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

benefit trust or private foundation)

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A F	or the	2008 calendar year, or tax year beginning and ending		<u> </u>						
Вс	heck if	Please C Name of organization	D Employer identific	cation number						
а		USE HS THE MECHANICAL CONTRACTING								
	Addres	s label or FOUNDATION, INC.								
	Name chang	type Doing Business As THE MECHANCIAL CONTRACTING FO	OU 52-1	646891						
	Initial return See Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number									
	Termin	Instruc- 1365 FICCARD DRIVE	(301)86 <u>9-580</u> 0						
	Amend	City or town, state or country, and ZIP + 4	G Gross receipts \$	10,708,828.						
	Applic	I ROCKVILLE, MD 20030	H(a) Is this a group re	eturn						
	pendir	F Name and address of principal officer DENNIS LANGLEY	for affiliates?	Yes X No						
		SAME AS C ABOVE	H(b) Are all affiliates inc	luded? Yes No						
		mpt status X 501(c) (3) ◀ (insert no)	If "No," attach a	list (see instructions)						
		e: ► WWW.MCERF.ORG	H(c) Group exemption							
			ear of formation: 1989 N	State of legal domicile; MD						
Pa	rt I	Summary								
မွ	1	Briefly describe the organization's mission or most significant activities SEE PART	III, LINE 1.							
an										
Activities & Governance	_	Check this box If the organization discontinued its operations or disposed of m	ore than 25% of its assets							
်	1	Number of voting members of the governing body (Part VI, line 1a)	3	9						
•გ	1	Number of independent voting members of the governing body (Part VI, line 1b)	4	9						
ties	1	Total number of employees (Part V, line 2a)	5	0						
Ė	1	Fotal number of volunteers (estimate if necessary)	6	10						
Ac	l	Fotal gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.						
	D	RECEIVED		0.						
		Contributions and grant of art VIII, line 1h)	Prior Year	Current Year						
Σe	8		290,174. 9,575.	324,179.						
Revenue	8	htgramsers/centenus@art VIII, line 2g) nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	1,351,142.	8,800. -3,713,695.						
æ		Other revenue (Part VIII) Sejumn (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,331,144.	-3,/13,093.						
		Sales State of the second of t	1,650,891.	-3,380,716.						
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	160,000.	249,500.						
	l	Benefits paid to or for members (Part IX, column (A), line 4)	100,000.	243,300.						
LO.	l	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		·						
Expenses	l	Professional fundraising fees (Part IX, column (A), line 11e)	·	-						
per	l	Fotal fundraising expenses (Part IX, column (D), line 25)		·						
Щ	l	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	422,281.	438,071.						
	l	Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	582,281.	687,571.						
	19	Revenue less expenses Subtract line 18 from line 12	1,068,610.	-4,068,287.						
Ses		To remain the design of the second of the se	Beginning of Year	End of Year						
Net Assets or Fund Balances	20	Fotal assets (Part X, line 16)	12,012,272.	7,972,148.						
ASS	21	Fotal liabilities (Part X, line 26)	4,705.	32,868.						
E.E.	22	Net assets or fund balances Subtract line 21 from line 20	12,007,567.	7,939,280.						
Pa	art II	Signature Block								
5		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statemer and complete Dyclaration of preparer (other than others) is based on all information of which preparer has any knowled	nts, and to the best of my knowledge	ge and belief, it is true, correct,						
con,		and complete obstatation of preparer (either than obsert) is bysed on an information of which preparer has any knowled		/ .						
ତ Sigi	n	\ (Klenne) angles	11//6	109						
۹ Her		Signature of officer	Date	,						
<u></u> ;		DENNIS LANGERY, EXECUTIVE DIRECTOR								
J		Type or print name and title								
ما و	 I	Preparer's Date		er's identifying number structions)						
ij raid		signature Dand F. Balon (PA 11-13-19	self- employed ▶ [(see ins							
Preparer's signature Preparer's signature Preparer's signature Preparer's signature Firm's name (or yours if self-employed), address, and ZIP + 4 Preparer's MARYLAND 20814-2930 Preparer's identifying number (see instructions) Preparer's identifying number (see instructions)										
Z use	UIIIY	self-employed). \$4550 MONTGOMERY AVE. SUITE 650 NOR	ГН							
) 		address, and ZIP+4 BETHESDA, MARYLAND 20814-2930	Phone no. ► (301) 951-9 <u>090</u>						
May	the IF	S discuss this return with the preparer shown above? (see instructions)		X Yes No						
		B-08 I HA For Privacy Act and Paperwork Reduction Act Notice see the senarate	instructions	Form 990 (2008)						

	rt III Statement of Program Service Acco		52-1646891 Page 2
1		SCHEDULE O FOR CONTINUATION	
1		EDUCATION AND RESEARCH FOUND	NATON (MCEDE)
		ECHANICAL CONTRACTING INDUST	
		ON PROFESSIONALS IN THE MES	
		OW PROFESSIONALS IN THE MECH	1ANI CAL
2	Did the organization undertake any significant program	n services during the year which were not listed on	
	the prior Form 990 or 990-EZ?		Yes X No
_	If "Yes", describe these new services on Schedule O		
3	· · · · · · · · · · · · · · · · · · ·	icant changes in how it conducts, any program services	[?] Yes X No
	If "Yes", describe these changes on Schedule O.		
4		of the organization's three largest program services by e	
		ion 4947(a)(1) trusts are required to report the amount o	of grants and
	allocations to others, the total expenses, and revenue	, if any, for each program service reported	
		552	
4a		553. including grants of \$ 249,500.)(F	
		- FUNDS DEDICATED DIRECT TOWN	
		OF MECHANICAL CONTRACTING S	STUDENT CHAPTERS
	AND FACULTY AWARENESS OF IN	DUSTRY ISSUES.	
			
4b		, ,	Revenue \$ 8,800.)
		UCTION OF EDUCATIONAL MATERI	
		TECHNOLOGICAL ADVANCEMENT AN	
	OF INFORMATION IN THE MECHA		SUCH AS THE
			SHARE STUDY, AND
	USGBC STUDY ON BUILDING EFF	'ICIENCIES.	
		The state of the s	
4c	(Code) (Expenses \$	including grants of \$) (F	Revenue \$)
		···	
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants	of \$) (Revenue \$	
4e	Total program service expenses ▶\$ 4	85,190. (Must equal Part IX, Line 25, column (B)).)
			Form 990 (2008)

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Form 990 (2008) FOUNDATION, INC.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	N/	Α
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice			
	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
	If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11		X
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity			
	located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total 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 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21_	X	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Х	
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 questions 24b-24d and complete Schedule K			
	If "No", go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
đ	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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			1
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a			
	prior year? If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial			
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		X
		Form	990	(2008)

Form 990 (2008) FOUNDATION, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31	<u></u>	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			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35	is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	Х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
		Form	990 (2008)

Form 990 (2008)	
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Form 990 (2008) FOUNDATION, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

,, (4)	et ottoments regarding other moralings and rax compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S Information Returns Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c_	X	
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	За		<u>X</u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	_3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		_X_
b	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and			
	Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u>X</u>
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	5c		
	Did the organization solicit any contributions that were not tax deductible?	6a		_X_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	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 required			
	to file Form 8282?	7c		<u>X</u>
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		<u>X</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	X	
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	Х	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3)			
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have			
	excess business holdings at any time during the year? N/A	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966? N/A	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	9b	-	
10	Section 501(c)(7) organizations. Enter N/A			
а	Initiation fees and capital contributions included on Part VIII, line 12			
. b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter N/A			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
<u> </u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	<u> </u>	000	(0000)
		Form	99U ((2008)

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Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
	processes, or changes in Schedule O See instructions			
1a		9		
b		9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3	X	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must			
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10		X
11	Is there any officer, director or 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	11		X
Sec	tion B. Policies			
			Yes	No
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	_X_	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	X	ļ
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
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			
	The organization's CEO, Executive Director, or top management official?	15a		
b	Other officers or key employees of the organization?	15b		<u> </u>
16	Describe the process in Schedule O (see instructions)			
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	1		.
	taxable entity during the year?	16a	-	X
a	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			1
		400		
500	exempt status with respect to such arrangements? tion C. Disclosure	16b	<u> </u>	<u> </u>
17	List the states with which a copy of this Form 990 is required to be filled NONE			
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	o for		
18	public inspection. Indicate how you make these available. Check all that apply.	e 101		
	Own website Another's website X Upon request			
10	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,	and fin-	noid	
19	statements available to the public	ariu fina	uiciai	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiz	ation:		
20	DONALD MAY - (301)869-5800	auon. 🕨		
	1385 PICCARD DRIVE, ROCKVILLE, MD 20850	_		
83200				(2008)

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A) (B)					C)			(D)	(E)	(F)	
Name and Title	Average	,,	Position (check all that apply)				L.A	Reportable	Reportable	Estimated	
	hours per week	Individual frustee or director	institutional trustee	Officer		Highest compensated B		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
ROBERT FITZGERALD											
PRESIDENT	3.00	X	<u> </u>	X	<u> </u>			0.	0.	0	
JOHN B. WILHELMI	0.00										
VICE PRESIDENT	2.00	X	 	X	 	-		0.	0.	0	
ROBERT T. ARMISTEAD SECRETARY/TREASURER	2 00	х		x					0	0	
SCOTT BERGER	2.00	Λ	-	^	\vdash	+		0.	0.	0	
TRUSTEE	1.00	v						0.	0.	. 0	
BRIAN D. GARVEY	1.00	Λ			\vdash	+		- 0.	<u></u>	<u> </u>	
TRUSTEE	1.00	x						0.	0.	0	
MICHAEL KRUEGER	1 2.00				1	1					
TRUSTEE	1.00	х						0.	0.	0	
ANDREW S. KRUSE						†					
TRUSTEE	1.00	Х						0.	0.	. 0	
GARY MOORE									•		
TRUSTEE	1.00	X	ļ					0.	0.	0	
JOSEPH WALICKI											
TRUSTEE	1.00	X	<u> </u>			<u> </u>		0.	0.	0	
MIKE FEUTZ									_		
TRUSTEE	1.00	X	\vdash	<u> </u>	<u> </u>	┿		0.	0.	0	
DENNIS LANGLEY EXECUTIVE DIRECTOR	23.00	_		х		_		0.	130,650.	23,888	

Form 990 (2008)

	990 (2008) FOUNDAT	ON, INC								52-1	6468 <u>9</u>	91	Pa	ge 8
Par	t VII Section A. Officers, Directors, T	rustees, Key E	mple	oyee	es, a	nd l	High	est	Compensated Employ	ees (continued)				
	(A) Name and title	(B) Average hours per week	Individual trustee or director		Pos k all		Highest compensated ab		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organization (W-2/1099-MIS	on d is c SC)	Estii amo of compe	n the nization relate	of cion c on ed
				_										
													,, , , , ,	
1b 2	Total Total number of individuals (including the	so in 13) who re		yed n	nore	tha	▶	00	0.	130,6	50.	23	, 81	88.
	compensation from the organization	Se in ray who re									>		′es l	No.
3	Did the organization list any former office line 1a? If "Yes," complete Schedule J for			e, ke	y en	nplo	yee,	or I	highest compensated er	mployee on		3	65	X
4	For any individual listed on line 1a, is the and related organizations greater than \$1	50,000? If "Yes	s, " cc	ompl	ete .	Sch	edul	e J	for such individual		<u> </u>	4	x	
5 Sec	Did any person listed on line 1a receive of the organization? If "Yes," complete Schettion B. Independent Contractors				iron		y uni	eia	ted organization for serv	ices rendered to		5		X
1	Complete this table for your five highest of	compensated in	ndep	ende	ent c	cont	racto	ors	that received more than	\$100,000 of con	npensati	on fro	m	
	the organization. (A) Name and busines	ss address							(B) Description of s	services	Con	(C)	sation	1
		<u>, </u>												
													-	
2	Total number of independent contractors	(including thos	se ın	1) w	ho r	ece	ved	mo	re than \$100,000 in com	pensation				
	from the organization	U									Fc	orm 9	90 (2	2008

16121112 745960 23931.1

Total Revenue Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e

-3,380,716

8,800.

-3,713,695, Form **990** (2008)

0.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and	249,500.	240 500		
2	organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in	249,500.	249,500.		,
2	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				·
3	organizations, and individuals outside the U.S.				
	See Part IV. lines 15 and 16				
4	Benefits paid to or for members				······································
- 5	Compensation of current officers, directors,				
9	trustees, and key employees				
6	Compensation not included above, to disqualified	-	· -		
Ū	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 contributions (include section 401(k)				
•	and section 403(b) employer contributions)				
9	Other employee benefits				······································
0	Payroll taxes	,			
1	Fees for services (non-employees):				
а	Management	150,000.		150,000.	
b	Legal				
С	Accounting	11,800.		11,800.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				· ·
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	12,786.		12,786.	
4	Information technology	•			•
5	Royalties				
6	Occupancy			- 1,7 - 2	
7	Travel	27,286.		27,286.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
20	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	EDUCATIONAL EXCELLENCE	88,054.	88,054.		
b	EUROPEAN GREEN TECH	55,000.	55,000.		
С	GUIDELINES FOR QUALITY	41,392.	41,392.		
d	BARRIERS TO FOREMAN	20,000.	20,000.		
е	MARKET SHARE STUDY	10,000.	10,000.		
f	All other expenses	21,753.	21,244.	509.	
25	Total functional expenses. Add lines 1 through 24f	687,571.	485,190.	202,381.	
26	Joint Costs Check here ▶ ☐ If following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

832010 12-18-08

Form **990** (2008)

FOUNDATION, INC.

<u> </u>		- Data Not Office (
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		154,631.	2	59,237.
	3	Pledges and grants receivable, net		278,941.	3	347,035.
	4	Accounts receivable, net		1,500.	4	3,200.
	5	Receivables from current and former officers, directors, trus	stees key	1,500.	~	3,200.
İ	Ŭ	employees, or other related parties Complete Part II of Sch	· • •		5	
	6	Receivables from other disqualified persons (as defined unit	r		-5	
	U	4958(f)(1)) and persons described in section 4958(c)(3)(B)	ľ			
1		Part II of Schedule L	Complete		6	
,,	7		}		7	
set	7	Notes and loans receivable, net Inventories for sale or use	-			
Assets	8		ŀ		8	
`	9	Prepaid expenses and deferred charges	_	······	9	
	10a	Land, buildings, and equipment cost basis 10a				
	b	Less accumulated depreciation Complete				
		Part VI of Schedule D 10b		11 555 336	10c	7 520 002
	11	Investments - publicly traded securities	-	11,555,336.	11	7,539,993.
	12	Investments - other securities See Part IV, line 11	-	21,864.	12	22,683.
	13	Investments - program-related See Part IV, line 11	-		13	
	14	Intangible assets	-		14	
	15	Other assets. See Part IV, line 11	10 010 070	15		
	16	Total assets. Add lines 1 through 15 (must equal line 34)		12,012,272.	16	7,972,148.
Liabilities	17	Accounts payable and accrued expenses		4,705.	17	32,868.
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20_		
	21	Escrow account liability Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees,	, key employees,			
iab		highest compensated employees, and disqualified persons	Complete Part II			
_		of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third pa	arties		23	
	24	Unsecured notes and loans payable			24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		4,705.	26	32,868.
		Organizations that follow SFAS 117, check here	X and complete			
ses		lines 27 through 29, and lines 33 and 34.	_			
	27	Unrestricted net assets		6,946,597.	27	2,796,216.
Net Assets or Fund Baland	28	Temporarily restricted net assets		236,674.	28	297,838.
9 B	29	Permanently restricted net assets		4,824,296.	29	4,845,226.
<u>.</u> 5		Organizations that do not follow SFAS 117, check here	▶ ☐ and			
<u>ة</u> ا		complete lines 30 through 34.				
ž.	30	Capital stock or trust principal, or current funds			30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fu	ind		31	
ا کِ	32	Retained earnings, endowment, accumulated income, or of	T .		32	
ž	33	Total net assets or fund balances	unor rango	12,007,567.	33	7,939,280.
	34	Total liabilities and net assets/fund balances		12,012,272.	34	7,972,148.
Par	t XI	Financial Statements and Reporting		12,012,272	<u> </u>	7,372,140.
		The state of the s				Yes No
	٨٥٥٥	ounting method used to prepare the Form 990. Cash	X Accrual	Other		
1		e the organization's financial statements compiled or reviewe		_		2a X
		the organization's financial statements complied or reviewe	•	accountant?		
				andrilar for according of the		
С		es" to lines 2a or 2b, does the organization have a committee			audit,	
^		w, or compilation of its financial statements and selection of	•			2c X
за		result of a federal award, was the organization required to un	ndergo an audit or aud	oits as set forth in the Sing	ne Aud	
		and OMB Circular A-133?				. 3a X
		es," did the organization undergo the required audit or audits	S'?			3b 000 (2000)
83201	1 12-18	-08				Form 990 (2008)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support To be completed by all section 501(c)(3) organizations and section 4947(a)(1)

nonexempt charitable trusts.

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

2

3

10 11

f

supporting organization, check this box

the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

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

Name of the organization THE MECHANICAL CONTRACTING Employer identification number FOUNDATION, INC. 52-1646891 Reason for Public Charity Status (All organizations must complete this part) (see instructions) Part I The organization is not a private foundation because it is (Please check only one organization) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii), (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete the Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4), (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h **b** Type II c ____ Type III · Functionally integrated d ____ Type III - Other

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below,

(iii) A 35% controlled entity of a person described in (i) or (ii) above?										
h Provide the fo	llowing information	on about the organizations	s the orgar	nization sup	oports					
(ı) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	in col. (i) li	organization sted in your document?	organizai	u notify the tion in col. r support?	(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support	
		(see instructions))	Yes	No	Yes	No	Yes	No		
			+	 					-	
										
Total										

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

Schedule A (Form 990 or 990-EZ) 2008

Yes

11g(i)

11g(ii)

THE MECHANICAL CONTRACTING 52-1646891 Page 2 Schedule A (Form 990 or 990 EZ) 2008 FOUNDATION, INC 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) Section A. Public Support (a) 2004 **(b)** 2005 Calendar year (or fiscal year beginning in) (c) 2006 (d) 2007 (e) 2008 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not 305,110. 290,174. 220,555. 324,179. include any "unusual grants.") 348,778. 1,488,796. 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 220,555. 305,110. 290,174. 324,179. 348,778. Total, Add lines 1 - 3 1,488,796. 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) <u>74,870.</u> 6 Public Support. Subtract line 5 from line 4 1,413,926. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 348,778. 220,555. 305,110. 290,174. 324,179 7 Amounts from line 4 1,488,796. 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties 200,659. 375,791. 602,012. 860,150 829 and income from similar sources 2,039,441, Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 3,528,237. 44,337. 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 40.07 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 15 50.04

,	
stop here. The organization qualifies as a publicly supported organization	$\triangleright X$
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box	
and stop here. The organization qualifies as a publicly supported organization	
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,	
and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization	
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	ightharpoons
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or	
more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the	

16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and

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) 2008

15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f

%

Section A. Public Support				1	- -	
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not						
include any "unusual grants ")				1		
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 organ- ization'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 · 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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000			c			
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support				-		
Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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				i		
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 IV)						<u> </u>
13 Total support (Add lines 9, 10c, 11, and 12)		l		<u>l</u>		
14 First five years. If the Form 990 is for t	he organization'	s first, second, thii	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) organız	ation,
check this box and stop here						
Section C. Computation of Public				·		
15 Public support percentage for 2008 (lin	, ,,	,	column (f))		15	 -
16 Public support percentage from 2007 S					16	
Section D. Computation of Invest						
17 Investment income percentage for 200					17	
18 Investment income percentage from 20			•		18	
19a 33 1/3% support tests - 2008. If the o						7 is not
more than 33 1/3%, check this box and				-	•	. ▶∟
b 33 1/3% support tests - 2007. If the o						and
line 18 is not more than 33 1/3%, chec Private foundation. If the organization					-	▶⊨
20 Private foundation. If the organization	uiu not check a	GOX OR HOP 14 19	a or iyo checkt	uis nox and see ii	ISTUTCHOUS	-

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. OMB No 1545-0047 Open to Public Inspection

Name of the organization

THE MECHANICAL CONTRACTING

POLINIDATION TNIC Employer identification number 52-16/6801

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the		
	organization answered "Yes" to Form 990, Part IV, lin				
		(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds		
Ŭ	are the organization's property, subject to the organization's		Yes No		
6	Did the organization inform all grantees, donors, and donor a	_			
Ū	for charitable purposes and not for the benefit of the donor of		· — —		
Par					
1	Purpose(s) of conservation easements held by the organizat				
•	Preservation of land for public use (e.g., recreation or p		storically important land area		
	Protection of natural habitat		fied historic structure		
	Preservation of open space				
2	Complete lines 2a-2d if the organization held a qualified cons	servation contribution in the form of a con	servation easement on the last day		
_	of the tax year		ion valient bacoment on the last say		
	or the tan your		Held at the End of the Year		
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements		2b		
c	Number of conservation easements on a certified historic sti	ructure included in (a)	2c		
d	Number of conservation easements included in (c) acquired	, ,	2d		
3	Number of conservation easements modified, transferred, re		ne organization during the taxable		
_	year >	,			
4	Number of states where property subject to conservation ea	sement is located >			
5	Does the organization have a written policy regarding the pe		and		
	enforcement of the conservation easements it holds?		Yes No		
6	Staff or volunteer hours devoted to monitoring, inspecting, a	and enforcing easements during the year	>		
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing easements during the year ▶	\$		
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 17	O(h)(4)(B)(i)		
	and section 170(h)(4)(B)(II)?		Yes No		
9	9 In Part XIV, 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	tion's financial statements that describes	s the organization's accounting for		
	conservation easements				
Pa	t III Organizations Maintaining Collections of	•	Other Similar Assets.		
	Complete if the organization answered "Yes" to Form	1 990, Part IV, line 8.			
1a	If the organization elected, as permitted under SFAS 116, no	•			
	treasures, or other similar assets held for public exhibition, e	·	ublic service, provide, in Part XIV, the text of		
	the footnote to its financial statements that describes these				
þ	If the organization elected, as permitted under SFAS 116, to				
	or other similar assets held for public exhibition, education,	or research in furtherance of public service	ce, provide the following amounts relating to		
	these items.				
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$		
	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of art, historical tre		ıal gaın, provide		
	the following amounts required to be reported under SFAS	116 relating to these items			
а	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$		
þ	Assets included in Form 990, Part X		> \$		

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Schedule D (Form 990) 2008

(ii) related organizations				3a(II) A
b If "Yes" to 3a(ii), are the related organization	s listed as required on Scheo	dule R?		3b
4 Describe in Part XIV the intended uses of the				
Part VI Investments - Land, Building	gs, and Equipment. Se	e Form 990, Part X, line	10	
Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		,		
e Other				
Total, Add lines 1a-1e (Column (d) should equal F	form 990. Part X. column (B).	line 10(c))	•	0

Schedule D (Form 990) 2008

THE MECHANI	CAL CONTRACT	TNG			
Schedule D (Form 990) 2008 FOUNDATION,		1110	52	-164 <u>68</u> 91	Page
Part VII Investments - Other Securities. Se	ee Form 990. Part X. line	12	<u></u>		ugo
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valua		
Financial derivatives and other financial products					
Closely-held equity interests					
Other			•		
			·		
					
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.)		<u> </u>			_
Part VIII Investments - Program Related. S	ee Form 990, Part X, line	13			
(a) Description of investment type	(b) Book value	Со	(c) Method of valua st or end-of-year mar		
					
			,		
	 				_
		+			
Total (Col (b) should equal Form 990, Part X, col (B) line 13.)					
Part IX Other Assets. See Form 990, Part X, line	15				
	Description			(b) Book va	alue
					
Total. (Column (b) should equal Form 990, Part X, col (B) In				<u></u>	
Part X Other Liabilities. See Form 990, Part X, (a) Description of liability	line 25	(h) Amount	····		
		(b) Amount			
Federal income taxes					

Total. (Column (b) should equal Form 990, Part X, col (B) line 25.) In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48. 832053 12-23-08

Schedule D (Form 990) 2008

THE MECHANICAL CONTRACTING

Sche	dule D (Form 990) 2008 FOUNDATION, INC.					52-	1646891	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	Finar	ncial	Statem	ents			
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1			-3,380	,716.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2				,571.
3	Excess or (deficit) for the year Subtract line 2 from line 1			3			-4,068	
4	Net unrealized gains (losses) on investments			4	,			
5	Donated services and use of facilities			5	;			
6	Investment expenses			6				
7	Prior period adjustments			7				
8	Other (Describe in Part XIV)			8	3			
9	Total adjustments (net) Add lines 4-8			9				0.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9			10			-4,068	,287.
Par	t XII Reconciliation of Revenue per Audited Financial Stateme	nts W	Vith F	Revenue	per F	<u>Returi</u>		
1	Total revenue, gains, and other support per audited financial statements					1	-3,011	<u>,507.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1						
а	Net unrealized gains on investments	2a						
b	Donated services and use of facilities	2b	<u> </u>	<u>369,</u>	209.			
С	Recoveries of prior year grants	2c	ļ]		
d	Other (Describe in Part XIV)	2d] '		
е	Add lines 2a through 2d					2e	369	<u>,209.</u>
3	Subtract line 2e from line 1					3	-3,380	<u>,716.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1							
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a]]		
b	Other (Describe in Part XIV)	4b] .		
С	Add lines 4a and 4b					4c		0.
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)					5	-3,380	<u>,716.</u>
Pa	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents \	With	Expens	es per	Retu		
1	Total expenses and losses per audited financial statements					1	1,056	<u>,780.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25							
а	Donated services and use of facilities	2a		<u>369,</u>	209.	4		
b	Prior year adjustments	2b						
c	Losses reported on Form 990, Part IX, line 25	2c	<u> </u>					
d	Other (Describe in Part XIV)	2d						
е	Add lines 2a through 2d					2e		<u>,209.</u>
3	Subtract line 2e from line 1					3_	687	<u>,571.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.	,	1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	<u> </u>					
b	Other (Describe in Part XIV)	4b						
С	Add lines 4a and 4b					4c		0.
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)					5	687	<u>,571.</u>
	t XIV Supplemental Information							
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III	, lines	1a an	d 4; Part I\	V, lines 1	b and	2b, Part V, line	4, Part
	rt XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b							
PAI	RT V, LINE 4: TO UNDERWRITE EDUCATIONAL AND	RE	SEA	ARCH E	EFFOR	RTS	TO	
AD'	VANCE THE MECHANICAL CONTRACTING INDUSTRY.							
	· · · · · · · · · · · · · · · · · · ·							
	- <u>-</u>							

SCHEDULE 1			Grants and	Other Assistance	ante and Other Assistance to Organizations			OME	OMB No 1545-0047
(Lorm 990)			Govern	Governments, and Individuals in the U.S.	duals in the U.S.	-			2008
Department of the Treasury Internal Revenue Service		▼ Comp	Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. ▶ Attach to Form 990.	n answered "Yes," on F ► Attach to Form 990.	," on Form 990, Pa m 990.	irt IV, lines 21 or 22.		dO II	Open to Public . Inspection
Name of the organization	on THE MECHANICAL FOUNDATION, INC	1 ()	CONTRACTING					Employer identification number 52-1646891	lentification number 52-1646891
Part General In	General Information on Grants and Assistance	nd Assistance							
1 Does the organiz	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	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	istance, and the select	•	
	criteria used to award the grants or assistance?	tance?		: :	č			X Yes	oN Se
2 Describe in Part	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	cedures for monit	oring the use of grant	funds in the Unite	d States	\\ \tag{2}	# 000 cm o 1 cm = 000	11/ June 04 for on	
7	Grants and Other Assistance to Governments and Organizations in the United States. Complete it the organization answered Tres on Form 950, Part IV, and Other Assistance to Governments and Organizational Francisco is pended	Governments and	1 Organizations in the	e United States. C	complete if the organia organia.	Inization answered "Y	es" on Form 990, Fan /Form 000) if addition	LIV, line ZI, tor any	
1 (a) Name and ac	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	e of grant tance
MECHANICAL CONTRA	MECHANICAL CONTRACTORS ASSOCIATION							PAID REGISTRATION FEES	TION FEES
OF AMERICA - 1385 ROCKVILLE MD 20850	1385 PICCARD DR - 20850	13-0831270	501(C)(6)	75,000.	0			FOR STUDENTS ATTENDING 2008 MCAA,	ATTENDING
								į	
ŀ	Enter total number of section 501(c)(3) and government organizations	nd government or	ganizations					A 4	0 -
3 Enter total numb	Enter total number of other organizations For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	tion Act Notice.	see the Instructions	for Form 990.			:	Schedule I (Schedule I (Form 990) 2008
		(::::::::::::::::::::::::::::::::::::							

THE MECHANICAL CONTRACTING

Schedule I (Form 990) 2008 FOUNDATION, INC.

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

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Use Schedule I-1 (Form 990) if additional		
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Page 2.

52-1646891

	Lecipleitis	cash grant	cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(ו) ספטרוקנוסון כן ווסוילמטון מסטוטנמונס
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	the information	required in Part I, I	ine 2, and any other	additional information	
ULE I, PART I, LINE	UNDS GRA	NTS TO ST	UDENT CHAP	2: MCERF FUNDS GRANTS TO STUDENT CHAPTERS AS PART	
OF THE FUNDING EDUCATION EXCELLENCE	(FEE)	ROGRAM WH	PROGRAM WHICH IS MONITORED	ITORED BY	
MCAA'S CAREER DEVELOPMENT COMMITTEE.	THE	AREER DEV	CAREER DEVELOPMENT COMMITTEE	OMMITTEE SETS	
THE STANDARDS AND THE ELIGIBILITY REQUIREMENTS	EQUIREME		FOR OBTAINING A GRANT.	GRANT. THE	
CAREER DEVELOPMENT COMMITTEE DECIDES	S IF THE	REQUIREMENTS	ENTS IN THE	E APPLICATION	
FROM THE STUDENT CHAPTERS MEET THE REQUIREMENTS	REQUIREM	ENTS IN T	IN THE APPLICATION.	LION. EACH	
STUDENT CHAPTER WORKS CLOSELY WITH I	THE LOCA	L MECHANI	THE LOCAL MECHANICAL CONTRACTING	CTING	
ASSOCIATION, WHICH IS AN AFFILIATE M	MEMBER O	OF THE MCAA,	А, ТО МАКЕ	SURE THAT	
THE FUNDS ARE USED AS PRESCRIBED IN	THE ELI	GIBILITY	IN THE ELIGIBILITY REQUIREMENTS.	rs.	

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ŠCHEDUĽE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

2008

Open to Public Inspection

Name of the organization

THE MECHANICAL CONTRACTING FOUNDATION, INC.

Questions Regarding Compensation

Employer identification number 52-1646891

Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If line 1a is 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 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a a Receive a severance payment or change of control payment? 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of. a The organization? X 5a b Any related organization? X 5b If "Yes," to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? 6a b Any related organization? X 6b If "Yes" to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III X 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III

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

Schedule J (Form 990) 2008

52-1646891

FOUNDATION, INC.

Schedule J (Form 990) 2008 FOUND?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

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

Note. The sum of columns (B)(I)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

		(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(0)	(D)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	Deferred	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
	(i)	0	0	0.	0	0	0	0
DENNIS LANGLEY]	108,15	22,500.	0	21,947.	1,941.	154,53	0
	(i)							
	(1)							
	(i)							
	(ii)							
	3							
	(ii)							
	(i)							
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Schedule J (Form 990) 2008

SCHEDULE O

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

THE MECHANICAL CONTRACTING FOUNDATION, INC.

Employer identification number 52-1646891

FOUNDATION, INC.	52-1646891
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION	MISSION:
CONTRACTING INDUSTRY TO SUCCEED IN THEIR BUSINESSES.	
FORM 990, PART VI, SECTION A, LINE 3: THE ANNUAL MANAGE	MENT FEE PAID TO
THE MECHANCIAL CONTRACTORS ASSOCIATION OF AMERICA (MCAA	
COMPENSATION FOR ITS DELIVERY OF A CONTRACTED SCOPE OF	
MECHANCIAL CONTRACTION FOUNDATION (MCERF): THE SERVICES	
OF PERSONNEL, INFRASTRUCTURE AND TECHNOLOGY EXPENSES, I	NCLUDING
COMPENSATION FOR THE SERVICES OF AN MCAA EMPLOYEE WHO S	ERVES AS THE
EXECUTIVE DIRECTOR OF MCERF.	
FORM 990, PART VI, SECTION A, LINE 7A: UNDER THE MCERF	BY-LAWS, THE BOARD
OF TRUSTEES IS COMPOSED OF NINE (9) MEMBERS AS FOLLOWS:	THREE (3) OF WHICH
MUST BE PAST OR PRESENT MEMBERS OF MCAA'S BOARD OF DIRE	CTORS, ELECTED BY
MCAA'S BOARD OF DIRECTORS; TWO (2) MANUFACTURER REPRESE	NTATIVES OF THE
INDUSTRY; THREE (3) MEMBERS AT LARGE, ELECTED BY THE BO	ARD OF TRUSTEES; ONE
(1) ASSOCIATION EXECUTIVE, AS APPOINTED FROM THE ASSOCI	ATION EXECUTIVES
COUNCIL.	
FORM 990, PART VI, SECTION A, LINE 10: A COPY OF THE 99	0 IS PROVIDED TO
THE ORGANIZATION'S OFFICERS TO REVIEW ON BEHALF OF THE	ENTIRE BOARD OF
TRUSTEES. ANY COMMENTS RECEIVED ARE CONSIDERED FOR INCO	RPORATION INTO THE
FINAL 990 SUBMISSION.	
FORM 990, PART VI, SECTION B, LINE 12C: ON AN ANNUAL BA	SIS, ALL TRUSTEES

ARE PROVIDED WITH A COPY OF THE CONFLICT OF INTEREST POLICY AND ARE

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

Schedule O (Form 990) 2008

12-18-08

SCHEDULE O

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008 Open to Public Inspection

Name of the organization

THE MECHANICAL CONTRACTING FOUNDATION, INC.

Employer identification number 52-1646891

REQUIRED TO COMPLETE AND SIGN THE ACKNOWLEDGMENT AND DISCLOSURE FORM. ALL
COMPLETED FORMS WILL BE PROVIDED TO AND REVIEWED BY THE MCERF PRESIDENT AND
EXECUTIVE DIRECTOR, AS WELL AS ALL OTHER PERTINENT INFORMATION PROVIDED BY
BOARD MEMBERS.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION DOES NOT MAKE THE
CONFLICT OF INTEREST POLICY OR THE ORGANIZATIONL DOCUMENTS AVAILABLE TO THE
PUBLIC. MCERF'S FORM 990 AND ITS ANNUAL AUDIT ARE MADE AVAILABLE TO THE
PUBLIC UPON REQUEST AT THE MCERF NATIONAL OFFICE IN ROCKVILLE, MD. THE
ORGANIZATION DOES NOT HAVE ANY EMPLOYEES.

Schedule R (Form 990) 2008 **Employer identification number** Open to Public Inspection OMB No 1545-0047 Direct controlling Direct controlling 52-1646891 entity entity End-of-year assets status (if section Public charity ► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. 501(c)(3)) Total income Exempt Code section <u>@</u> 501(C)(6) Related Organizations and Unrelated Partnerships Legal domicile (state or Legal domicile (state or foreign country) foreign country) ▶ See separate instructions. MARYLAND LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Primary activity Primary activity THE MECHANICAL CONTRACTING TRADE ASSOCIATION Identification of Related Tax-Exempt Organizations INC. FOUNDATION, AMERICA - 13-0831270 1385 PICCARD DR Identification of Disregarded Entities MECHANICAL CONTRACTORS ASSOCIATION OF Name, address, and EIN Name, address, and EIN of related organization of disregarded entity ROCKVILLE MD 20850 Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Part II Part

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THE MECHANICAL CONTRACTING FOUNDATION, INC.

52-1646891

Schedule R (Form 990) 2008

Taxable as a Partnership
Organizations
of Related
Identification
=

	General or managing	Yes No	 		 		 	 L		
	Gene	Yes								
	(H) (I) Disproportion- are allocations? amount in box	20 of Schedule K-1 (Form 1065)				1				
	(H) Disproportion-	Yes No	 		 				***	
	(G) Share of conditions of the			-						
	(F) Share of total income									
	(E) Predominant income (related, investment,	unrelated)								
	(D) Direct controlling entity									
rtnership	(C) Legal domicile (state or	foreign country)			 					
anızatıons Taxable as a Pa	(B) Primary activity									
Part III Identification of Related Organizations Taxable as a Partnership	(A) Name, address, and EIN of related organization									

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	Legal domicile (state or foreign country)	Legal domicile Direct controlling (C) (B) (State or foreign country)	(E) Type of entity Corp., Scor or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
						į	
						.	

Schedule R (Form 990) 2008

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A L Page 3

52-1646891

THE MECHANICAL CONTRACTING Schedule R (Form 990) 2008 FOUNDATION, INC.

Organizations
With Related
Transactions
Part V

Note. Complete line 1 if any entity is listed in Parts II, III, or IV			Yes	• oN
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 (iv) rent from a controlled entity		19	×	
b Gift, grant, or capital contribution to other organization(s)		1p	×	
c Gift, grant, or capital contribution from other organization(s)		10	×	ار
		Þ	×	
		4	×	
e Loans of loan guarantees by only organization(s)		2	4	
f Sale of assets to other organization(s)		#	×	ادا
g Purchase of assets from other organization(s)		19	×	اب
h Exchange of assets		ŧ	×	اہ
i Lease of facilities, equipment, or other assets to other organization(s)		;=	×	الم
j Lease of facilities, equipment, or other assets from other organization(s)		÷	×	
k Performance of services or membership or fundraising solicitations for other organization(s)		¥	×	ا،
I Performance of services or membership or fundraising solicitations by other organization(s)		=	×	ا
m Sharing of facilities, equipment, mailing lists, or other assets		E E	×	ا
n Sharing of paid employees		두	×	ال
o Reimbursement paid to other organization for expenses		ot Ot	×	1 1
p Reimbursement paid by other organization for expenses		1 _p	×	اہ
 q Other transfer of cash or property to other organization(s) r Other transfer of cash or property from other organization(s) 		<u></u>	××	بايا
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ansaction thresholds			
(A)	(B)	<u>(</u>)		
Name of other organization(s)	Transaction type (a-r)	Amount involved	olved	!
(1) MECHANICAL CONTRACTORS ASSOCIATION OF AMERICA	0	150	,000,	_:
(2)				1
(3)				
(4)				- 1
(9)				- 1
(9)	:			- 1
832163 12:23-08	Sch	Schedule R (Form 990) 2008	90) 200	8

THE MECHANICAL CONTRACTING

FOUNDATION, INC.

Schedule R (Form 990) 2008

Part VI Unrelated Organizations Taxable as a Partnership

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

Page 4

52-1646891

(A)	(B)	(0)	(a)	(E)	(F)	(9)	£
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Are all partners section 501(c)(3)	Share of end-of- year assets	Dispropor- tionate	Code V-UBI amount in box 20	General or managing
		country)	Yes No			of Schedule K-1 (Form 1065)	1 -

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Schedule R (Form 990) 2008