Department of the Treasury Internal Revenue Service

EXTENDED TO MAY 15, 2018

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter social security numbers on this form as it may be made public:  Information about Form 990 and its instructions is at www.irs.gov/form990	11	ſ
Information about Form 990 and its instructions is at www.irs.gov/form990	- 1 (	

Open to Public Inspection

			information about 1 of the 200 and its instructions is at with	W.IIS.GOVITOTITISSO.	(II) mopeonon
	A F	or the	2016 calendar year, or tax year beginning JUL 1, 2016 and ending	JUN 30, 2017	
	Вс	heck if	C Name of organization	D Employer identifi	cation number
	aį	pplicabl	AMERICAN SOCIETY OF HEATING,		
		Addre:	REFRIGERATING AND A-C ENGINEERS FDN		
	[	Name chang		58-6	274320
		Initial	Number and street (or P O. box if mail is not delivered to street address)  Room/s		
	$\bar{\Gamma}$	Final	1701 WILLIE CIPCIE NIE	(404	
		Jreturn/ termin ated		G Gross receipts \$	2,975,919.
	_	Amend		<del></del>	
	<u> </u>	Jreturn ∏Applic		H(a) Is this a group re	
		Jtión pendir	F Name and address of principal officer.JEFF LITTLETON	for subordinates	
			SAME AS C ABOVE	H(b). Are all subordinates in	
				<del>-</del>	list (see instructions)
			e: WWW.ASHRAE.COM	/H(c) Group exemptio	
				Year of formation: 1994 N	A State of legal domicile: GA
	Pa	rt I	Summary		
	ا بو		Briefly describe the organization's mission or most significant activities FOR THE		ENEFIT OF
	ž		<u>AND TO FURTHER THE CHARITABLE PURPOSES OF TH</u>	<u>IE AMERICAN SO</u>	CIETY OF
	Activities & Governance	2	Check this box $igaplus$ $$ if the organization discontinued its operations or disposed of $\it r$	more than 25% of its net as	sets
	ð	3	Number of voting members of the governing body (Part VI, line 1a)	3	20
	9	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	S	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	0
	ξį	6	Total number of volunteers (estimate if necessary)	6	22
	ţ;	7 a	Total unrelated business revenue from Part VIII, column (C), line 12.	7a	0.
	٩		Net unrelated business taxable income from Form 990 T, line 34 - CEIVER	7b	0.
				Prior Year	Current Year
		8	Contributions and grants (Part VIII, line 1h)	941,317.	1,097,494.
	ž		Contributions and grants (Part VIII, line 1h) / デ / M ロット で / M ロット	0.	0.
	Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	397,139.	361,618.
	ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   IT	0.	0.
			Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,338,456.	1,459,112.
∞	-		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	385,442.	361,160.
2018	Ì		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
			Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
0 3	Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
<u></u>	ĕ				
AUG	Ä		· · · · · · · · · · · · · · · · · · ·	63,589.	113,202.
	ĺ		Other expenses (Part IX, column (A), lines 11a·11d, 11f·24e)	449,031.	474,362.
വ	}		Total expenses Add lines 13 17 (must equal Part IX, column (A), line 25)		
ANNE	_ s	19	Revenue less expenses Subtract line 18 from line 12	889,425.	984,750.
Z	ts or			Beginning of Current Year	End of Year
S	Sse		Total assets (Part X, line 16)	12,333,820.	14,088,286.
<b>U</b> D	g⊈.		Total liabilities (Part X, line 26)	393,515.	334,503.
	銐		Net assets or fund balances Subtract line 21 from line 20	11,940,305.	13,753,783.
		rt II	Signature Block	<del></del>	
			lties of perjury, I declare that I have examined this return, including accompanying schedules and st		y knowledge and belief, it is
	true,	correc	t, and complete. Declaration of preparer (other than officer) is pased on all information of which prep	parer has any knowledge	
	Sign	,	Signature of officer	Date/s	2/18
	Here	e	<u>JEFF LITTLETØ₩,) SECRETARY</u>		//
			Type or print name and little		/
			Print/Type preparer's name Preparer's signature	Date Check	PTIN
	Paid		G. BLISS JONES 7. / Ken Joses Ch	3/31/2018 self-employ	
	Prep	arer	Firm's name JONES AND KOLB	Firm's EIN	58-1763570
	Use (	Only	Firm's address 3475 PIEDMONT ROAD NE, SUITE 1500	′	
			ATLANTA, GA 30305	Phone no. (4	04)262-7920
	May	the II	3S discuses this return with the preparer shown above? (see instructions)		X Yes No

Form 990 (2016)

Form **990** (2016)

Form 990 (2016) REFRIGERATING AND A
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)?			
	If "Yes," complete Schedule A	1_1_	X	<b> </b>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_	-	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			l <u></u>
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> X</u>
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,	۱_		ļ "
_	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	_		v
_	Schedule D, Part III	8		<u> X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			ļ
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV  Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		
10	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,			
_	Part VI	11a		x
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		<u> </u>	
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	1	Х
С	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		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13_		<u>X</u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate 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 other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
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
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<sub>U</sub>
	complete Schedule G, Part III	19	900	(204.6)
		rorm	フプリ	(2016)

REFRIGERATING AND A-C ENGINEERS FDN

Par	t IV Checklist of Required Schedules (continued)			
	<u> </u>		Yes	No
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		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		l
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
00	·	-21		<del> </del>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	00	x	Ì
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	_22_	_^_	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			ì
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		7,	
	Schedule J	23	_ <u>X</u> _	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	į l		
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		ļ
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	Ì '		
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	1		•
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			1
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			Ì
	of any of these persons? If "Yes," complete Schedule L, Part III	27	ļ	х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			<del>  **</del> -
20				
_	Instructions for applicable filing thresholds, conditions, and exceptions).	00-		v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
p	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	<del> </del>	^
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			3,5
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29_		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	ĺ		
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?	ļ		l
	If "Yes," complete Schedule N, Part I	31		X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		ŀ	
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	<u> </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			I -
	If "Yes," complete Schedule R, Part V, line 2	36		<u>x</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			1 <del></del>
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	1	x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<del></del>		† <u> </u>

Form **990** (2016)

Form 990 (2016) REFRIGERATING AND A-C ENGINEERS FDN
Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a   3			
b	Enter the number of Forms W-2G included in line 1a Enter 0 if not applicable	1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and rep	ortable gaming			
	(gambling) winnings to prize winners?		1c	х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule C	)	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account,	count)?	4a		X
b	If "Yes," enter the name of the foreign country. ▶				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?	5b	_	<u>X</u> _
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		_X_
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	ices provided to the payor?	7a		_X_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required			
	to file Form 8282?	İ	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	_		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		<u>7f</u>		
g	If the organization received a contribution of qualified intellectual property, did the organization file For		7g_		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by	by the			
_	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.		_		
	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
0	Section 501(c)(7) organizations. Enter	10-	1 '		
	Г	10a			
		10b			
1	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders	110			
_	Gross income from other sources (Do not net amounts due or paid to other sources against	11a	1		
IJ		11Ь			
2-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1		12a		
	1	12b	120		<del></del>
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	120	1 .		
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
-	Note. See the instructions for additional information the organization must report on Schedule O.				-
h	Enter the amount of reserves the organization is required to maintain by the states in which the				
-	· · · · · · · · · · · · · · · · · · ·	13b			
c	· · · · · · · · · · · · · · · · · · ·	13c	1		
_	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0	14b		
				990	(2016)

AMERICAN SOCIETY OF HEATING. REFRIGERATING AND A-C ENGINEERS FDN 58-6274320 Form 990 (2016) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 20 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 20 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 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 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 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X a The governing body? **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes Nο 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, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X 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 X in Schedule O how this was done 12c 13 X 13 Did the organization have a written whistleblower policy? X 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a a The organization's CEO, Executive Director, or top management official 15b b 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 Х 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

- List the states with which a copy of this Form 990 is required to be filed FGA, AK, AL, AR, CA, CO, CT, FL, HI, IL, KS, KY
- 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.

X Upon request Own website Another's website

exempt status with respect to such arrangements?

Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's

statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records:

ASHRAE, INC. C/O CRAIG WRIGHT - 404-636-8400 30329-2305 1791 TULLIE CIRCLE NE, ATLANTA, GA

SEE SCHEDULE O FOR FULL LIST OF STATES

Form 990 (2016)

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REFRIGERATING AND A-C ENGINEERS FDN

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

Check if Schedule	O contains a res	ponse or note to any	y line in this Part VII

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

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

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

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

Name and Title	(A)	(B)	Orga 	u IIZ		C)	iihei	isai	(D)	(E)	(F)
(1) WILLIAM A. HARRISON		Average hours per	box, uni		Position (do not check more than one box, unless person is both an				Reportable compensation	compensation	Estimated amount of
10.00		hours for related organizations below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization		from the organization and related
ST VICE CHAIRMAN		10.00	x		x				0.	0.	0.
(3) THOMAS E. WATSON		5.00									
No			Х		X				0.	0.	0.
(4) A. DAMON GOWAN	(3) THOMAS E. WATSON	5.00									
TREASURER	2ND VICE CHAIRMAN	<u> </u>	X		X		<u> </u>		0.	0.	0.
S	(4) A. DAMON GOWAN	10.00									
MEMBER	TREASURER		X		X	<u> </u>	<u> </u>		0.	0.	0.
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The contract of the contract	(6) JEFF CLARKE	1.00	l								
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(8) HUGH F CROWTHER     1.00       MEMBER     X       (9) WALTER E DOLL, III     1.00       MEMBER     X       (10) MAUREEN GRASSO     1.00       MEMBER     X       (11) SUSAN S HANSON     1.00       MEMBER     X       (12) MICHAEL N HART     1.00       MEMBER     X       (13) DR. RICHARD B HAYTER, PHD, PE     1.00       MEMBER     X       (14) T RANDALL JONES     1.00       MEMBER     X       (15) WALTER W LAW, JR     X       MEMBER     X       (16) JOE NOWORATZKY     1.00       MEMBER     X       (17) DANIEL C PETTWAY     1.00       MEMBER     X       0.     0.       0.     0.       0.     0.       0.     0.       0.     0.       0.     0.       0.     0.       0.     0.       0.     0.       0.     0.       0.     0.       0.     0.       0.     0.       0.     0.       0.     0.       0.     0.       0.     0.       0.     0.       0.<	•	1.00								•	
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Form 990 (2016)

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WARKICKIN !	POCTET	I OF RE	MIING,		
REFRIGERA'	TING A	ND A-C	ENGINEERS	FDN	58-627432
s. Directors. Truste	es. Kev En	nplovees, and	Highest Compens	ated Empl	ovees (continued)

Section A. Officers, Directors, 1		ploy	ees,			ghe	st C		es (continued)	_		
, (A)	(B)			-	C)			(D)	(E)		(F)	
Name and title	Average	(do		Pos heck		than	one	Reportable	Reportable	- }	Estima	
	hours per week					is bot or/trus		compensation	compensation		amoun	
	(list any						Ė	from the	from related organizations	1,	othe ompens:	
	hours for	<u> </u>						organization	(W-2/1099-MISC		from t	
	related	8	stee			ısate	l	(W-2/1099-MISC)	(** = /	'	organiza	
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	below	Individual trustee or director	Institutional trustee	, ,	ᇣ	Highest compensated employee	퍨			(	organiza	tions
	line)	휼	탏	Officer	\$	팔	Former			_		
(18) J. THOMAS SOBIESKI	1.00	Į										
MEMBER		X					<u> </u>	0.		).		0.
(19) VERLE A. WILLIAMS, PE	1.00	Į						_				
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(20) JAMES E. WOLF	1.00											_
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(21) JEFF LITTLETON	1.00	ł							245 40	.		
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4.0		L	L	<u> </u>	l		Ļ_	0.	345,103		20	805.
1b Sub-total								0.		) .	40,	
c Total from continuation sheets to Par	rt VII, Section A							0.	345,10		20	<u>   0.</u> 805.
d Total (add lines 1b and 1c)			linte							<u>- •   _ </u>	40,	005.
2 Total number of individuals (including b		iose	IISTE	eu a	DOV	e) wi	10 1	eceived more than \$100	,000 or reportable			0
compensation from the organization	<del></del>			-			_	·	<del></del>		Yes	$\overline{}$
3 Did the organization list any former offi	icer director or th	icto	o ka	OI	nole		or	highest compensated a	mployee on			110
line 1a? If "Yes," complete Schedule J			0, NC	y Cı	прк	Jyee,	, 01	ingriest compensated e	inployee on		3	X
4 For any individual listed on line 1a, is th			mn	ane:	atio	n and	d ot	her compensation from	the organization	-	<del>-</del>	<u>^~</u>
and related organizations greater than									tile organization		4 X	
5 Did any person listed on line 1a receive			-						idual for senuces	-	<del>*   ^</del>	+-
rendered to the organization? If "Yes,"							erac	led organization or indiv	idual for services		5	x
Section B. Independent Contractors	complete Scriedur	9 0 1	UI SI	2011	per,	JUIT		<del></del> -			<u>.                                    </u>	<u> </u>
Complete this table for your five highes	t compensated in	dene	ande	nt c	ont	racto	ors t	that received more than	\$100,000 of comp	nesti	on from	
the organization Report compensation	•								=	J. 104ti	011 11 0111	
(A)		-	<u> </u>			<u> </u>	Ï	(B)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(C)	
Name and busir		N	INC	3				Description of s	services	Con	npensat	ion
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							٦					
2 Total number of independent contractor	ors (including but n	ot li	mıte	d to	tho	se li	stec	d above) who received n	nore than			
\$100,000 of compensation from the or	ganization >					0						
										Fo	rm 990	(2016)

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Total revenue were producted or extended to the control of the con			Check if Schedule O cont	ains a response o	r note to anv lin	e in this Part VIII			
Business Code    2						(A)	Related or exempt function	Unrelated business	I from tax under
Business Code    2	nts ts	1 a	Federated campaigns	1a					
Business Code    2	or a	b	Membership dues	1b					
Business Code    2	Am.	c	Fundraising events	1c					
Business Code    2	a it	d	Related organizations	1d					
Business Code    2	ž,E	е	Government grants (contribut	ions) 1e					
Business Code    2	rior S rior	f	All other contributions, gifts, gran	ts, and					
Business Code    2	3,5		similar amounts not included abo	ve 1f	1,097,494.				
Business Code    2	E O	9	Noncash contributions included in lines	1a-1f \$					
2 a   b   b   c   c   c   c   c   c   c   c	<u>0</u> <u>2</u>	<u>h</u>	Total. Add lines 1a-1f	<del></del>	<b>&gt;</b>	1,097,494.			<u> </u>
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including \$ of contributions reported on line 1c). See Part IV, line 18		_		a events (not					
contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a b c d All other revenue e Total. Add lines 11a-11d  12 Total revenue. See instructions.				-	}				
c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a b c d All other revenue e Total, Add lines 11a-11d  12 Total revenue. See instructions.  1 459 112. 0, 0 361 618.	eve			1c). See					
c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a b c d All other revenue e Total, Add lines 11a-11d  12 Total revenue. See instructions.  1 459 112. 0, 0 361 618.	Œ		•						
c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a b c d All other revenue e Total, Add lines 11a-11d  12 Total revenue. See instructions.  1 459 112. 0, 0 361 618.	ş.	b	Less: direct expenses	ь					
Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions.	0	С	Net income or (loss) from fund	draising events					
b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a b c d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions.  b 1,459,112, 0, 0, 361,618.		9 a						-	
c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a b C C C C C C C C C C C C C C C C C C			Part IV, line 19	а					
10 a Gross sales of inventory, less returns and allowances  b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a  b  c  d All other revenue e Total. Add lines 11a-11d  Total revenue. See instructions.  1 459 112.  0 0 0 361 618.		b	Less: direct expenses	b[			ļ		
and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a b c d All other revenue e Total. Add lines 11a-11d  Total revenue. See instructions.  1 459 112.  0 0 0 361 618		С	Net income or (loss) from gan	ning activities					
b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a  b  c  d All other revenue e Total, Add lines 11a-11d  Total revenue. See instructions.  1 459, 112.  0 0 0 361, 618.		10 a	Gross sales of inventory, less	returns					
C Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a  b  C  d All other revenue  e Total. Add lines 11a-11d  Total revenue. See instructions.  1 459 112.  0 0 361 618.			and allowances	. a					
Miscellaneous Revenue  11 a b c d All other revenue e Total. Add lines 11a-11d  Total revenue. See instructions.  12 Total revenue. See instructions.  Business Code  Business Code  11 459 112.  12 Total revenue. See instructions.		b	Less: cost of goods sold	ьĹ					
11 a b c d All other revenue e Total. Add lines 11a-11d  12 Total revenue. See instructions.  1 459 112.  0 0 361 618.		٥	Net income or (loss) from sale				<u> </u>	<u>-</u>	<del> </del>
b			Miscellaneous Revenu	18	Business Code				
c       d All other revenue         e       Total. Add lines 11a-11d         12       Total revenue. See instructions.         b       1,459,112.         0.       0.         361,618.         5,000,0040		11 a						<del></del>	<del> </del> _
e Total. Add lines 11a-11d  12 Total revenue. See instructions.  1 459 112.  0 0 361 618.		b							<del> </del>
e Total. Add lines 11a-11d  12 Total revenue. See instructions.  1 459 112.  0 0 361 618.		С							
12 Total revenue. See instructions. 1 459 112. 0. 0. 361 618.		d		Ţ					<del> </del>
5 . 000 (0040)		e 46				4 /50 465	<u>-</u>		
	82000					1,459,112,		0	Form <b>990</b> (2016)

Form 990 (2016) REFRIGERATING AND A-C ENGINEERS FDN 58-6274320 Page 10
Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns All oth	er organizations must co	omplete column (A).	
	Check if Schedule O contains a respons				
	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	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations	115 010	445 040		
	and domestic governments. See Part IV, line 21	115,948.	115,948.		
2	Grants and other assistance to domestic	245 212	245 212		
	Individuals See Part IV, line 22	245,212.	245,212.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	Ì			
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				·
8	Pension plan accruals and contributions (include			1	
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits		<del></del>		
10	Payroll taxes				
11	Fees for services (non-employees).				
a	Management	<del></del>	<del></del>	<del></del>	<del></del>
b	Legal				
C	Accounting	<del>  </del>			
d e	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees	33,202.		33,202.	
g	Other (If line 11g amount exceeds 10% of line 25,	33/2021		33/2021	<del></del>
3	column (A) amount, list line 11g expenses on Sch O.)	80,000.			80,000.
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy		<del></del>		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	<del></del>			
19	Conferences, conventions, and meetings Interest				
20 21	Payments to affiliates	<del></del>	<del> </del>		
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					<del></del>
b					
C					
đ	<del></del>				<del></del>
	All other expenses	474 360	261 160	22 000	00 000
25	Total functional expenses. Add lines 1 through 24e	474,362.	361,160.	33,202.	80,000.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	•			
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2016)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 1,400,212. 1,605,635. 1 Cash - non-interest-bearing 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 743,687. 372,612. 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 7 Notes and loans receivable, net Inventories for sale or use 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 10a basis. Complete Part VI of Schedule D 10b 10c b Less: accumulated depreciation 10,560,996. 11,738,964. 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 12 13 13 Investments - program-related. See Part IV, line 11 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 12,333,820. 14,088,286. Total assets, Add lines 1 through 15 (must equal line 34) 16 16 17 Accounts payable and accrued expenses 17 179,000. 180,227. 18 Grants payable 18 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons 22 Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 214,515. <u>154,276.</u> 25 Schedule D 334,503. 393.515. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. **Net Assets or Fund Balances** 3,862,210. 4,255,068. 27 27 Unrestricted net assets 814,153. 1,158,828. 28 28 Temporarily restricted net assets 7,263,942. 8,339,887. Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 13,753,783. 11,940,305. 33 Total net assets or fund balances 33 14,088,286. 12,333,820. 34 Total liabilities and net assets/fund balances Form 990 (2016)

AMERICAN SOCIETY OF HEATING, REFRIGERATING AND A-C ENGINEERS FDN 58-6274320 Page 12 Form 990 (2016) Part XI | Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1,459,112. Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) 2 474,362. 2 984,750. Revenue less expenses. Subtract line 2 from line 1 940,305. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 828,728. 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 6 7 Investment expenses 8 Prior period adjustments 8 0. Other changes in net assets or fund balances (explain in Schedule O) 9 9 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, 13,753,783. column (B)) 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No X Accrual If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? X 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. Consolidated basis Both consolidated and separate basis Separate basis b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both X Consolidated basis Both consolidated and separate basis Separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, X review, or compilation of its financial statements and selection of an independent accountant? 2c

If the organization changed either its oversight process or selection process during the tax year, explain in 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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

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

За

Form 990 (2016)

Act and OMB Circular A-133?

#### **SCHEDULE A**

Department of the Treasury

(Form 990 or 990-EZ)

**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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

AMERICAN SOCIETY OF HEATING,

Employer identification number

					AND A-C ENGI				<u>5</u> 1	8-6274320
Pai	tΙ	Reaso			II organizations must co			e instructions.		
The c	organı				or lines 1 through 12, c					
1					n of churches described			)(A)(i).	•	
2		A school	described in <b>sect</b> i	on 170(b)(1)(A)(ii). (A	Attach Schedule E (Form	1 990 or 99	0-EZ).)	1.		
3		A hospital	l or a cooperative	hospital service orga	nization described in se	ction 170	(b)(1)(A)(ii	i).	1_	
4		A medical	research organiza	ation operated in cor	ijunction with a hospital	described	in section	n 170(b)(1)(A)(ili). É	nter t	he hospital's name,
		city, and s								
5		An organi	zation operated fo	or the benefit of a col	lege or university owned	d or operat	ed by a go	overnmental unit de	scrib	ed in
		section 1	170(b)(1)(A)(iv). (C	omplete Part II.)						
6		A federal,	state, or local gov	ernment or governm	ental unit described in s	section 17	O(b)(1)(A)	(v).		
7		An organi	zation that normal	lly receives a substar	ntial part of its support f	rom a gove	ernmental	unit or from the ge	neral (	public described in
		section 1	70(b)(1)(A)(vi). (Co	omplete Part II )						
8		A commu	nity trust describe	d in section 170(b)(	1)(A)(vi). (Complete Parl	: II.)				
9		An agricu	ltural research org	anization described	ın section 170(b)(1)(A)(	ix) operate	d in conju	nction with a land-	grant	college
		or univers	sity or a non-land-g	rant college of agrici	ulture (see instructions).	Enter the	name, city	, and state of the o	college	e or
		university	·							
10		•		•	than 33 1/3% of its sup	-				•
		activities	related to its exen	npt functions - subjec	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of its su	pport	from gross investment
		income ar	nd unrelated busir	ness taxable income	(less section 511 tax) fro	om busine:	sses acqu	ired by the organiz	ation	after June 30, 1975
		See secti	ion 509(a)(2). (Cor	mplete Part III.)						
11					vely to test for public sa					
12	X				vely for the benefit of, to					
		more pub	licly supported or	ganızatıons describe	d in <b>section 509(a)(1)</b> 0	r section (	509(a)(2).	See section 509(a)	)(3). C	heck the box in
		_	_		f supporting organizatio					
а	LX				upervised, or controlled					
		the sup	ported organization	on(s) the power to re	gularly appoint or elect a	a majority o	of the direc	ctors or trustees of	the s	upporting
		_ ~		complete Part IV, Se						
b	L				or controlled in connec					
					anization vested in the s	ame perso	ons that co	ontrol or manage th	e sup	ported
	_		• •	t complete Part IV,						. alala
С	L				g organization operated				egrate	ea with,
	_	_			You must complete I					
d					orting organization oper					
					ation generally must sa				attenti	veness
	_		•	•	nplete Part IV, Sections				no III	
е	L				written determination fro			гтурет, турет, ту	реш	
	Ente		ber of supported (		nally integrated support	ing organiz	Lation.			1
				about the supporte	d organization(s)					
<u> </u>		i) Name of s		(ii) EIN	(III) Type of organization	(iv) is the orga in your governi	nization listed	(v) Amount of mone	atary	(vi) Amount of other
	•	organiza	ation		(described on lines 1-10 above (see instructions))	Yes	No	support (see instruc	tions)	support (see instructions)
ΔM	ERT	CAN S	OCIETY OF	-	abore (see instructions))					
				13-5675095	10		x	361,1	60.	
						1				
		-								
						<u> </u>	<u> </u>			
Tota	ıl .							361,1	60.	0.

Schedule A (Form 990 or 990-EZ) 2016 REFRIGERATING AND A-C ENGINEERS FDN 58-6274320 Page 2 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) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (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 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014(d) 2015 (e) 2016 (f) Total 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties and income from similar sources 9 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 VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc (see instructions) 12 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 2016 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2015 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2016. 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 - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% on more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2016. 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-cifcumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI 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) 2016

632022 09-21-16

Schedule A (Form 990 or 990-EZ) 2016 REFRIGERATING AND A-C ENGINEERS FDN

Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 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) Section A. Public Support (d) 2015 (e) 2016 Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 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 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support. (Subtract line 7c from line 6) Section B. Total Support (c) 2014 Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (d) 2015 (e) 2016 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12) 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 15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f) 15 % 16 Public support percentage from 2015 Schedule A, Part III, line 15 16 <u>%</u> Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2016/(line 10c, column (f) divided by line 13, column (f) 17 % 18 Investment income percentage from 2015 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2016

632023 09-21-16

## Part JV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete

Sec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			Ì
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1_1_	X	ļ
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			l
	organization was described in section 509(a)(1) or (2)	_ 2		X
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		X
þ	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the		1	1
	organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		X
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion		ľ	
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination	ļ	1	ļ
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			Ì
	purposes.	4c_		<u> </u>
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		X
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (III) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in		1	
	Part VI.	6		X
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		X
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		X
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		X
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		_x
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			<u> </u>
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		x
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section	1.5.		T
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		Х
h	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	<u></u>	1	T

determine whether the organization had excess business holdings.)

		27432	0 Pa	ige 5
Par	t JV Supporting Organizations (continued)			
•			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			ĺ
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	1 1		i
	below, the governing body of a supported organization?	11a		X
	A family member of a person described in (a) above?	11b		X
_	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	_11c		X
Sec	tion B. Type I Supporting Organizations			- <del></del> -
_	Diddle de star de la company d		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	}		1
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	'		l
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		[	ĺ
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		x	1
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported		,	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			1
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2	}	x
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations		L	
366	tion of type it oupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	100
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		] '	
	or management of the supporting organization was vested in the same persons that controlled or managed			İ
	the supported organization(s)	1 1		ŀ
Sec	tion D. All Type III Supporting Organizations		L	
	don Dr. a. Typo in copporating organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			1
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1 1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			1
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		İ
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			l
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		(
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions	 ;).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	nstructions	<u>).                                    </u>	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			ļ
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		İ	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1		1
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a_	<u> </u>	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	1		1
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			1
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		1	-
	trustees of each of the supported organizations? Provide details in Part VI.	3a	<u> </u>	<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	<u> </u>	Ц

	dule A (Form 990 or 990-EZ) 2016 REFRIGERATING AND A-C E			58-62/4320 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI \ See instructions A
'	other Type III non-functionally integrated supporting organizations must co	_		r art vi., see ilistructions.
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
_	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		i
7	Other expenses (see instructions)	7	······································	<del>†</del>
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	<del></del>	
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		<del></del>	
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a	_	
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d	<del></del>	
е	Discount claimed for blockage or other		· · · · · · · · · · · · · · · · · · ·	
	factors (explain in detail in Part VI):			
2		2		1
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5		5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functiona		ited Type III supporting or	ganization (see
•		,	,,	

Schedule A (Form 990 or 990-EZ) 2016

Sche Par	dule A (Form 990 or 990 EZ) 2016 REFRIGERATING  Type III Non-Functionally Integrated 509			8-6274320 Page 7
	on D - Distributions	(a)(o) Supporting Orga	amzations (continued)	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		<u> </u>
	Amounts paid to perform activity that directly furthers exemp		<del></del>	
_	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions		<del></del>	
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	<del></del>	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI) See instructions			<u> </u>
3	Excess distributions carryover, if any, to 2016			
а				
b				
С	From 2013			
_ d	From 2014			
е	From 2015			
t	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
i_	Remainder, Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2016 from Section D,			
	line 7· \$			
_a	Applied to underdistributions of prior years			<u> </u>
b	Applied to 2016 distributable amount			( 
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if		}	1
	any Subtract lines 3g and 4a from line 2 For result greater		]	1
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3 <sub>j</sub>			
	and 4c			
8	Breakdown of line 7:		<u> </u>	
а			<u></u>	<del> </del>
b	Excess from 2013			<u> </u>
С	Excess from 2014			ļ
d	Excess from 2015		<u></u>	
e	Excess from 2016		l .	!

Schedule A (Form 990 or 990-EZ) 2016

Schedule A	(Form 990 or 990-EZ	<u> 2016 REFRI</u>	<u>GERATING</u>	<u> </u>	C ENGINE	ERS FDN	<u> 58-6274320 Page</u>
Part.VI	Supplemental I Part IV, Section A, Ii line 1; Part IV, Section Section D, lines 5, 6 (See instructions)	Information. Pines 1, 2, 3b, 3c, 4 on D, lines 2 and 3 i, and 8; and Part	Provide the explain No. 4c, 5a, 6, 9a 3; Part IV, Section V, Section E, lin	anations require , 9b, 9c, 11a, 1 on E, lines 1c, 2 es 2, 5, and 6. <i>i</i>	ed by Part II, line 1b, and 11c; Pa a, 2b, 3a, and 3 Also complete t	e 10, Part II, line 17a art IV, Section B, line 3b; Part V, line 1; Pai his part for any addi	or 17b; Part III, line 12; s 1 and 2; Part IV, Section C, rt V, Section B, line 1e; Part V, tional information.
	(coo manadanana)			<del></del>		<del></del>	<del></del>
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## **SCHEDULE D**

(Form 990)

## Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/form990. AMERICAN SOCIETY OF HEATING,

REFRIGERATING AND A-C ENGINEERS FDN

Employer identification number 58-6274320

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. Total number of conservation easements 2a b Total acreage restricted by conservation easements 2h c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes \_ No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III | Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide

the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Schedule D (Form 990) 2016

(ii) Assets included in Form 990, Part X

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

		RATING AND				<u> 58-62</u>			<u>ige 2</u>
Par	t III   Organizations Maintaining C	collections of Ar	t, Historical Tr	easures, or Oth	<u>er Simil</u>	<u>ar Asse</u>	<b>ts</b> (contini	ued)	
, З	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are a	significant	use of its	collection	ıtems	3
	(check all that apply).								
а	Public exhibition	d	Loan or exc	hange programs					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further th	ne organization's ex	empt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit o	r receive donations of	of art, historical trea	sures, or other simila	ar assets				
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	ollection?			Yes		No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the organizatio	n answered "Yes" o	n Form 99	0, Part IV,	line 9, or		
	reported an amount on Form 990, Pai								
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribution	s or other assets no	t included				
	on Form 990, Part X?		•				Yes		No
	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:						
	,	<b>.</b>	- 0				Amount		
c	Beginning balance				1c				
	Additions during the year				1d				
	Distributions during the year				1e				
	Ending balance				1f				
	Did the organization include an amount on Fe	orm 990. Part X. line	21, for escrow or cu	istodial account liab			Yes		No
	If "Yes," explain the arrangement in Part XIII.	•			•		00		1
Par									
		(a) Current year	(b) Prior year	(c) Two years back		years back	(e) Four	vears !	back
1a	Beginning of year balance	7,627,393,	11,274,781,	10,735,799,		337.865.		025	
b	Contributions	704,869	780,260,	789,176		63,678,		445	
c	Net investment earnings, gains, and losses	736,014.	45,338,	101_071		164,561,		085	
d	Grants or scholarships	329,543.	355,707,	351,265		322,886,		210	
	Other expenditures for facilities								
_	and programs	j	4,043,401,	ļ		302,275,	ļ		
f	Administrative expenses	80,000.	73,878,			5,144.		7	610.
g	End of year balance	8,658,733.	7,627,393.	11,274,781	10	735,799,	9	337	
2	Provide the estimated percentage of the curr						·		
а	Board designated or quasi-endowment		%	"					
b	Permanent endowment ▶ 91.00	%	_						
C		9.00 %							
-	The percentages on lines 2a, 2b, and 2c sho								
За	Are there endowment funds not in the posse		ation that are held a	nd administered for	the organi	zation			
	by:	-			-		ſ	Yes	No
	(i) unrelated organizations						3a(i)		X
	(ii) related organizations						3a(ii)		X
ь	If "Yes" on line 3a(ii), are the related organiza	itions listed as requir	red on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the	•					<u> </u>		
Par	t VI Land, Buildings, and Equipm	nent.		<del>-</del>					
	Complete if the organization answere	d "Yes" on Form 990	), Part IV, line 11a. S	See Form 990, Part )	K, line 10				
	Description of property	(a) Cost or o	ther (b) Cost	or other (c)	Accumulat	ed	(d) Book	value	- <del></del>
		basis (investr	nent) basis	(other) d	epreciation	·			_
1a	Land								
b	Buildings								
c	Leasehold improvements								
d	Equipment								
e	Other								
Tota	I, Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	10c)					0.

Schedule D (Form 990) 2016

			•	
REFRIGERATING	AND	A-C	ENGINEERS	FDN

(1) Francal derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (C) (C) (C) (C) (C) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G	Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value			d-of-year market value
3) Other	1) Financial derivatives				
	2) Closely-held equity interests				
(G) (C) (C) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G					
(G) (C) (C) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G					
CO   CO   CO   CO   CO   CO   CO   CO					
(E) (G) (G) (P) total. (Col. (t) must equal Form 990, Part X, col. (B) line 12.1 ► (b) Book value (c) Mathod of valuation Cost or end-of-year market v. (1) (a) Description of investment (b) Book value (c) Mathod of valuation Cost or end-of-year market v. (1) (2) (3) (4) (6) (Col. (t) must equal Form 990, Part X, col. (B) line 13.1 ► (a) Description (c) Mathod of valuation Cost or end-of-year market v. (b) Book value (c) Mathod of valuation Cost or end-of-year market v. (c) Mathod of valuation Cost or end-of-year market v. (d) (e) Mathod of valuation Cost or end-of-year market v. (					
E					
G    G    G    G    G    G    G    G					
(d) (et) (et) (et) (et) (et) (et) (et) (et					
Gel   Coll. (b)   must equal Form 990, Part X, col. (8) line 12.)   Part VIII  Investments - Program Related.					
part VIII] Investments - Program Related.  Complete of the organization answered "Ves" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13  (a) Description of investment (b) Book value (c) Method of valuation. Cost or end-of-year market v.  (1) (2) (3) (4) (5) (6) (7) (8) (9) Part IX] Other Assets.  Complete of the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15  (a) Description of investment (b) Book value (c) Method of valuation. Cost or end-of-year market v.  (a) Description (b) Book value (c) Method of valuation. Cost or end-of-year market v.  (c) Method of valuation. Cost or end-of-year market v.  (d) Description (e) Book value (f) Book value (g					
Investments - Program Related.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13 (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market v. (1) (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9					
(a) Description of investment (b) Book value (c) Method of valuation. Cost or end-of-year market v. (1) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (1) Federal income taxes (2) ANNUITY PAYABLE (15) (6) (7) (17) (8) (19) (19) (19) (19) (19) (19) (19) (19					
(a) Description of investment (b) Book value (c) Method of valuation. Cost or end-of-year market v. (1) (2) (3) (4) (4) (5) (6) (6) (7) (8) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	Complete if the organization answered "Yes" of	on Form 990, Part IV	, line 11c. See Form 990,	Part X, line 13	
(2) (3) (4) (5) (6) (7) (8) (9) Part IX   Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15  (a) Description (b) must equal Form 990, Part X, col. (B) line 15.)  (b) Book va  (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X   Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description (b) must equal Form 990, Part X, col. (B) line 15.)  Part X   Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  (1) Federal income taxes (2) ANNUITY PAYABLE 154, 276. (3) (4) (5) (6) (7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, col (B) line 25)  ▶ 154, 276.					d-of-year market value
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. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				<u></u>	<del></del>
organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part 3	•		<del>-</del>		_

AMERICAN SOCIETY OF HEATING, REFRIGERATING AND A-C ENGINEERS FDN 58-6274320 Page 4 Schedule D (Form 990) 2016 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12. 2 Net unrealized gains (losses) on investments 2a 2b Donated services and use of facilities 2c Recoveries of prior year grants d Other (Describe in Part XIII.) 2d Add lines 2a through 2d 26 Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1. Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) c Add lines 4a and 4b 4c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25. 2 2a Donated services and use of facilities **b** Prior year adjustments 2b c Other losses 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART V, LINE 4: TO PROVIDE AWARDS TO PEOPLE WHO HAVE MADE CONTRIBUTIONS OF THEIR ENLIGHTENED KNOWLEDGE IN THE HVAC FIELD AND TO GIVE SCHOLARSHIPS TO STUDENTS OF EXCELLENCE IN THE HVAC FIELD. EARNINGS FROM THE ENDOWMENT

TO PROVIDE AWARDS TO PEOPLE WHO HAVE MADE CONTRIBUTIONS OF THEIR

ENLIGHTENED KNOWLEDGE IN THE HVAC FIELD AND TO GIVE SCHOLARSHIPS TO

STUDENTS OF EXCELLENCE IN THE HVAC FIELD. EARNINGS FROM THE ENDOWMENT

FUNDS ARE UNRESTRICTED AND ARE USED TO FUND VARIOUS GRANTS AND AWARDS.

Schedule D (Form 990) 2016

ž Employer identification number 58-6274320 TO FUND RESEARCH GRANTS Open to Public AND OTHER SCHOLARSHIPS OMB No 1545-0047 Inspection (h) Purpose of grant AWARDED BY AMERICAN SOCIETY OF HEATING or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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 noncash assistance ► Information about Schedule I (Form 990) and its instructions is at www.frs.gov/form990. (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ► Attach to Form 990. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of 115,948 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table REFRIGERATING AND A-C ENGINEERS FON AMERICAN SOCIETY OF HEATING, (c) IRC section (if applicable) 501(C)(3) Enter total number of other organizations listed in the line 1 table 13-5675095 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization REFRIGERATING AND A-C ENGINEERS, INC. - 1791 TULLIE CIRCLE N.E. AMERICAN SOCIETY OF HEATING, or government Name of the organization ATLANTA, GA 30329 Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Parti Part

Schedule I (Form 990) (2016)

632101 11-01-16

REFRIGERATING AND A-C ENGINEERS FON AMERICAN SOCIETY OF HEATING,

Schedule I (Form 990) (2016)

Part III

Page 2

58-6274320

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) SCHOLARSHIPS AWARDED BY AMERICAN SOCIETY OF HEATING REFRIGERATING AND A-C Part IV | Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND RESEARCH GRANTS AND OTHER INC (d) Amount of non-cash assistance o AMERICAN SOCIETY OF HEATING, REFRIGERATING AND A-C ENGINEERS, 245, 212, (c) Amount of cash grant 30 (b) Number of recipients NAME OF ORGANIZATION OR GOVERNMENT COLUMN (H): (a) Type of grant or assistance PART II, LINE 1, INC ENGINEERS, SCHOLARSHIPS

Schedule I (Form 990) (2016)

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#### SCHEDULE J (Form 990)

# **Compensation Information**

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

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

Information about Schedule J (Form 990) and its instructions is at www.lrs.gov/form990.

d Employees
d "Yes" on Form 990, Part IV, line 23.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

Department of the Treasury

AMERICAN SOCIETY OF HEATING,

REFRIGERATING AND A-C ENGINEERS FDN

Employer identification number 58-6274320

	int 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 on Form 990,	1 1		1
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items.	1		1
	First-class or charter travel  Housing allowance or residence for personal use			1
	Travel for companions Payments for business use of personal residence	} }		1
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees	1 1		
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)	} }		l
þ	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 directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	,	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's	<b>{</b> {		
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to	1 1		
	establish compensation of the CEO/Executive Director, but explain in Part III.	1 1		ĺ
	Compensation committee Written employment contract	1 1		ĺ
	Independent compensation consultant Compensation survey or study	1 1		
	Form 990 of other organizations  Approval by the board or compensation committee	} }		
		ł		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	} }		ł
	organization or a related organization.	) )		
а	Receive a severance payment or change-of-control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
		] ]	ı	
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on 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_
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	1 1		
	contingent on the net earnings of:	1 1	1	
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	1		
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9_		

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

Schedule J (Form 990) 2016

REFRIGERATING AND A-C ENGINEERS FDN

Schedule J (Form 990) 2016

58-6274320

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

For each individual whose compensation must be reported on 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 aren't listed on Form 990, Part VIII.

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	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	L.,	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(n)-(i)(a)	in column (b) reported as deferred on prior Form 990
(1) JEFF LITTLETON	(8)	0	0	0	0	0	0	0
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Schedule J (Form 990) 2016

Schedule J (Form 990) 2016

58-6274320

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. Part III Supplemental Information

Schedule J (Form 990) 2016

#### **SCHEDULE 0** (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 16

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

➤ Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

AMERICAN SOCIETY OF HEATING, Employer identification number 58-6274320

REFRIGERATING AND A-C ENGINEERS FDN J0-02/4520
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
HEATING, REFRIGERATING AND AIR-CONDITIONING ENGINEERS, INC. (ASHRAE,
INC.)
FORM 990, PART VI, SECTION B, LINE 11B:
THE FOUNDATION TRUSTEES RECEIVE A COPY OF THE FORM 990 FOR REVIEW. ANY
COMMENTS ARE TAKEN UNDER CONSIDERATION PRIOR TO FILING THE FORM 990.
FORM 990, PART VI, SECTION B, LINE 12C:
THE EXECUTIVE COMMITTEE MONITORS THE POLICY FOR THE FOUNDATION TRUSTEES.
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
GA, AK, AL, AR, CA, CO, CT, FL, HI, IL, KS, KY, MA, MD, ME, MI, MN, MS, NC, NH, NJ, NM, NY, OH, OK
OR, PA, RI, SC, TN, UT, VA, WA, WI, WV
FORM 990, PART VI, SECTION C, LINE 19:
NO DOCUMENTS AVAILABLE TO THE PUBLIC

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

Schedule O (Form 990 or 990-EZ) (2016)

Employer identification number Open to Public OMB No 1545-0047 2016 Inspection 58-6274320 Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Information about Schedule R (Form 990) and its instructions is at www.lrs.gov/form990. Related Organizations and Unrelated Partnerships Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. ► Attach to Form 990. REFRIGERATING AND A-C ENGINEERS FDN AMERICAN SOCIETY OF HEATING, Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Part I

Direct controlling entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year End-of-year assets **e** Total income Legal domicile (state or foreign country) Primary activity <u>@</u> Name, address, and EIN (if applicable) of disregarded entity Part II

organizations during the tax year							
(a)	(q)	(0)	<b>©</b>	(e)	(1)	(6)	
Name, address, and EiN	Primary activity	Legal domicile (state or	Exempt Code	Public chanty	alling	Section 5 12	( <u>2</u> <u>16</u> p
of related organization		foreign country)	section	status (if section	entrty	entity?	
	-			501(c)(3))		Yes	No
AMERICAN SOCIETY OF HEATING REFRIGERATING							
AND A-C ENGINEERS, INC - 13-56750, 1791	AWARD GRANTS FOR THE						
TULLIE CIRCLE, ATLANTA, GA 30329-2305	FOUNDATION	GEORGIA	501(c)(3)	LINE 10	N/A		×
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ns for Form 990.				Schedule R (Form 990) 2016	Form 990)	2016

Schedule R (Form 990) 2016 REFRIGERATING AND A-C ENGINEERS FDN

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

Page 2

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Organizations treated as a partitionally during the tax year.	a and familia durie in it	an year.									
(a)	(q)	(c)	(p)	(e)		E	(6)	Ξ	€		<b>&amp;</b>
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under		Share of total income	Share of end-of-year	Disproportionate allocations?	amount in box		General or Percentage managing ownership
		foreign country)		sections 5	12-514)		Clacep	Yes No	į	65) Yes No	0
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	ganizations Taxable or progration or trust dun	as a Corpoing the tax )	wation or Trust. Co	omplete if the	e organization a	answered "Yes	" on Form 990,	Part IV, line	34 because it ha	ad one or r	nore related
(a)		     	( <del>Q</del> )	(0)	9	<del> </del>		(ı)		Œ	
Name, address, and EIN of related organization	Z c	Prim	Primary activity	- ej	Direct controlling entity	Type of entity (C corp, S corp,		Share of total income	Share of end-of-year	Percentage ownership	e 512(b)(13) controlled entity?
				country)	1	5	60		22222		Yes No
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Schedule R (Form 990) 2016

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Schedule R (Form 990) 2016 REFRIGERATING AND A-C ENGINEERS FDN

Page 3

58-6274320

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

	of this schedule.
	Parts II, III, or IV
	ntity is listed in P
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1	mplete
	Note: Co

Yes		19	1b X	10	1d	1e	14	19	th.	j.		   	*	=	t X	t.	10	- <u>-</u>	5	2	† X	18
	Parts II-IV?	: : : .			,			:			•						: .		:		:	
	elated organizations listed in	:	:	:	•																	
	ons with one or more re	ıty :		•										ganization(s)	ganization(s)	ation(s)			•			
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?	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<b>b</b> Gift, grant, or capital contribution to related organization(s)	c Gift, grant, or capital contribution from related organization(s)	d Loans or loan guarantees to or for related organization(s)	e Loans or loan guarantees by related organization(s)	f Dividends from related organization(s)	g Sale of assets to related organization(s)	h Purchase of assets from related organization(s)	i Exchange of assets with related organization(s)	j Lease of facilities, equipment, or other assets to related organization(s)		k Lease of facilities, equipment, or other assets from related organization(s)	1 Performance of services or membership or fundraising solicitations for related organization(s)	m Performance of services or membership or fundraising solicitations by related organization(s)	n Shanng of facilities, equipment, mailing lists, or other assets with related organization(s)	<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>	n Reimbursement paid to related organization(s) for expenses		q neillibuisellieth balo by rerated organization(s) for expenses	r Other transfer of cash or property to related organization(s)	s Other transfer of cash or property from related organization(s)

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(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
AMERICAN SOCIETY OF HEATING, REFRIGERATING (1) ADN A-C ENGINEERS, INC	NG	115,948.	115,948.ACTUAL AMOUNTS
AMERICAN SOCIETY OF HEATING, REFRIGERATING (2) ADN A-C ENGINEERS, INC	NG	80,000	80,000.ACTUAL AMOUNTS
AMERICAN SOCIETY OF HEATING, REFRIGERATING	NG		
(3) ADN A-C ENGINEERS, INC	æ	70,000.	70,000.ACTUAL AMOUNTS
(4)			
(5)			
(9)			
632163 06-06-16	42		Schedule R (Form 990) 2016

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Schedule R (Form 990) 2016 REFRIGERATING AND A-C ENGINEERS FDN

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on 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.

Stand EIN Primary activity Lagal dominal registration of foreign of the primary activity of the primar		(4)	3	(5)	(0)	9	9	3	(9)	8	3
(state of freegn (state	Name, address, and EIN	Primary activity		Predominant income	Are all arthers sec	Share of	Share of	Dispropor-	Code V-UBI	General or	Percentage
	of entity		(state or foreign country)	(related, unrelated, excluded from tax under- sections 512-514)	501(c)(3) orgs / es No	total income	end-of-year assets	allocations?	amount in box 20 of Schedule K-1 (Form 1065)	partner?	ownership
Place (note of the place)											
Total Control of the											
Total (Note in the latest and the la											
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Schedule R	(Form 990) 2016 Supplemental Infor	REFRIGERA	TING	AND A	<u> A-C</u>	ENGI	NEERS	FDN	58-6274320	Page 5
Part,VII	Supplemental Inform	mation.								
	Provide additional informa	ation for responses	to questi	ons on Sc	hedule	R See in	structions	<u></u>		
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