withing withing withing withing withing withing the prize withing withing the prize withing the prize withing the prize withing withing the prize withing	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
describingly wrinnings to prize winners? 2a. Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calandar year ending with or within the year covered by the return b if all least one e reported on line 2s, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 a and 2 a is greater than 250, you may be required to e-file (see instructions) 3a. Did the organization have unrelated business gross income of \$1,000 or more during the year? 5b. If **Yes, **Inst it field a Form 990 of If for the year If **No,** provide an explanation in Schedule O 5c. If **Yes,** on the 1 field a Form 990 or business gross income of \$1,000 or more during the year? 5a. Was the organization are bank account; securities account, or other financial accounts? 5b. If **Yes,** other the name of the foreign country, !▶* 5c. Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a. Was the organization and party to a prohibited tax shelter transaction at any time during the tax year? 5a. Was the organization and analy gross neoeples that are or manily gross neoeples that are or manily or protection and you contributions or grifs were not tax deductible? 5b. If **Yes,** of life the organization file Form 8888-7? 5c. If **Yes,** of life the organization interest that are or is a prize you prohibitorion she were your contributions and express statement that such contributions or grifs were not tax deductible? 5c. If **Yes,** of life the organization include with every solicitation an express statement that such contributions or grifs were not tax deductible? 5c. If **Yes,** of life the organization include with every solicitation an express statement that such contributions or grifs were not tax deductible? 5c. If **Yes,** of life the organization notify the donor of the value of the goods or services provided? 5c. If **Yes,** of life the organization notify the donor of the value of the	b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, lead for the calendar year ending with or within the year covered by this return 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) 3 Did the organization have unrelated business gross income of 51,000 or more during the year? 3 If Yes, *has it filed a Form 990 *T for this year /I *No.*, *provide an explanation in Schedule O 3 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4 At any time enter the name of the foreign country. 5 If *Yes,* to line foreign country (such as a bank account, securities account, or other financial accounts. 5 Was the organization and the foreign country. 5 Was the organization and the foreign country (such as a bank account, securities account, or other financial accounts. 5 Was the organization and the foreign country (such as a bank account, securities account, or other financial accounts. 5 Was the organization and the foreign country (such as a bank account, securities account, or other financial accounts. 5 Was the organization file foreign country. 6 If Yes,* to line 5 aor 50, did the organization that it was or is a party to a prohibited tax shelter transaction? 5 If Yes,* to line 5 aor 50, did the organization that it was or is a party to a prohibited tax shelter transaction? 6 If Yes,* to the organization file form 8880 are organization file form 880 and the organization include with every solicitation and express statement that such contributions or did the organization shell the organization include with every solicitation and express statement that such contributions or did the organization file foreign with the orga	C	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportal	ole gaming			l
tied for the calendary year ending with or within the year covered by this return bit of all leasts one is exported on line 2a, did the organization file all required (ederal employment tax returns? Note. If the sum of lines 1 a and 2 a is greater than 250, you may be required to e-file (see instructions) 3 bit of the organization have unrelated business gross in come of \$1,000 or more duming the year? 3 bit 11 **Yes,** has a filed a Form 9901 for this year? 11 **Ne,* provide an explanation in Schedula 0 3 bit 11 **Yes,** enter the name of the foreign country, ▶ ↑ 5 a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5 bit 11 **Yes,** for line 5 aor 5b, did the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5 bit 11 **Yes,** for line 5 aor 5b, did the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5 bit 11 **Yes,** for line 5 aor 5b, did the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5 bit 11 **Yes,** for line 5 aor 5b, did the organization the Form 8886-17 6 bit 12 **Yes,** for the 5 aor 5b, did the organization that it was or is a party to a prohibited tax shelter transaction at any contributions that were not tax deductible? 7 corganizations that may receive deductible contributions under section 170(c). 8 bit 12 **Yes,** did the organization micrules with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 corganizations that may receive deductible contributions under section 170(c). 8 bit 12 **Yes,** did the organization receive a payment in excess of \$5 made party as a contribution of ordanization 170(c). 9 bit the organization received a payment in excess of \$5 made party as a contribution of ordanization 170(c). 9 bit the organization received a payment in excess of \$5 made party as a contribu		(gambling) winnings to prize winners?			1c		
b If a 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) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X X 3b If Yes, *has it filed a Form 990 T for this year? If *No, *provide an explanation in Schedule O 4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5b If Yes, *to list the foreign country (such as a bank account, securities account, or other financial account). 5c Be instructions for filing requirements for Form TD F 90 22.1, Report of Foreign Bank and Financial Accounts. 5d Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5d Did any travable party northy the organization that it was or is a party to a prohibited tax shelter transaction? 6d Did the organization in party to a prohibited that where the standard that was or a party to a prohibited tax shelter transaction? 6d Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductable? 7d Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductable? 7d Did the organization receive deductible contributions under section 170(c). 8d Did the organization in such a payment in excess of 375 made party as a contribution of protein for which it was required to the Form 8282? 8d Did the organization is an express of 375 made party as a contribution of protein for which it was required to the Form 8282 filed during the year of 174 by the property for which it was required to the organization received a contribution of qualified treflectual property, did the organizat	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3		filed for the calendar year ending with or within the year covered by this return	2a	0			
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	<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	90			200	

Form 990 (2012)

INDUSTRY, INC.

52-1244895

Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 11 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 11 b Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X Did the organization have a written whistleblower policy? 13 13 X 14 14 Did the organization have a written document retention and destruction policy? 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? X The organization's CEO, Executive Director, or top management official 15a X 15b Other officers or key employees of the organization 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 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website X Upon request ___ Own website Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: BAHMAN KHERADMAND - 703-534-8300 513 WEST BROAD STREET, NO. 210, FALLS CHURCH,

Form 990 (2012) I

INDUSTRY, INC. 52-1244895

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 F	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 n		orga	111120			npe	15at			
(A)	(B)	(C) Position						(D)	(E)	(F)
Name and Title	Average	(do	not c	heck	more	than	one	Reportable	Reportable	Estimated
	hours per week					is boti or/trus		compensation from	compensation from related	amount of other
	(list any	ē			Π			the	organizations	compensation
	hours for	direc				20	1	organization	(W-2/1099-MISC)	from the
	related	tee or	ıstee	'	1	ensate		(W-2/1099-MISC)	,	organization
	organizations	E S	Institutional trustee		Key employee	Highest compensated employee				and related
	below	Mdus	E E	Officer	e d	hest (mer			organizations
	(list any hours for related organizations below line)	르	ş	8	ş	FB	For		_	
(1) MARK NABITY	1.00			٠,,					,	0
PRESIDENT	1 00	Х	<u> </u>	Х	_		<u> </u>	0.	0.	0.
(2) CAROL KIMMEL-SCHARY	1.00	١.,		٠,,			l			•
VICE PRESIDENT	1 00	X	<u> </u>	X	_		<u> </u>	0.	0.	0.
(3) STEPHEN BAKER	1.00	,,		,,					,	0
SECRETARY/TREASURER	1 00	X	<u> </u>	Х	<u> </u>		_	0.	0.	0.
(4) ROB WATERHOUSE	1.00	١,,					ľ		_	0
IMMEDIATE PAST PRESIDENT	1 00	X	_	_	ļ		_	0.	0.	0.
(5) JOSEPH A. FELDNER	1.00	.,						0.	0.	•
DIRECTOR	1 00	X	<u> </u>	_	<u> </u>	_		0.	0.	0.
(6) LEE ZARETSKY	1.00	Į.,						0.	о.	0
DIRECTOR	1 00	Х	<u> </u>	<u> </u>	⊢	_	_	U •	0.	0.
(7) MIKE HAMILTON	1.00	Į.,						0.	0.	0
DIRECTOR	1.00	X	\vdash			-	_	0.	0.	0.
(8) BRUCE MILLER	1.00	X						0.	o.	0.
DIRECTOR	1.00	^	\vdash	_	-	┢	┝	<u> </u>	-	0.
(9) KEN NAVRATIL	1.00	X						0.	0.	0.
DIRECTOR (10) JOHN RAPAPORT	1.00	₽	⊢	\vdash		┢	┢	- 0.	.	0.
DIRECTOR		x	1	ĺ				0.	0.	0.
(11) PETER WILHELMS	1.00	₽	⊢		┢	-	┢	0.	•	· ·
DIRECTOR	1.00	x						0.	0.	0.
(12) STEVEN ETKIN	4.00	Ĥ	⊢	-	┢	\vdash	\vdash	•		•
EXECUTIVE DIRECTOR	36.00	ł		x	Ì			0.	403,583.	36,265.
EABCULTVE BIRBCIOR	30.00	╁	┢	-	┢	┢	-	1	403,303.	30,203.
		┨		ļ	İ					
	 	<u> </u>	╁	\vdash	┢	╁	\vdash			
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		\vdash	\vdash	 	 	 	 			
		4		1	1	1	1	1	ì	

Pai	T VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees/	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average	_{(do}		Pos		ነ than	one	Reportable	Reportable	е	Es	timate	ed
		hours per	box	, unle	ss pe	rson	is bot	th an	compensation	compensati	on	an	nount	of
		week	Office	cer ar	no a o	Irecto	or/trus	stee)	from	from relate	d		other	
		(list any	텵						the	organizatıoı			pensa	
		hours for	&	ري ا	ŀ		Eg.		organization	(W-2/1099-MI	ISC) from t		om th	
		related organizations	age 24e	trustee		۵.	bens		(W-2/1099-MISC)				anızat	
		below	^편	onat		ploye	E 8						d relat	
		line)	Individual trustee or director	Institutional	Officer	Key employee	Highest compensated employee	Former				orga	anızatı	ons
		, ,	┝≞	트	F	<u>×</u>	로늄	7.						-
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			1				l				:			
1b	Sub-total Sub-total								0.	403,5	83.	3	6,2	65.
С	Total from continuation sheets to Part V	II, Section A							0.		0.			0.
<u>d</u>	Total (add lines 1b and 1c)						<u> </u>		0.	403,5	83.	3	6,2	<u>65.</u>
2	Total number of individuals (including but r	not limited to th	ıose	liste	ed al	bov	e) wl	ho r	eceived more than \$100	0,000 of reportat	ole			
	compensation from the organization								 				Yes	No
3	Did the organization list any former officer,	director or tri	iste	e ke	ov er	nnla	vee	or	highest compensated e	mnlovee on			103	
	line 1a? If "Yes," complete Schedule J for s			-,	.,		-,	,				3		$\tilde{\mathbf{X}}$
4	For any individual listed on line 1a, is the si	um of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from	the organization	,	_		
	and related organizations greater than \$15											4	Х	
5	Did any person listed on line 1a receive or							relat	ted organization or indiv	idual for service:	s			
_	rendered to the organization? If "Yes," con	nplete Schedul	e J f	or s	uch	pers	son					5		X
	Complete the table for your five highest or									£100,000 of one				
1	Complete this table for your five highest countries or the organization. Report compensation for										mpens	ation i	rom	
	(A)								(B)			(C		
	Name and business	address	N	INC	E		_	\dashv	Description of s	services	_ c	ompe	nsatio	n
					-									
			—		•			_						
-									-					-
	Total number of independent contractors (including but r	ot li	mıte	d to	tho	se lu	stec	d above) who received n	nore than	ļ			
	\$100,000 of compensation from the organ						0							

Form 990 (2012) INDUSTR
Part VIII | Statement of Revenue

INDUSTRY, INC.

52-1244895

		Check if Schedule O cont	tains a response	to any question	in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1 a	Federated campaigns	1a					
le si	t	Membership dues	1b					
P, E	•	Fundraising events	1c	48,634.				
護희	•	Related organizations	1d					
S.E	•	Government grants (contribut	tions) 1e					
i Si	f	All other contributions, gifts, gran	its, and					
를		similar amounts not included abo	ove 1f	26,690.				
팀	ç	Noncash contributions included in lines	3 1a-1f \$	25,108.				
Contributions, Gifts, Grants and Other Similar Amounts	<u> </u>	Total. Add lines 1a-1f			75,324.			
				Business Code		_		
8	2 a	<u> </u>						
او چَ	Ł	·						
Program Service Revenue	•	·						
le a	C	d						
5 P	•	·						
•	f	All other program service reve	enue					
\blacksquare	9	Total. Add lines 2a-2f		▶.				
- 1	3	Investment income (including	dividends, intere	st, and	02 000			00 000
		other similar amounts)			23,288.			23,288.
ĺ	4	Income from investment of ta	x-exempt bond p	roceeds				
	5	Royalties	-	<u></u>				
			(ı) Real	(II) Personal				
	6 a	a Gross rents						
		Less rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)		<u> </u>				
	7 8	Gross amount from sales of	(i) Securities	(II) Other				·
		assets other than inventory	549,385.					
	ì	Less: cost or other basis	E 27 716					
		and sales expenses	527,716.					
		Gain or (loss)	21,009.	<u> </u>	21,669.			21,669.
		d Net gain or (loss)		> _	21,009.			21,009.
enne	8 8	40	534 of					
Ver		<u> </u>						
Other Rev		contributions reported on line		17,551.				
her		Part IV, line 18	a b	19,900.				
ŏ		Less: direct expenses	_ ,	13,300.	<2,349.			<2,349.
		 Net income or (loss) from fun Gross income from gaming a 	_		12,525.			12,515.
	5	Part IV, line 19	a a					1
		Less: direct expenses	b					
		Net income or (loss) from gar	- 1			**** * ** *		
		a Gross sales of inventory, less						
		and allowances	a				!	1
		Less. cost of goods sold	b					·
		Net income or (loss) from sale	- 1				a -	
		Miscellaneous Reveni		Business Code	·			
	11 :				1	to the second second		1
		 b						<u> </u>
								1
		d All other revenue				· ·		
	,	e Total. Add lines 11a-11d	•					
	12_	Total revenue. See instructions.			117,932.	0.	0.	42,608.
23200 12-10	9 12							Form 990 (2012)

Form 990 (2012) INDUSTRY, INC.

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must co	omplete column (A)	
	Check if Schedule O contains a respon	ise to any question in th			
	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				
2	Grants and other assistance to individuals in				-
	the United States. See Part IV, line 22	23,014.	23,014.		
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				
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	50,193.		50,193.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
þ	Legal	3,960.		3,960.	
C	Accounting	5,739.		5,739.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	11 11		11 005	
f	Investment management fees	11,225.		11,225.	
g	Other. (If line 11g amount exceeds 10% of line 25,	2 000	2 000	İ	
	column (A) amount, list line 11g expenses on Sch O.)	3,000. 43,176.	3,000. 1,303.	41 072	
12	Advertising and promotion	9,722.	2,788.	41,873.	5,286.
13	Office expenses	9,144.	2,700.	1,040.	5,200.
14	Information technology				
15	Royalties				
16	Occupancy				-
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	\	l	1	
10	Conferences, conventions, and meetings	609.		609.	
19 20	Interest				
21	Payments to affiliates			 +	
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered	·			
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25. column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	ANNUAL DRIVE	4,214.			4,214.
þ	LIBRARY ACQUISITIONS	238.		238.	
c					
d					
е	All other expenses				
25_	Total functional expenses. Add lines 1 through 24e	155,090.	30,105.	115,485.	9,500.
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)				

Form 990 (2012)

art >		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	1	Cash - non-interest-bearing	33,604.	1	35,623.
2	2	Savings and temporary cash investments	77,818.	2	280,180
3	3	Pledges and grants receivable, net		3	
4	ŀ	Accounts receivable, net	19,530.	4	0
5	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	3	Loans and other receivables from other disqualified persons (as defined under		Ť	
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary		1	
1		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	7	Notes and loans receivable, net		7	
į . ε		Inventories for sale or use		8	
, 6	_	Prepaid expenses and deferred charges		9	
- 1		Land, buildings, and equipment: cost or other			<u> </u>
'`	_	basis. Complete Part VI of Schedule D 10a			
	ь	Less accumulated depreciation 10b	*	10c	* *** *** *** ***
11		Investments - publicly traded securities	1,292,525.	11	1,126,438
12		Investments - other securities. See Part IV, line 11		12	
13		Investments - program-related See Part IV, line 11		13	
14		Intangible assets		14	
15		Other assets. See Part IV, line 11		15	
16		Total assets. Add lines 1 through 15 (must equal line 34)	1,423,477.	16	1,442,241
17	7	Accounts payable and accrued expenses	8,164.	17	11,152
18	3	Grants payable		18	
19	9	Deferred revenue		19	5,600
20)	Tax-exempt bond liabilities		20	
21	1	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	2	Loans and other payables to current and former officers, directors, trustees,			
21		key employees, highest compensated employees, and disqualified persons.			ĺ
i		Complete Part II of Schedule L		22	4.5 001.5 1.13
23	3	Secured mortgages and notes payable to unrelated third parties		23	
24	4	Unsecured notes and loans payable to unrelated third parties		24	
25	5	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
Ì		Schedule D	38,526.	25	0
26	<u>6_</u>	Total liabilities. Add lines 17 through 25	46,690.	26	16,752
- (Organizations that follow SFAS 117 (ASC 958), check here			
ß		complete lines 27 through 29, and lines 33 and 34.		-	
See Assets of Tunio balances of See Assets of Tunio balances of See Assets of See Asse	7	Unrestricted net assets	1,376,787.	27	1,425,489
28	В	Temporarily restricted net assets		28	
29	9	Permanently restricted net assets		29	
∄		Organizations that do not follow SFAS 117 (ASC 958), check here			
5		and complete lines 30 through 34.		ļ	
2 30	0	Capital stock or trust principal, or current funds		30	
i 3.	1	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	2	Retained earnings, endowment, accumulated income, or other funds	4	32	
^z 33	3	Total net assets or fund balances	1,376,787.	33	1,425,489
<u>] 3</u>	4_	Total liabilities and net assets/fund balances	1,423,477.	34	1,442,241
					Form 990 (201

FOUNDATION OF THE WALL AND CEILING INDUSTRY INC

orm	990 (2012) INDUSTRY, INC.	52-124	4895	Pag	_{je} 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part XI				\Box		
1 2 3 4 5 6 7 8 9	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	1 2 3 4 5 6 7 8 9	85	5,0° 7,1° 5,7° 5,8°	90. 58. 87. 60.		
Do	column (B))	10	1,425	, 4	<u>89.</u>		
Pa	rt XIII Financial Statements and Reporting				\Box		
	Check if Schedule O contains a response to any question in this Part XII		Ţ,	Yes	No		
1 2a	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 Schedul Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis		2a	-	x		
h	,		2b	X	- :		
Ю	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separation consolidated basis, or both:	te basis,	20				
С	consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?						
3а	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?						
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the req	uired audit					

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3b

Form **990** (2012)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

FOUNDATION OF THE WALL AND CEILING

OMB No 1545-0047 **2012**

Open to Public Inspection

Employer identification number

INDUSTRY, INC. 52-1244895 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. d Type III - Non-functionally integrated a LLI Type I b Type II c Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (vi) Is the (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (iii) Type of organization (vii) Amount of monetary organizátion in col. in col. (i) listed in your organization in col. (described on lines 1-9) organization (i) organized in the U.S.? support governing document? above or IRC section (i) of your support? (see instructions)) Yes No Yes No Yes No

Total

Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2008 (c) 2010 (d) 2011 **(b)** 2009 (e) 2012 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 15 15 Public support percentage from 2011 Schedule A, Part II, line 14 16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012 INDUSTRY, INC. [Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support	elow, please comp	nete Fart II.)		 -		
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and	1-1-1	1-1	1-,	(5) 2011	(0) 2012	(1) 10141
	membership fees received. (Do not		İ				
	ınclude any "unusual grants.")	105,311.	101,280.	72,012.	78,695.	75,324.	432,622.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	44,264.	25,825.	14,150.	12,430.	17,551.	114,220.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-		İ			İ	
	iness under section 513						
4	Tax revenues levied for the organ-				. ———		
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities	ļ					_
	furnished by a governmental unit to	l	ļ			İ	
_	the organization without charge	140 575	107 105	06 160	01 105	00 075	F46 040
	Total. Add lines 1 through 5	149,575.	127,105.	86,162.	91,125.	92,875.	546,842.
7a	Amounts included on lines 1, 2, and	8,000.		850.	2,000.	9,250.	20,100.
h	3 received from disqualified persons Amounts included on lines 2 and 3 received	0,000.		030.	2,000.	5,430.	ZU, 100.
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b	8,000.		850.	2,000.	9,250.	20,100.
	Public support (Subtract line 7c from line 6)	- , ·		320.	=,300.	3,230.	526,742.
Sec	ction B. Total Support	1				<u>, , , , , , , , , , , , , , , , , , , </u>	
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	149,575.	(b) 2009 127,105.	(c) 2010 86,162.	(d) 2011 91,125.	(e) 2012 92,875.	(f) Total 546,842.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	37,123.	36,180.	24,606.	24,197.	23,288.	145,394.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
_	Add lines 10a and 10b	37,123.	36,180.	24,606.	24,197.	23,288.	145,394.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	37,123.	30,100.	24,000.	44,13/·	23,200.	143,374.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support. (Add lines 9, 10c, 11, and 12)	186,698.	163,285.	110,768.	115,322.	116,163.	692,236.
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3) organız	ation,
	check this box and stop here				<u> </u>		
	ction C. Computation of Publi						76.00
	Public support percentage for 2012 (li		=	olumn (f))		15	76.09 %
_	Public support percentage from 2011				<u> </u>	16	76.01 %
	tion D. Computation of Inves			• 10 ••h /6\		47	21 00
	Investment income percentage for 20	•	•	e 13, column (f))		17	21.00 % 17.01 %
	Investment income percentage from 2 33 1/3% support tests - 2012. If the	-	=	on line 14 and line	. 15 is more than ?	18 2 1/2% and line 1	
	more than 33 1/3%, check this box ar						/ is not
ь	33 1/3% support tests - 2011. If the						
-	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

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

FOUNDATION OF THE WALL AND CEILING INDUSTRY, INC.

Employer identification number 52-1244895

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	•
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	_	☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor a	9	
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pai		ganization answered "Yes" to Form 990, Pa	
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e		orically important land area
	Protection of natural habitat	Preservation of a certif	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form o	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structui	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ear	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements r	t holds?	└ Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements du	ring the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during t	the year ▶ \$
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		└── Yes └── No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes t	he organization's accounting for
D	conservation easements.	4 A - 1 U - 1 - 1 - 1 - 1	
Pai	t III Organizations Maintaining Collections o		ner Similar Assets.
	Complete if the organization answered "Yes" to Form		-
1a	If the organization elected, as permitted under SFAS 116 (AS	·	·
	historical treasures, or other similar assets held for public exh		ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS	·	·
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pub	lic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
_	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical tre	·	gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
a	Revenues included in Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		▶ \$

	dule D (Form 990) 2012 INDUSTRY									Page 2
Par	rt III Organizations Maintaining Co	ollections of A	rt, His	torical Tr	easures, c	or Other	Simil	<u>ar Asse</u>	ts (continu	ed)
3	Using the organization's acquisition, accession	n, and other record	ls, chec	k any of the	following that	at are a sig	nıfıcant	use of its	collection	items
	(check all that apply)									
а	Public exhibition	d		Loan or exc	hange progra	ams				
b	Scholarly research	е		Other						
C	Preservation for future generations									
4	Provide a description of the organization's co	llections and explai	n how tl	hey further t	he organızatı	on's exem	pt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit or	receive donations	of art, h	ıstorical trea	sures, or oth	er sımılar a	assets		=	
	to be sold to raise funds rather than to be ma							L	Yes	No_
Par	rt IV Escrow and Custodial Arrang		ete if the	e organizatio	n answered	"Yes" to F	orm 990	, Part IV, I	ıne 9, or	
	reported an amount on Form 990, Part	X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermed	dary for	contribution	ns or other as	sets not 11	ncluded	_	_	
	on Form 990, Part X?							L	Yes	L No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing	table:						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f			
2 a	Did the organization include an amount on Fo	rm 990, Part X, line	21?						」Yes	Щ №
	If "Yes," explain the arrangement in Part XIII.									
Par	rt V Endowment Funds. Complete if	the organization ar	swered	"Yes" to Fo						
		(a) Current year	(b) F	Prior year	(c) Two year	rs back (t) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses				<u> </u>					
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs					<u> </u>				
f	Administrative expenses									
g	End of year balance				l					
2	Provide the estimated percentage of the curre	ent year end baland		g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	· · ·	%								
_	The percentages in lines 2a, 2b, and 2c should									
3a	Are there endowment funds not in the posses	ssion of the organiz	ation th	at are held a	ind administe	ered for th	e organi	zation		
	by:								$\overline{}$	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations		٠.						3a(ii)	
	If "Yes" to 3a(ii), are the related organizations	•							3b	
Da.	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipm									
rai				1		(-) 0 -			(d) D = ele	
	Description of property	(a) Cost or o basis (investr		1	or other (other)		cumulate reciation		(d) Book	value
	Land	Daois (ii resti		Dasis	(50101)		Colution	+		
_	Land			 					-	
b	Buildings			 						
G	Leasehold improvements							_	-	
d	Equipment									
	Other I. Add lines 1a through 1e. (Column (d) must ed	rual Form 990 Part	X. colu	mn (R) line 1	10(c))			•		0.
· via	n rad mes la unough le. (Ooldmir ja) must et	,	- 4	(2), 11116 1	- (-)/			i_		.

Part VIII Investments - Other Securities. See			54-1	244095 Page 3
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation:	Cost or end-of	vear market value
(1) Financial derivatives	(2) 23011 14140	(0)		
(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. Se	e Form 990, Part X, line 13			
(a) Description of investment type	(b) Book value	(c) Method of valuation:	Cost or end-of-	year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(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	16			
	Description			(b) Book value
(1)				(=) ===================================
(2)				
(3)				
(4)		-		
(5)				
(6)				
(7)	-			
(8)	-			
(9)	•			
(10)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line				
Part X Other Liabilities. See Form 990, Part X, I				
1. (a) Description of liability	(k	o) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7) (8)				
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25)			
2 FIN 48 (ASC 740) Footnote In Part XIII, provide the tex		anization's financial stateme	nte that report	the organization's

X

Sche	edule D (Form 990) 2012 INDUSTRY, INC.			52-	1244895	Page 4
	rt XI Reconciliation of Revenue per Audited Financial Stateme	nts With R	evenue per F			
1	Total revenue, gains, and other support per audited financial statements			1	225	,416.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		•			
а	Net unrealized gains on investments	2a	85,860.			
b	Donated services and use of facilities	2b		1		
С	Recoveries of prior year grants	2c		1		
d	Other (Describe in Part XIII.)	2d	21,624.	1		
е	Add lines 2a through 2d			2e	107	,484.
3	Subtract line 2e from line 1			3	117	<u>,484.</u> ,932.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII)	4b		1		
С				4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	117	,932.
	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per	Retu		
1	Total expenses and losses per audited financial statements			1		714.
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		1		
c	Other losses	2c		1		
d	Other (Describe in Part XIII.)	2d	21,624.	1		
e				2e	21	,624.
3	Subtract line 2e from line 1			3		,090.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			Ť		, , , , ,
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			j	
b	Other (Describe in Part XIII.)	4b		1	İ	
	Add lines 4a and 4b	_ 40		4c	İ	0.
				5	155	,090.
5 Pa	rt XIII Supplemental Information] 3	155	,000.
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III	L lines to one	I 4: Dort IV Iron 1	b and	Oh: Dort V line	4. Dort
	e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to				20, Part V, III le	4, Fait
	RT X, LINE 2: MANAGEMENT HAS CONCLUDED THAT				S	
	AT A, BINE 2. MANAGEMENT MAD CONCEDED THAT	I IIII I	OUNDATION	1117		
DD	OPERLY MAINTAINED ITS EXEMPT STATUS AND THA	ממעי ייע	E ARE NO	IINC	ERTAIN T	צמיז
	MENUI MAINIAINED 110 BABAI 1 DIATOD AND 110	TI IIIII	B AKB NO	OITC	BRIAIN .	<u> </u>
DΛ	SITIONS AS OF JUNE 30, 2013.					
-	JITIOND AD OF COME 30, 2013:					
D 7	RT XI, LINE 2D - OTHER ADJUSTMENTS:					
PA	XI AI, LINE ZD - OTHER ADDUSTMENTS:					
G D	DOTAT DIVENIMO				21	,624.
SP.	ECIAL EVENTS				<u> </u>	,044.
						
DA.	RT XII, LINE 2D - OTHER ADJUSTMENTS:					
ΓM	AT ALL, DIME 2D - OTHER ADOUGHERID:			Cat-	dula D. /E	200 00 10
				эспе	dule D (Form 9	19 0) 2012

Schedule D (Fo	om 990) 2012 upplemental Infor	INDUSTRY, INC.	52-1244895 Page 5
Part XIII S	upplemental Inform	mation (continued)	
SPÈCIAL	EVENTS		21,624.
			
_			
			
			
			·
			
	•		
	. <u></u>		
	·		
		·	
			_
			
			

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

2012

OMB No 1545-0047

Open To Public Inspection

Name of the organization

FOUNDATION OF THE WALL AND CEILING INDUSTRY, INC.

Employer identification number 52-1244895

	<u> </u>					
Fundraising Activities. (required to complete this part.	Complete if the organization answe	red "Yes	" to	Form 990, Part IV, I	ne 17. Form 990-EZ	filers are not
1 Indicate whether the organization raise	d funds through any of the following	ng activitie	es. (Check all that apply.	 _	
a Mail solicitations		-		vernment grants		
b Internet and email solicitations	f 🔲 Solicitat	ion of gov	vern	ment grants		
c Phone solicitations	g 🔲 Special	fundraisir	ng e	vents		
d In-person solicitations			•			
2 a Did the organization have a written or	oral agreement with any individual	(including	g off	ficers, directors, trus	stees or	
key employees listed in Form 990, Par			-			☐ No
b If "Yes," list the ten highest paid indivi	iduals or entities (fundraisers) purs	uant to ag	gree	ments under which	the fundraiser is to	be
compensated at least \$5,000 by the o	rganization.					
			1			
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraise have custo or control contribution	ody	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes N	io			
		130 11				
			\dashv			
		ļ				
				_		
			_			
			\neg			-
		ļ	_			
			\dashv			
			\dashv			
		<u> </u>				
Total 3 List all states in which the organization	is registered or licensed to solicit of	contribution	ons	or has been notified	I it is exempt from re	egistration
or licensing.		_				

Schedule G (Form 990 or 990-EZ) 2012 INDUSTRY, INC. 52-1244895 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other events (d) Total events CONVENTION (add col. (a) through 4 GOLF RAFFLE col (c)) (event type) (event type) (total number) Revenue 11,869. 26,556. 27,760. 66,185. Gross receipts 6,369 20,776. 21,489 48,634. 2 Less: Contributions 6,271 5,500 5,780. 17,551. 3 Gross income (line 1 minus line 2) 2,500. 2,500. 4 Cash prizes 3,950. 245. 4,195. Noncash prizes Direct Expenses 6,530 6,530. Rent/facility costs Food and beverages 8 Entertainment 1,107. 5,568 6,675. Other direct expenses 19,900, 10 Direct expense summary. Add lines 4 through 9 in column (d) <2,349.>11 Net income summary. Combine line 3, column (d), and line 10 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No No 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? J Yes No **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _ Yes No b If "Yes," explain:

Sch-	edule G (Form 990 or 990-EZ) 2012 INDUSTRI, INC.	3-12440	DDD Page	3
11	Does the organization operate gaming activities with nonmembers?	Y	res N	0
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?	Y	res 🔲 N	0
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility	13a		%
b	An outside facility	13b	 -	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	□ Y	fes 🔲 N	0
b	of growing revenue reterring by the third party and the amount of gaming revenue received by the organization and the amount and the amo			
_	of gaming revenue retained by the third party \$\sum_{\text{s},"} \text{ enter name and address of the third party:}			
·	res, entername and address of the time party.			
	Name	<u> </u>		
	Address >			
16	Gaming manager information:			
	Name ►			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	Description of services provided P			_
		<u> </u>		_
				_
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	I Is the organization required under state law to make charitable distributions from the gaming proceeds to			
a	retain the state gaming license?	v	res 🔲 N	^
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			٠
	organization's own exempt activities during the tax year > \$	10		
Pa	irt IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns	s (m) and (v)	and Part III	_
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional inform			
				_
				_
	· · · · · · · · · · · · · · · · · · ·			_
		·		_
_				_
				_

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

OMB No 1545-0047

Open to Public

≗ Employer identification number 52-1244895 (h) Purpose of grant or assistance X 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 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) (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. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant THE WALL AND CEILING (c) IRC section if applicable General Information on Grants and Assistance (p) EIN FOUNDATION OF criteria used to award the grants or assistance? INDUSTRY, INC 1 (a) Name and address of organization or government Name of the organization Part. Partil

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2012)

Schedule I (Form 990) (2012)

INDUSTRY, INC.

INDUSTRY, INC.

Fart 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 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
AWCI CARES		23,004.	.0		
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	de the information	n required in Part I,	line 2, Part III, colum	n (b), and any other additional inf	ormation.
SCHEDULE I, PART I, LINE 2: APPLICATI	ATIONS A	ARE COMPLETED	ED AND SENT	т то тнв	
DIRECTOR, EDUCATION AND FOUNDATION	I PROGRAMS	S WITH ALL	SUPPORTING	D	
DOCUMENTATION ATTACHED. THE EMPLOYER	ER OF AN	APPLICANT MUST	MUST COMPLETE	LETE A	
COMPANY SPONSOR VERIFICATION FORM.	THE	COMPANY OFFICER'S	ER'S SIGNATURE	TURE	
SIGNIFIES THE MEMBER COMPANY'S COM	COMPLETE SUI	SUPPORT FOR	THE CONSID	CONSIDERATION OF	
THE APPLICATION AND THE DOLLAR AMO	AMOUNT REQUI	REQUESTED. THE	COMPANY	SPONSOR MAY BE	
CALLED ON TO LIAISE BETWEEN FWCI A	AND THE A	APPLICANT S	SHOULD FURTHER	HER	
INFORMATION BE NEEDED. THIS VERIFICATION	ICATION	FORM IS TO	BE	SENT DIRECTLY FROM	
THE COMPANY TO THE DIRECTOR, EDUCATION	TION AND	FOUNDATION	N PROGRAMS		
232102 12-18-12					Schedule I (Form 990) (2012)

Part IV Supplemental Information
·
ONCE SUBMITTED, APPLICATIONS ARE CONSIDERED FINAL AND COMPLETE. SHOULD
THERE BE QUESTIONS ON THE APPLICATION: THE DIRECTOR, EDUCATION AND
FOUNDATION PROGRAMS WILL CONTACT THE EMPLOYEE SPONSOR AND/OR THE APPLICANT
FOR CLARIFICATION OR FOR ADDITIONAL INFORMATION.
APPLICATIONS ARE HELD IN STRICT CONFIDENCE. AWCI STAFF RECEIVES AND
VERIFIES EACH APPLICATION. ALL PERSONAL INFORMATION, INCLUDING APPLICANT
NAME, COMPANY, AND PLACE OF RESIDENCE, AS WELL AS ACCOUNT NUMBERS, INVOICES
OR OTHER CORRESPONDENCE IS KEPT ANONYMOUS. COPIES OF THE ANONYMOUS
APPLICATION ARE FORWARDED TO THE AWCI CARES EXECUTIVE COMMITTEE FOR A
DECISION BASED ON THE CIRCUMSTANCES OF THE APPLICATION.
A QUORUM OF THE COMMITTEE (VIA EMAIL OR CONFERENCE CALL) REVIEWS THE
APPLICATION. AFTER REVIEW THE COMMITTEE MAKES A RECOMMENDATION FOR THE
GRANT AMOUNT. NOT ALL REQUEST WILL RECEIVE FUNDING. GRANTS AWARDED ARE PAID
ONLY TO ENTITIES OWED. AWCI CARES DOES NOT PAY MONIES TO THE APPLICANT.

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.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

Department of the Treasury

Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

FOUNDATION OF THE WALL AND CEILING INDUSTRY, INC.

Employer identification number 52-1244895

Pa	rt 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			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
ь	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		İ
	and the electronic business, regarding the north energy to the state of the state o	┢▔		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's		İ	
•	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			1 '
	establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			l '
	Tom 550 of Other Organizations			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			١.
_	organization or a related organization:			
	Receive a severance payment or change-of-control payment?	4a	-	X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	х	 -
b	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		х
C	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	These to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Fart III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		}	
·	contingent on the revenues of:			'
а	The organization?	5a		X
	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.	<u></u>		<u> </u>
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
U	contingent on the net earnings of	1		
ء	The organization?	6a		\mathbf{x}
b	Any related organization?	6b		X
J	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	- ~	-	'
•	not described in lines 5 and 6? If "Yes," describe in Part III	7		x
Ω	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		 	
8	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		x
^	•	 	-	 ^``
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			

INDUSTRY, INC.

Schedule J (Form 990) 2012 INDUSTRY, INC.

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

52-1244895

Page 2

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part 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 W-2		and/or 1099-MISC compensation	(C) Retirement and	ple	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benetits	(a)-(i)(a)	reported as deferred in prior Form 990
(1) STEVEN ETKIN	€		0	0.		0.	0.	0
EXECUTIVE DIRECTOR	▣	318,58	85,000.	0.	19,350.	16,915.	439,848.	0
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232112							Schedu	Schedule J (Form 990) 2012

FOUNDATION OF THE WALL AND CEILING INDUSTRY, INC.

Schedule J (Form 990) 2012 Schedule J (Form 990) 2012 INDUSTRY, INC.

Spartill: Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization

FOUNDATION OF THE WALL AND CEILING INDUSTRY, INC.

Employer identification number 52-1244895

Pai	rt I Types of Property							
L	туров от торогоу	(a)	(b)	(c)	(d	<u>n </u>		
		Check if	Number of	Noncash contribute			ina	
		applicable	contributions or	amounts reported of		oution an	nount	ts
_			Items contributed	Form 990, Part VIII, lin	e 1g			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests					_	_	
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous					,		
13	Qualified conservation contribution -							
	Historic structures		i	1				
14	Qualified conservation contribution - Other				-			
15	Real estate - Residential							
16	Real estate · Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory					-		
20	Drugs and medical supplies				-			
21	Taxidemy							
22	Historical artifacts	<u> </u>						
23							-	
	Scientific specimens	 						
24	Archeological artifacts Other ► (AUCTION ITEMS)	X	26	25,10	Q	<u> </u>		
25				23,10	-			
26	Other ()							
27	Other ()							
28	Other (<u> </u>	<u> </u>	<u> </u>				
29	Number of Forms 8283 received by the organ			1				
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29				
							Yes	No
30a	During the year, did the organization receive b							
	at least three years from the date of the initial	contribution	, and which is not	required to be used for	exempt purposes for	-		
	the entire holding period?					30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that r	equires the review	of any non-standard co	ontributions?	31		X
32a	Does the organization hire or use third parties	or related or	rganizations to sol	icit, process, or sell nor	cash			
	contributions?					32a		X
b	If "Yes," describe in Part II							
33	If the organization did not report an amount in	column (c) t	or a type of prope	rty for which column (a) is checked,			
	describe in Part II.					[]		l

Schedule M	(Form 990) (2012) I	NDUSTRY, INC.	52-1244895	Page 2
Part II	Supplemental In the organization is rep Also complete this pa	formation. Complete this part to provide the information required by Part I, I porting in Part I, column (b), the number of contributions, the number of items reart for any additional information.	ines 30b, 32b, and 33, and eceived, or a combination of	d whether of both.
				 -
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<u> </u>				
			4h	
		<u> </u>		
				
	·-··			
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SCHEDULE O

Supplemental Information to Form 990 or 990-EZ

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

FOUNDATION OF THE WALL AND CEILING INDUSTRY, INC.

Employer identification number 52-1244895

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TO BE AN ACTIVE, UNBIASED SOURCE OF INFORMATION AND EDUCATION TO
SUPPORT THE WALL AND CEILING INDUSTRY.
FORM 990, PART VI, SECTION A, LINE 7A: THE BOARD OF DIRECTORS OF AWCI
ANNUALLY ELECTS A NON-MAJORITY OF THE MEMBERS OF THE BOARD OF DIRECTORS OF
FWCI.
FORM 990, PART VI, SECTION B, LINE 11: THE 990 WILL BE REVIEWED BY THE
PRESIDENT OF THE FOUNDATION.
FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF
INTERET POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

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

Related Organizations and Unrelated Partnerships

2012 Open to Public Inspection

OMB No 1545-0047

Employer identification number 52-1244895

Direct controlling

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<u>e</u>

End-of-year assets Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990. Total Income Ð Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or foreign country) FOUNDATION OF THE WALL AND CEILING Primary activity INDUSTRY, INC. Name, address, and EIN (if applicable) of disregarded entity Name of the organization Parti

(g) Section 512(b)(13) ٥ × controlled entity? Yes 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.) Direct controlling entity N/A status (if section Public charity 501(c)(3)) Exempt Code section 501(C)(6) ਉ Legal domicile (state or foreign country) DELAWARE Primary activity TRADE ASSOCIATION 53-0214103, 513 WEST BROAD STREET, NO. 210, ASSOCIATION OF WALL AND CEILING INDUSTRY Name, address, and EIN of related organization FALLS CHURCH, VA 22046 Part II

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

Schedule R (Form 990) 2012

52-1244895

Page 2

FOUNDATION OF THE WALL AND CEILING

Schedule R (Form 990) 2012 INDUSTRY, 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

General or Percentage managing ownership Yes No (i) Section 512(b)(13) controlled entity? . ≆ Identification of Related Organizations Taxable as a Corporation or Trust (Complete of 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.) Percentage ownership Yes Ξ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets \equiv ate allocations? Disproportion-Yes Ξ Share of total income Share of end-of-year assets Type of entity (C corp, S corp, or trust) e Share of total income Direct controlling Predominant income (related, unrelated, excluded from tax under sections 512-514) Ð <u>e</u> Legal domicile (state or foreign country) Direct controlling entity ਉ Primary activity **@** (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization æ <u>a</u> Part IV

232162 12-10-12

Schedule R (Form 990) 2012

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

Schedule R (Form 990) 2012

				Н
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. 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?	s with one or more re	elated organizations listed	in Parts II:1V?	No See
		,		ta 14
 cairt, grant, or capital contribution to related organization(s) c Giff, grant, or capital contribution from related organization(s) 				_
d Loans or loan guarantees to or for related organization(s)				Td Y
e Loans or loan guarantees by related organization(s)				Te X
f Dividends from related organization(s)				# X
g Sale of assets to related organization(s)				1g X
h Purchase of assets from related organization(s)				th X
i Exchange of assets with related organization(s)				1
j Lease of facilities, equipment, or other assets to related organization(s)				-j. X
k Lease of facilities, equipment, or other assets from related organization(s)				* X
I Performance of services or membership or fundraising solicitations for related organization(s)	ลกเzation(s)			×:
	anization(s)			ļ
	ion(s)			1n A
 Sharing of paid employees with related organization(s) 				4 OL
 P Reimbursement paid to related organization(s) for expenses 				1p X
q Reimbursement paid by related organization(s) for expenses				1 _q X
r Other transfer of cash or property to related organization(s)				tr X
s Other transfer of cash or property from related organization(s)	ļ			1s X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete the	is line, including covered	relationships and transaction thresholds	
(a) Name of other organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	olved
ASSOCIATION OF THE WALL AND CEILING (1) INDUSTRY	Ъ	59,300,FMV	FMV	
(2)				
(3)				
(4)				
(5)				
	_			
232163 12-10-12			Schedule R	Schedule R (Form 990) 2012

52-1244895 · Page 4

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FOUNDATION OF THE WALL AND CEILING

Schedule R (Form 990) 2012 INDUSTRY, INC.

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.

age dir	1			1	[] 1	12
(k) ercenta							390) 20
(j) leral or P naging C	Yes						Form (
Gen Gen 1	 		<u> </u>				le R (
(h) (i) (k) (k) Dispropor- Dispr	(Form 1065)						Schedule R (Form 990) 2012
(h) spropor- sonate cations?	No Si					 	
Dis of the	\$				<u>.</u> .	 	
(g) Share of end-of-year	assets						ı
(f) Share of total	income						
(e) Are all partners sec 501(c)(3) orgs?	9	 					
Are Sol ((4) Yes No						
(d) Predominant income pa (related, unrelated, excluded from tax	inder section 512-51						
(c) Legal domicile (state or foreign	country)						
(b) Primary activity							
(a) (b) (c) (d) (d) (d) (d) (e) (e) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e							

FOUNDATION OF THE WALL AND CEILING 52-1244895 Page 5 Schedule R (Form 990) 2012 INDU
Part VII Supplemental Information INDUSTRY, INC. Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Form **8868**

(Rev January 2013) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 1-2013)

_	re filing for an Automatic 3-Month Extension, complet	-			•	► LX.		
	re filing for an Additional (Not Automatic) 3-Month Ex							
	implete Part II unless you have already been granted a c filing (e-file). You can electronically file Form 8868 if y					poration		
required t	o file Form 990-T), or an additional (not automatic) 3-moi	nth extens	sion of time. You can electronically fi	ile Form 88	168 to request an e	extension		
	file any of the forms listed in Part I or Part II with the exi	•						
Personal	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details o	on the elec	tronic filing of this	form,		
Part I	urs gov/efile and click on e-file for Charities & Nonprofits Automatic 3-Month Extension of Time		submit original (no copies nee	eded).				
A corpora	ition required to file Form 990-T and requesting an autor							
Part I only					•	▶ □		
	corporations (including 1120-C filers), partnerships, REM ome tax returns.	IICs, and ti	rusts must use Form 7004 to reques	st an exten	sion of time			
Type or print	Name of exempt organization or other filer, see instru FOUNDATION OF THE WALL AND		ING	Employer	identification num	iber (EIN) or		
File by the	INDUSTRY, INC.				52-12448	95		
due date for filing your	Number, street, and room or suite no. If a P.O. box, see instructions. Social security number					N)		
instructions								
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			01		
Application Return Application						Return		
Is For Code Is For						Code_		
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07		
Form 990	-BL_	02	Form 1041-A			08		
Form 472	O (individual)	03	Form 4720			09		
Form 990		04	Form 5227			10		
	-T (sec 401(a) or 408(a) trust)	05	Form 6069			11		
Form 990	-T (trust other than above)	06	Form 8870			12		
	BAHMAN KHERADM books are in the care of 513 WEST BROAD		""	s CHU	RCH, VA 2	2046		
	none No. ► 703-534-8300		FAX No.					
	organization does not have an office or place of busines					>		
	is for a Group Return, enter the organization's four digit	7						
box ▶ I	. If it is for part of the group, check this box Laquest an automatic 3-month (6 months for a corporation FEBRUARY 17, 2014, to file the exemp	required	to file Form 990-T) extension of time	until		is for.		
is f	or the organization's return for:	n organiza	Mon return for the organization name	eu above	The extension			
	calendar year or X tax year beginning _JUL 1, 2012	, an	nd ending JUN 30, 2013					
2 If ti	ne tax year entered in line 1 is for less than 12 months, o	check reas	ion: Initial return	Final retur	n			
	nis application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any		•	0.		
_	nrefundable credits. See instructions. his application is for Form 990-PF, 990-T, 4720, or 6069,	enter are:	refundable credits and	3a	\$			
	nis application is for Form 990-PF, 990-1, 4720, or 6069, imated tax payments made. Include any prior year oven	=		3ь	s	0.		
	lance due. Subtract line 3b from line 3a. Include your page			30				
				3c	s	0.		
by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ Caution If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-FO and Form 8879-FO for payment instructions.								

LHA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 886	8 (Rev. 1-2013)					Page 2
• If you a	are filing for an Additional (Not Automatic) 3-Month Ex	ctension, c	complete only Part II and check this	box		X
Note. On	ly complete Part II if you have already been granted an a	automatic	3-month extension on a previously fi	led Form	8868.	
	are filing for an Automatic 3-Month Extension, comple					
Part II	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no c	opies needed).	
			Enter filer's	Identifyi	ng number, see Ins	tructions
Type or	Name of exempt organization or other filer, see instru			Employe	r identification num	ber (EIN) or
print	FOUNDATION OF THE WALL AND	CEILI	NG		FO 104404	
File by the due for	INDUSTRY, INC.				52-124489	
filing your return, See	Number, street, and room or suite no. If a P.O. box, s 513 WEST BROAD STREET, NO.		tions.	Social se	curity number (SSI	ብ
Instructions.	City, town or post office, state, and ZIP code. For a for FALLS CHURCH, VA 22046	oreign add	iress, see instructions.			
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			01
Applicati	on	Return	Application			Return
Is For		Code	Is For			Code
Form 990	or Form 990-EZ	01				
Form 990-BL			Form 1041-A			08
Form 4720 (individual)			Form 4720			09
Form 990	·PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)			Form 6069			11
	-T (trust other than above)				12	
STOPI D	o not complete Part II if you were not already granted		natic 3-month extension on a prev	iously file	ed Form 8868.	
	BAHMAN KHERADM		EM NO 210 ENT.	a am	man 112 01	2046
	poks are in the care of ► 513 WEST BROAD none No. ► 703-534-8300	STRE		S CHU	RCH, VA ZZ	2046
		- 1- Ab - 1 A	FAX No. >			
	organization does not have an office or place of business					-1
box >	is for a Group Return, enter the organization's four digit		emption Number (GEN) If it is the control of			
	quest an additional 3-month extension of time until		15, 2014	au memi	ers the extension is	ior.
				, TIIN	30, 2013	
	ne tax year entered in line 5 is for less than 12 months, or			_	return	
	Change in accounting period				o.c.	
7 Sta	te in detail why you need the extension					
	DITIONAL TIME IS NEEDED TO	PREPA	RE A COMPLETE AND A	ACCUR	ATE RETURN	1.
				· ·		
8a if th	nis application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any			
nor	refundable credits. See instructions.				\$	0.
b If th	nis application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated		1	
tax	payments made. Include any prior year overpayment all	lowed as a	a credit and any amount paid			
pre	eviously with Form 8868.			8b_	\$	0.
	ance due. Subtract line 8b from line 8a. Include your pa	-	th this form, if required, by using	i		•
EF	PS (Electronic Federal Tax Payment System). See instru			8c	\$	<u> </u>
Nade	<u> </u>		st be completed for Part II o	-	d d	-11-4
it is true. c	allies of perjury, I declare that I have examined this form, includ orrect, and complete, and that I am authorized to prepare this fo	ung accomp nrm.	panying screoues and statements, and to	me best o	i my knowledge and b	enei"
	. 1 M 1	رج ک	L	Date	- 2/7/1c	
Signature	- Led-Heskys Inde	<u> </u>		Date		m. 1 0010
					Form 8868 (R	54. 1-2U (3)