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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 private foundations)

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ 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.

Open to Public

| Α | For th | e 2013 calendar year, or tax year beginning and ending | | |
|--------------------|-----------------------|--|---------------------------------|-------------------------------|
| В | Check if | C Name of organization | D Employer identific | cation number |
| | applicab | THE MECHANICAL CONTRACTING | | |
| | Addre chane | e FOUNDATION, INC. | | |
| | Name chan | Doing Business As MECHANICAL CONTRACTING EDUCATI | ON 52-1 | 646891 |
| | !nitial return | Number and street (or P.O. box if mail is not delivered to street address) Room/s | uite E Telephone numbe | r |
| | Termi ated | 1363 FICCARD DRIVE | (301 |)869-5800 |
| | Amen return | City or town, state or province, country, and ZIP or foreign postal code | G Gross receipts \$ | 5,422,350. |
| L | Appli tion pend | ROCKVILLE, MD 20030 | H(a) Is this a group re | |
| | pend | F Name and address of principal officer DENNIS LANGLEY | for subordinates | [?] |
| | | SAME AS C ABOVE | H(b) Are all subordinates in | |
| | | | 527 If "No," attach a | list (see instructions) |
| | | te: ► WWW.MCERF.ORG | H(c) Group exemption | |
| | | | <u>ear of formation: 1989 N</u> | State of legal domicile: MD |
| Р | art I | Summary | | |
| ဗ္ပ | 1 | Briefly describe the organization's mission or most significant activities SEE PART | III, LINE 1. | |
| Governance | | | | |
| /er | 2 | Check this box I if the organization discontinued its operations or disposed of r | _ | |
| Ĝ | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 10 |
| ంర | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 10 |
| CUIT | 5 | Total number of individuals employed in calendar year 2013 (Part V, line 2a) | 5 | 10 |
| ctiviti | 6 | Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12 | 6 7a | 0. |
| ີ ∢ | | Net unrelated business taxable income from Form 990-T, line 34 | 7a 7b | 0. |
| ~ — | 1 5 | 14et differated business taxable income from 1 offi 350-1, line 54 | Prior Year | Current Year |
| _ د | 8 | Contributions and grants (Part VIII, line 1h) | 1,215,760. | 226,719. |
| Revenue | 9 | Program service revenue (Part VIII, line 2q) | 10,403. | 3,095. |
| \$ ~ | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 508,920. | 859,128. |
| ž | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 0. | 0. |
| | 1 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1,735,083. | 1,088,942. |
| | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 225,100. | 268,500. |
| 3 | 1 | 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. |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| Ě | b | Total fundraising expenses (Part IX, column (D), line 25) | | |
| Û | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 367,388. | 418,124. |
| | 18 | Total expenses Add lines 13-17 (must-equal Part IX, column (A), line 25) | 592,488. | 686,624. |
| | 19 | Revenue less expenses Subtract line 18 from line 12 | 1,142,595. | 402,318. |
| Assets or Ralances | 3 | Total accests (Bort V. Inc. 16) 2 NOV O. B. 201.1 | Beginning of Current Year | End of Year |
| Set | 20 | Total assets (Part X, line 16) 3 NOV 8 9 2014 | 10,566,205. | <u>11,660,206.</u> |
| Net A | 21 | Total liabilities (Part X, line 26) | 5,254. | <u>50,875.</u> |
| | | Net assets or fund balances Subtract line 21 from line 20:57 | 10,560,951. | <u>11,609,331.</u> |
| | art II | Signature Block | | |
| | | alties of perjury, I declare that I have examined this return, including accompanying schedules and sta | | y knowledge and belief, it is |
| true | e, corre | ct, and complete. Declaration of preparer (other than officer) is based on all information of which prep | arer has any knowledge | |
| _ | | Signature of officer | Data / F | 2014 |
| Sig | | | Date / / | • |
| He | re | DENNIS INMIGLEY, EXECUTIVE DIRECTOR Type or print name and title | | |
| _ | | | Date Check | 1 PTIN |
| Pai | d | Print/Type preparer's name PAVID F. 6RALING (PA) Prefater's fignature PALING (PA) | <i> </i> | - D ADZIIGGY |
| | u parer | | | 52-1392008 |
| | Only | Firm's name GELMAN, ROSENBERG & FREEDMAN Firm's address 4550 MONTGOMERY AVE SUITE 650N | Firm's EIN 🛌 | 34-1334000 |
| USE | . Unity | BETHESDA, MD 20814-2930 | Dhora na / 2 | 01) 951-9090 |
| Ma | v the II | RS discuss this return with the preparer shown above? (see instructions) | Triione no. (3 | V Voc No |

Form 990 (2013)

| ``` | Check if Schedule O contains a response or note to any line in this Part III | ٦ |
|-----|--|----------|
| 1 | Briefly describe the organization's mission | ㅗ |
| • | THE MECHANICAL CONTRACTING EDUCATION AND RESEARCH FOUNDATION (MCERF) | |
| | ARTICULATES AND FUNDS THE MECHANICAL CONTRACTING INDUSTRY'S MOST | _ |
| | CRITICAL HUMAN RESOURCE AND RESEARCH NEEDS. MCERF CULTIVATES AND | |
| | SUPPORTS ACTIVITIES THAT ALLOW PROFESSIONALS IN THE MECHANICAL | _ |
| 2 | Did the organization undertake any significant program services during the year which were not listed on | |
| | the prior Form 990 or 990-EZ? | , |
| | If "Yes," describe these new services on Schedule O | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No | • |
| | If "Yes," describe these changes on Schedule O | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and | |
| | revenue, if any, for each program service reported | |
| 4a | (Code) (Expenses \$ 359,366. including grants of \$ 268,500.) (Revenue \$ | <u> </u> |
| | EDUCATION - FUNDS DEDICATED ARE DIRECTED TOWARD THE DEVELOPMENT AND | , |
| | ENHANCEMENT OF MECHANICAL CONTRACTING STUDENT CHAPTERS AND FACULTY | _ |
| | AWARENESS OF INDUSTRY ISSUES. PROGRAMS INCLUDE STUDENT MCAA CONVENTION | _ |
| | REGISTRATIONS, INTERNSHIPS, CHAPTER GRANTS, FACULTY TRAINING | _ |
| | CONFERENCE, EDUCATOR OF THE YEAR AWARD, AND STUDENT OF THE YEAR (FOSTER | _ |
| | MCCARL) AWARD. | _ |
| | | _ |
| | | _ |
| | | - |
| | | - |
| | | _ |
| 4b | (Code) (Expenses \$ 87,694. including grants of \$) (Revenue \$ 3,095. |) |
| | INDUSTRY RESEARCH - THE PRODUCTION OF EDUCATIONAL MATERIALS AND | _ |
| | PUBLICATIONS TO FOSTER THE TECHNOLOGICAL ADVANCEMENT AND DISSEMINATION | _ |
| | OF INFORMATION IN THE MECHANICAL CONTRACTING INDUSTRY, SUCH AS THE BIM | _ |
| | COORDINATION STUDY, AND MEP BIM GUIDE. | _ |
| | | _ |
| | | - |
| | | - |
| | | - |
| | | |
| | | _ |
| | | _ |
| 4c | (Code) (Expenses \$34,523. including grants of \$) (Revenue \$ |) |
| | OUTREACH - PROGRAMS TARGETED FROM THE BEGINNING AND EXECUTED TO MAKE | _ |
| | INFORMATION ABOUT THE MECHANICAL CONTRACTING INDUSTRY GENERALLY AVAILABLE TO ALL AUDIENCES. THIS INFORMATION IS TYPICALLY ACCESSED FREE | _ |
| | OF CHARGE THROUGH THE INTERNET: WWW.MCERF.ORG, AND WWW.OPUSPIPING.ORG. | - |
| | OF CHEROL THROUGH THE INTERMEDIT WANTED TO THE WANTED THE THROUGH THE CORD. | - |
| | | - |
| | | - |
| | | _ |
| | | |
| | | _ |
| | | _ |
| 4. | Other and the second (December of Other Land | _ |
| 4d | Other program services (Describe in Schedule O) | |
| 4e | (Expenses \$\frac{\text{Including grants of \$}}{481,583}.\frac{\text{Revenue \$}}{\text{Revenue \$}} | _ |

332002 10-29-13

THE MECHANICAL CONTRACTING 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, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | 1 | | |
| | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | _X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | • | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | _X_ |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | _X_ |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | _X_ |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | | | |
| | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | X | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X | | | |
| | as applicable | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | 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 | | | |
| | assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII | 11b | | <u> </u> |
| С | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | | | 37 |
| _ | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | <u> </u> |
| u | 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 | | | v |
| _ | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11d | | X |
| f | | 11e | | |
| • | the organization's slability 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 | 111 | | |
| | Schedule D, Parts XI and XII | 12a | x | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | 124 | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| | 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 | | X |
| 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, | | i | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | [| <u> </u> |
| 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," | | | |
| | complete Schedule G, Part III | 19 | | <u> </u> |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | <u> X</u> |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | 000 | |
| | | Form | 990 (| 2013) |

THE MECHANICAL CONTRACTING FOUNDATION, INC.

Form 990 (2013)

Part IV Checklist of Required Schedules (continued)

| ` | | | Yes | No |
|-----|--|-----|----------------|----------|
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | İ | | |
| | government 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 of grants or other assistance to individuals in the United States on Part IX, | | | |
| | column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | Х | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | ŀ | |
| | Schedule J , | 23 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K If "No", go to line 25a | 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 | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | <u> </u> |
| 25a | Section 501(c)(3) and 501(c)(4) 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 so, | | | |
| | complete Schedule L, Part II | _26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | 1 |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions) | | . | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | X |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | | | |
| | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | 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 | | | |
| | 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 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | 3. |
| 33 | Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | 32 | | X |
| 33 | , | | | v |
| 34 | 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 | | | v |
| 252 | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 34 | | X |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | 35a | | |
| U | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 255 | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | 35b | | <u> </u> |
| 50 | If "Yes," complete Schedule R, Part V, line 2 | 20 | | v |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 36 | | X |
| ٥, | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 27 | | х |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | 37 | | 41 |
| | Note. All Form 990 filers are required to complete Schedule O | 38 | $ \mathbf{x} $ | |
| | The state of the s | | 990 | (2013) |

Form 990 (2013) FOUNDATION, INC.

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 | | | -110 |
| 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 | 1 | | |
| | (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 C | | | |
| 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 (see instructions) | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | Х |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, 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 instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| С | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6 a | 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 contributions or gifts | | | |
| 7 | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7- | | v |
| a b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7a 7b | | X |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | 76 | | |
| · | to file Form 8282? | 7c | | Х |
| ď | 15 M | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h_ | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A | | | |
| | organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| | Did the organization make any taxable distributions under section 4966? N/A | 9a | | |
| | Did the organization make a distribution to a donor, donor advisor, or related person? N/A | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a | | | |
| 11 | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter | | | |
| '' | Gross income from members or shareholders N/A 11a | | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources against | | | |
| • | amounts due or received from them) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | ĺ | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? N/A | 13a | | |
| | Note. See the instructions for additional information the organization must report on Schedule O | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | |
| | organization is licensed to issue qualified health plans | | | |
| С | Enter the amount of reserves on hand | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | <u> </u> |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | |

52-1646891

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

| | Check if Schedule O contains a response or note to any line in this Part VI | | | X |
|-----|---|--------|------|--------|
| Sec | tion A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 10 | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b 10 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | |
| | officer, director, trustee, or key employee? | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | |
| | of officers, directors, or trustees, or key employees to a management company or other person? | 3 | х | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | X | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | Х |
| 6 | Did the organization have members or stockholders? | 6 | | X |
| | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | Ť | | |
| | more members of the governing body? | 7a | х | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | |
| _ | persons other than the governing body? | 7b | | х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | х | |
| | Each committee with authority to act on behalf of the governing body? | 8b | х | |
| 9 | 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 | 9 | | х |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) | | | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | Х |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Х | |
| 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 | Х | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Х | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| | ın Schedule O how this was done | 12c | X | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Х | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | ļ | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | | _X |
| b | Other officers or key employees of the organization | 15b | | X |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| | taxable entity during the year? | 16a | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | |
| | exempt status with respect to such arrangements? | _16b | | |
| Sec | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ►MD | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a | vailab | le | |
| | for public inspection. Indicate how you made these available. Check all that apply | | | |
| | Own website Another's website X Upon request Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and | finan | cıal | |
| | statements available to the public during the tax year | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization. | ion. 🕨 | | |
| | DONALD MAY - (301)869-5800 | | | |
| | 1385 PICCARD DRIVE, ROCKVILLE, MD 20850 | | | |
| | | F | OOO. | (0040) |

Form 990 (2013) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

| X Check this box if neither the organization in | or any related | orga | anıza | tion | cor | nper | nsat | ted any current officer, o | lirector, or trustee | |
|---|------------------------|--------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------|----------------------|---------------|
| (A) | (B) | | | (0 | C) | | | (D) | (E) | (F) |
| Name and Title | Average | (do | | Pos | | l than⊹ | one | Reportable | Reportable | Estimated |
| | hours per | box | , unle | ss pe | rson | ıs bot | han | compensation | compensation | amount of |
| | week | - | cer an | dad | irecto | or/trus | tee) | from | from related | other |
| | (list any | ecto | | | | | | the | organizations | compensation |
| | hours for | Ð 10 | 83 | | | ated | | organization | (W-2/1099-MISC) | from the |
| | related | ustee | trust | | _ g | pens | | (W-2/1099-MISC) | | organization |
| | organizations below | ual tr | lonal | | ploy | 1007 | | | | and related |
| | line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizations |
| (1) ROBERT T. ARMISTEAD | 3.00 | - | <u> </u> | - | Ť | 프 | Е. | | | |
| PRESIDENT | 3,00 | x | | Х | | | | 0. | 0. | 0. |
| (2) SCOTT L. BERGER | 2.00 | - | | | | | | - | | <u>.</u> |
| VICE PRESIDENT | | x | | х | | | | 0. | 0. | 0. |
| (3) TIMOTHY J. BRINK | 2.00 | - | | | | | | | | |
| SECRETARY/TREASURER | | x | | х | | | | 0. | 0. | 0. |
| (4) TROY AICHELE | 1.00 | | | | | | | | | |
| TRUSTEE | | x | | | | | | 0. | 0. | 0. |
| (5) A. MICHAEL BUDAY | 1.00 | | | | | | | | - | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (6) GREG CHRISTOPHER | 1.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (7) KENNETH R. MARINO | 1.00 | | | | | | | | | · · · · · |
| TRUSTEE | | X | | | | | | 0. | 0. | 0. |
| (8) WILLIAM H. TAVENNER | 1.00 | | | | | | | | | |
| TRUSTEE | | X | | | | | | 0. | 0. | 0. |
| (9) JOHN B. WILHELMI | 1.00 | | | | | | | _ | _ | |
| TRUSTEE | | X | | | | ļ | | 0. | 0. | 0. |
| (10) MOSTAFA KHATTAB | 1.00 | | | | | | | | | _ |
| TRUSTEE | | X | | | _ | | | 0. | 0. | 0. |
| (11) DENNIS LANGLEY | 23.00 | | | | | | | | • | • |
| EXECUTIVE DIRECTOR (SEE SCHEDULE O) | <u> </u> | <u> </u> | <u> </u> | X | <u> </u> | _ | | 0. | 0. | 0. |
| | | | | | | | | | | |
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Form 990 (2013)

FOUNDATION, INC.

| Part VII Section A. Officers, Directors, Trus | stees, Key Em | ploy | ees, | and | d Hi | ghe | st C | Compensated Employe | es_(continued) | | | | |
|---|--|-----------------|-----------------------|----------------------------|--------------|---------------------|-------------|--|--|----------|------------------------|---|----------------|
| (A) Name and title | (B) Average hours per | (do box | not cl | (C Pos heck ss pe | tion more | than o | one h an | (D) Reportable | (E) Reportable compensation | n | i | (F) stimate | |
| | week (list any hours for related organizations below line) | tee or director | Institutional trustee | Officer Officer | | Highest compensated | Former (ee) | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MIS | 3 | com fr org an | other pensa om the anizate d relate anizate | e ion ed |
| | | | | | | | | | | | | , | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 1b Sub-total c Total from continuation sheets to Part V | II, Section A | | | | | | > | 0. | | 0. | | | 0. |
| Total (add lines 1b and 1c) Total number of individuals (including but r compensation from the organization | not limited to th | ose | liste | d at | oove | e) wh | o re | eceived more than \$100 | ,000 of reportable | 0. e | | | <u>0.</u> |
| • | d | | | | | | | | | | | Yes | No |
| 3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s | uch individual | | • | • | • | | | | | • | 3 | | Х |
| For any individual listed on line 1a, is the standard related organizations greater than \$15 Tides any passage listed as line 1a receive any | 0,000? If "Yes, | " co | mple | te S | Sche | dule | Jf | for such individual | Ū | | 4 | | Х |
| 5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com Section B. Independent Contractors | | | | | | | eiai. | Led organization of indivi | uuai ioi services | | 5 | | X |
| Complete this table for your five highest country the organization Report compensation for | | | | | | | | | | pens | ation f | rom | |
| (A) Name and business | | <u>our</u> (| <u> </u> | <u>.g</u> | | <u> </u> | | (B) Description of s | | С | (C ompe |) nsatior | า |
| MECHANICAL CONTRACTORS A 1385 PICCARD DRIVE, ROCK | | | 2 C | | | A | | MANAGEMENT S | ERVICES | | 15 | 0,0 | 00. |
| | , , , , , , , , , , , , , , , , , , , | | | | | | | | | | | <u>. 1</u> | |
| | | | | | | | | | | | | · - | |
| | | | | | | · | | | | | | | |
| | | | | | | | | | | | | | |
| Total number of independent contractors (i \$100,000 of compensation from the organi | = | ot lır | nited | i to | thos | | ted | d above) who received m | ore than | | | | |
| 332008 | | | | | | | | | | | Form | 990 (2 | 2013) |

THE MECHANICAL CONTRACTING FOUNDATION, INC.

| Part VII | 1 | Statement | of | R | evenue | |
|----------|---|-----------|----|---|--------|--|

| | | Check if Schedule O cont | ains a response | or note to any lin | e in this Part VIII | | | |
|--|----------|---|-------------------|--|----------------------|--|---|--|
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| ts | 1 a | Federated campaigns | 1a | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | b | Membership dues | 1b | | | | | |
| S, G | С | Fundraising events | 1c | | | | | |
| ar (| d | Related organizations | 1d | - | | ľ | | |
| s, C | | Government grants (contribut | ions) 1e | | | | | |
| e s | f | All other contributions, gifts, gran | · - | | | | | |
| the | | similar amounts not included abor | I I | 226,719. | | | | • |
| E O | g | Noncash contributions included in lines | 1a-1f \$ | • | | | | |
| <u>8</u> % | h | Total. Add lines 1a-1f | | <u> </u> | 226 719. | | | |
| | | | | Business Code | | | | |
| e l | 2 a | PUBLICATION SALES | | 900099 | 3,095. | 3,095. | | |
| e Z | b | | | | | | | |
| Program Service Revenue | С | | | | | | | |
| e v | d | | | | | | | |
| <u>6</u> , | е | | | | | | | |
| <u>-</u> | f | All other program service reve | nue | | | | | |
| | g | Total. Add lines 2a-2f | | > | 3,095. | | | |
| | 3 | Investment income (including | dividends, intere | est, and | | | | |
| | | other similar amounts) | | ▶ | 184,921. | | | 184,921. |
| | 4 | Income from investment of tax | x-exempt bond p | roceeds 🕨 | | | | |
| | 5 | Royalties | | • | | | · | |
| | | | (ı) Real | (II) Personal | | | | ĺ |
| | 6 a | Gross rents | | | | | | |
| | b | Less rental expenses | | | | | | |
| İ | С | Rental income or (loss) | | | | ĺ | | |
| | d | Net rental income or (loss) | <u></u> | • | | | | |
| ļ | 7 a | Gross amount from sales of | (i) Securities | (II) Other | | | | |
| I | | assets other than inventory | 5,007,615. | | | | | |
| | b | Less cost or other basis | | | | | | |
| 1 | | and sales expenses | 4,333,408. | | | | | |
| | С | Gain or (loss) | 674,207, | <u> </u> | | | | |
| ŀ | d | • , , | | • | 674,207. | | | 674,207, |
| 힐 | 8 a | Gross income from fundraising | = | | | | | |
| | | including \$ | | | | | | |
| Other Reven | | contributions reported on line | 1c) See | | | | | |
| ĕ | | Part IV, line 18 | а | <u></u> | | | | |
| ₹ | | Less direct expenses | . b | L | | | | İ |
| | | Net income or (loss) from fund | _ | <u> </u> | | | | |
| | 9 a | Gross income from gaming ac | | | | | | |
| | | Part IV, line 19 | a | | | | | |
| | | Less direct expenses | b | | İ | | | |
| | | Net income or (loss) from gam | _ | <u> </u> | | | | |
| | 10 a | Gross sales of inventory, less | | | | | | |
| | | and allowances Less cost of goods sold | a b | | | | | |
| | | Net income or (loss) from sale: | | | } | | | |
| - | <u> </u> | Miscellaneous Revenu | | Business Code | | | | |
| | 11 a | - Wiscenarieous Neveriu | | Dusiness Odde | | | | |
| | b | | | | | | | |
| | c | | | | | | | |
| | d | All other revenue | - | | | | | |
| | _ | Total. Add lines 11a-11d | | • | | | | |
| | 12 | Total revenue. See instructions. | • | > | 1 088 942 | 3 095. | 0. | 859 128 |
| 332008 | | | | | | | | Form 990 (2013) |

52-1646891 Page 10

Form 990 (2013) FOUNDATION, INC.

Part IX Statement of Functional Expenses

| Sect | ion 501(c)(3) and 501(c)(4) organizations must comp | | | mplete column (A) | |
|--------|--|------------------|-----------------------------|-------------------------------------|--|
| | Check if Schedule O contains a respons | (A) | tnis Part IX (B) | (C) | (D) |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to governments and | | | | |
| | organizations in the United States. See Part IV, line 21 | 75,000. | 75,000. | | |
| 2 | Grants and other assistance to individuals in | | 400 -00 | į | |
| | the United States See Part IV, line 22 | 193,500. | 193,500. | | |
| 3 | Grants and other assistance to governments, | | | | |
| | organizations, and individuals outside the | | | | |
| | United States See Part IV, lines 15 and 16 | | - | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | | | | |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| _ | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | | | | |
| 8 | Pension plan accruals and contributions (include | | | | |
| _ | section 401(k) and 403(b) employer contributions) | | | - | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (non-employees) | 150 000 | 114 504 | 25 416 | |
| a | T T | 150,000. 180. | 114,584. | 35,416. 180. | |
| b | Legal | 12,250. | | 12,250. | |
| C | · · · · · · · · · · · · · · · · · | 12,250. | | 12,250. | |
| d | , , , , , , , , , , , , , , , , , , , | | | | |
| e f | Professional fundraising services. See Part IV, line 17 Investment management fees | 124,883. | | 124,883. | |
| g | | 124,000. | | 124,005. | |
| 9 | column (A) amount, list line 11g expenses on Sch O.) | 15,750. | 15,750. | | |
| 12 | Advertising and promotion | 13,730. | 13,730. | | |
| 13 | Office expenses | 42,859. | 40,220. | 2,639. | |
| 14 | Information technology | 23,874. | 23,092. | 782. | |
| 15 | Royalties | | 20,0020 | 7020 | |
| 16 | Occupancy | | | | |
| 17 | Travel | 32,313. | 12,095. | 20,218. | |
| 18 | Payments of travel or entertainment expenses | | | = 3.7 == 3.1 | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 8,899. | 4,032. | 4,867. | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | # · - · - · | |
| 22 | Depreciation, depletion, and amortization | - | | | |
| 23 | Insurance | | | | |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| а | DESIGN AND GRAPHIC ART | 2,568. | 2,568. | | |
| b | DUES & SUBSCRIPTIONS | 2,286. | 742. | 1,544. | |
| С | AWARDS | 719. | | 719. | |
| d | PROFESSIONAL DEVLOP. | 581. | | 581. | |
| е | All other expenses | 962. | | 962. | |
| 25 | Total functional expenses Add lines 1 through 24e | 686,624. | 481,583. | 205,041. | 0. |
| 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 (2013)

THE MECHANICAL CONTRACTING FOUNDATION, INC.

| Part X Balance Sheet |
|------------------------|
|------------------------|

| t X | Balance Sheet | | | | |
|----------|--|--|--|--|---|
| | Check if Schedule O contains a response or not | e to any line in this Part X | | | |
| | | | (A) Beginning of year | | (B) End of year |
| 1 | Cash - non-interest-bearing | | 56,460. | 1 | 73,764. |
| 2 | Savings and temporary cash investments | 161. | 2 | 162. | |
| 3 | Pledges and grants receivable, net | | <u>240,835.</u> | 3 | 305,194 |
| 4 | Accounts receivable, net | | 6,313. | 4 | |
| 5 | Loans and other receivables from current and fo | rmer officers, directors, | | | |
| | trustees, key employees, and highest compensa- | ated employees Complete | | | |
| | Part II of Schedule L | | | 5 | |
| 6 | Loans and other receivables from other disquali | fied persons (as defined under | | | |
| | section 4958(f)(1)), persons described in section | | | | |
| | employers and sponsoring organizations of sect | ion 501(c)(9) voluntary | | | |
| | employees' beneficiary organizations (see instr) | | 6 | | |
| 7 | Notes and loans receivable, net | | | 7 | |
| 8 | Inventories for sale or use | | | 8 | |
| 9 | Prepaid expenses and deferred charges | | | 9 | 12,827 |
| 10a | Land, buildings, and equipment cost or other | | | | |
| | basis Complete Part VI of Schedule D | 10a | | | |
| b | Less accumulated depreciation | 10b | | 10c | |
| 11 | Investments - publicly traded securities | | 10,237,481. | 11 | 11,242,787 25,472 |
| 12 | Investments - other securities See Part IV, line 1 | 24,955. | 12 | 25,472 | |
| 13 | Investments - program-related See Part IV, line | | 13 | | |
| 14 | Intangible assets | | | 14 | |
| 15 | Other assets See Part IV, line 11 | | 15 | _ | |
| 16 | Total assets. Add lines 1 through 15 (must equa | 10,566,205. | 16 | 11,660,206 | |
| 17 | Accounts payable and accrued expenses | 5,254. | 17 | 50,875. | |
| 18 | Grants payable | | | 18 | |
| 19 | Deferred revenue | | | 19 | |
| 20 | Tax-exempt bond liabilities | | , | 20 | |
| 21 | Escrow or custodial account liability Complete F | Part IV of Schedule D | | 21 | <u></u> |
| 22 | Loans and other payables to current and former | officers, directors, trustees, | | | |
| | key employees, highest compensated employee | s, and disqualified persons. | | | |
| | Complete Part II of Schedule L | | | 22 | |
| 23 | Secured mortgages and notes payable to unrela | ted third parties | | 23 | |
| 24 | Unsecured notes and loans payable to unrelated | third parties | | _24 | |
| 25 | Other liabilities (including federal income tax, pages | ables to related third | | | |
| | parties, and other liabilities not included on lines | 17-24) Complete Part X of | | | |
| | Schedule D | | | 25 | |
| 26 | - | | 5,254. | 26 | 50,875. |
| | | | | | |
| | | d 34. | - 40- 600 | | |
| 27 | | | | | 6,414,136. |
| 28 | | } | | | 342,073. |
| 29 | • | . — | 4,852,140. | 29 | 4,853,122. |
| | | SC 958), check here 🕨 📖 | | | |
| | and complete lines 30 through 34. | | | | |
| | Constal stock or trust arrasinal or surrent funds | | 30 | | |
| 30 | Capital stock or trust principal, or current funds | _ | • | | |
| 31 | Paid in or capital surplus, or land, building, or eq | ` | - | 31 | ·-·· |
| 31 32 | Paid-in or capital surplus, or land, building, or eq Retained earnings, endowment, accumulated in | ` | 10.500.051 | 32 | 11 660 55: |
| 31 | Paid in or capital surplus, or land, building, or eq | ` | 10,560,951. 10,566,205. | | 11,609,331. 11,660,206. |
| | 1 2 3 4 5 6 7 8 9 10a b 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 | Check if Schedule O contains a response or not Cash · non-interest-bearing Savings and temporary cash investments Pledges and grants receivable, net Loans and other receivables from current and for trustees, key employees, and highest compensate Part II of Schedule L Loans and other receivables from other disqualification section 4958(f)(1)), persons described in section employers and sponsoring organizations of sect employees' beneficiary organizations (see instr) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D Less accumulated depreciation Investments · publicly traded securities Investments · other securities See Part IV, line 1 Investments · other securities See Part IV, line 1 Investments · program-related See Part IV, line 1 Intangible assets Other assets See Part IV, line 11 Total assets, Add lines 1 through 15 (must equal Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability Complete Fersory or cus | Check if Schedule O contains a response or note to any line in this Part X 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10b Less accumulated depreciation 1 Investments - publicly traded securities 12 Investments - other securities See Part IV, line 11 13 Investments - program-related See Part IV, line 11 14 Intangible assets 15 Other assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 10 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties 26 Unsecured notes and loans payable to unrelated third parties 27 Other liabilities, including federal income tax, payables to related third parties 28 Other 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. Unrestricted net assets Temporarily restricted net assets | Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year 56, 460. 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(6), and contributing employees and sponsoning organizations of section 501(c)(6) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L Notes and loans receivable, net 8 Inventiones for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10b Less accumulated depreciation 11 Investments - publicly traded securities 100a 10b 10b 11 Investments - program-related See Part IV, line 11 11 Investments - program-related See Part IV, line 11 11 Investments - program-related See Part IV, line 11 11 11 Investments - program-related See Part IV, line 11 11 11 11 11 11 11 11 11 11 11 11 11 | Check if Schedule O contains a response or note to any line in this Part X Cash - non-interest bearing 56,460. 1 |

| | THE MECHANICAL CONTRACTING | | | | | |
|----|---|----------|-------|-----|------------|--------------|
| | 1990 (2013) FOUNDATION, INC. | 52- | -1646 | 891 | Pa | ge 12 |
| Pa | rt XI Reconciliation of Net Assets | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | |
| | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 1 | ,08 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 68 | <u>6,6</u> | 24. |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | 40 | 2,3 | 18. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 10 | ,56 | 0,9 | <u>51.</u> |
| 5 | Net unrealized gains (losses) on investments | 5 | | 64 | <u>6,0</u> | <u>62.</u> |
| 6 | Donated services and use of facilities | 6 | | | | |
| 7 | Investment expenses | 7 | | | | |
| 8 | Prior period adjustments | 8 | | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | | 0. |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, | | | | | |
| | column (B)) | 10 | 11 | ,60 | 9,3 | <u>31.</u> |
| Pa | rt XII Financial Statements and Reporting | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | <u>Ш</u> |
| | | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 L Cash X Accrual Other | | | | | ĺ |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | 0 | | | | l |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | d on a | | | | |
| | separate basis, consolidated basis, or both | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | 1 |
| þ | Were the organization's financial statements audited by an independent accountant? | | | 2b | <u>X</u> | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat | e basıs | , | li | | ĺ |
| | consolidated basis, or both | | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e audıt, | , | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | | 2c | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Scho | edule C |) | | | |
| 3а | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir | ngle Au | dıt | | | |
| | Act and OMB Circular A-133? | | | 3a | | X |

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

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

332012 10-29-13

Form **990** (2013)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

city, and state

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.irs.gov/form990.

Open to Public Inspection

Name of the organization Employer identification number THE MECHANICAL CONTRACTING FOUNDATION, 52-1646891 Part I Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,

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)

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in

A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III)

An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10

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 - Non-functionally integrated

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than

foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below. the governing body of the supported organization?

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

(III) A 35% controlled entity of a person described in (i) or (ii) above?

Provide the following information about the supported organization(s)

Yes No 11g(i) 11g(ii) 11a(iii)

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section | | | (v) Did you notify the organization in col (i) of your support? | | (vi) Is the organization in col. (i) organized in the U.S.? | | (vii) Amount of monetary support | |
|------------------------------------|----------|---|-----|----|---|----|---|----|----------------------------------|--|
| | | (see instructions)) | Yes | No | Yes | No | Yes | No | | |
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| otal | | | - | | | | | | | |

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

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

Schedule A (Form 990 or 990-EZ) 2013 FOUNDATION, INC. 52-1646891 Page 2

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III)

| Se | ction A. Public Support | | | | | | |
|------|---|--------------------|------------------------|---|----------------------|---------------------|------------------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| | Gifts, grants, contributions, and | | | | | | |
| | membership fees received (Do not | | | | | | |
| | ınclude any "unusual grants ") | 196,931. | 211,537. | 126,240. | 1,215,760. | 226,719. | 1,977,187. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization'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 | 196,931. | 211,537. | 126,240. | 1,215,760. | 226,719. | 1,977,187, |
| | The portion of total contributions | | 1 | | | | |
| · | 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) | | | | | | 1 061 251 |
| 6 | | | | | | | 1,061,251. 915,936. |
| | Public support. Subtract line 5 from line 4 ction B. Total Support | | | | | | <u> </u> |
| | ndar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| | Amounts from line 4 | 196,931. | 211,537. | 126,240. | 1,215,760. | 226,719. | 1,977,187. |
| - | Gross income from interest, | 130/331. | 211/33/1 | 120,210. | 1,215,700. | 220,1230 | 1,511,101. |
| 0 | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | | | |
| | and income from similar sources | 223,983. | 201,476. | 189,778. | 209,989. | 184,921. | 1,010,147. |
| ٥ | Net income from unrelated business | 223,303. | 201,470. | 105,170. | 200,000. | 104,741. | 1,010,147. |
| 9 | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 40 | Other income Do not include gain | | | <u> </u> | | | |
| 10 | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part IV) | | 179. | 93. | | | 272. |
| | Total support. Add lines 7 through 10 | | 113. | 93. | | | 2,987,606. |
| | Gross receipts from related activities, | oto (oco instructi | nna) | | | 12 | 39,635. |
| | • | • | • | d farmen ar fifth ta | | | 33,033. |
| 13 | First five years. If the Form 990 is for | = | s ilist, second, triil | u, lourin, or min ta | ix year as a section | 1301(0)(3) | . □ |
| Sec | organization, check this box and stop ction C. Computation of Publi | ic Support Pe | rcentage | | | | |
| | Public support percentage for 2013 (I | | | volumo (fl) | | 14 | 30.66 % |
| | Public support percentage from 2012 | | • | .oldifiif (i)) | | 15 | 38.13 % |
| | 33 1/3% support test - 2013. If the c | | | n line 12 and line : | 1.4 to 22 1/20% or m | | |
| 102 | stop here. The organization qualifies | - | | • | 14 15 33 17376 01 11 | iore, check this bo | × and |
| _ | • | | | | line 15 is 22 1/20/ | ar mara abaak th | vo bav |
| E. | 33 1/3% support test - 2012. If the c | | | | 1116 12 18 22 17376 | of more, check if | ▶ [X] |
| 4- | and stop here. The organization quali | · - | • • | | 10 10 10 | | |
| 1/8 | 10% -facts-and-circumstances test | - | | | | | • |
| | and if the organization meets the "fac | | | | | t IV now the organ | lization |
| | meets the "facts-and-circumstances" | - | | • | • | | |
| b | 10% -facts-and-circumstances test | | | | | | |
| | more, and if the organization meets th | | · · | | • | | , |
| | organization meets the "facts-and-circ | | • | • | | | P |
| 18 | Private foundation. If the organization | n ala not check a | 00x on line 13, 16 | a, 165, 17a, or 17b | | | |
| | | | | | Sche | quie A (Form 990 | or 990-EZ) 2013 |

332022 09-25-13

Schedule A (Form 990 or 990-EZ) 2013 FOUNDATION, INC.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

| now, picase comp | | • • • | | | |
|--------------------|---|--|--|--|--|
| (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
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| (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
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| the organization's | L s firet eacond thir | l d fourth or fifth to | av voar as a soot | on 501(c)/3) organi | zation |
| ine organization s | s mat, accord, triii | a, iourai, or mart | an year as a section | on soricita) organi | 4a(IUII, ▶□ |
| Support Per | rcentage | | - | | |
| | | column (fi) | | 15 | |
| | - | ,0.0 (.,, | | | |
| | | | | <u>, , , , , , , , , , , , , , , , , , , </u> | |
| | | ne 13, column (fl) | | 17 | |
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| | | on line 14, and line | e 15 is more than | <u> </u> | 17 is not |
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| garineadori aid II | or look a box on | | A, GIO III G TO 13 III | 1010 than 00 17070, | u.iu |
| k this hoy and et | on here. The oras | inization dualifiee | as a nublich sun | oorted organization | . ⊾Г |
| | (a) 2009 (a) 2009 (a) 2009 (b) Capport Pene 8, column (f) do Schedule A, Partiment Incoming (line 10c, column (f) 2002 Schedule A, organization did in do stop here. The | (a) 2009 (b) 2010 (a) 2009 (b) 2010 (a) 2009 (b) 2010 (a) 2009 (b) 2010 (b) 2010 (c) Support Percentage (c) Support Percentage (c) Support Percentage (c) Support Percentage (d) Support Percentage (e) Support Percentage (f) divided by line 13, consideration (f) divided by line 15 (g) Support Percentage (e) Support Percentage (e) Support Percentage (f) divided by line 15 (g) Support Percentage (g | (a) 2009 (b) 2010 (c) 2011 (a) 2009 (b) 2010 (c) 2011 (a) 2009 (b) 2010 (c) 2011 (b) 2010 (c) 2011 (c) 2011 (d) 2009 (b) 2010 (c) 2011 (e) 2011 (f) 4 2009 (f) 2010 (f) 2011 (f) 5 2011 (f) 2011 (g) 2011 (g) 2011 (h) 2011 (g) 2011 (| the organization's first, second, third, fourth, or fifth tax year as a sectic Support Percentage ne 8, column (f) divided by line 13, column (f)) Schedule A, Part III, line 15 trment Income Percentage 13 (line 10c, column (f) divided by line 13, column (f)) organization did not check the box on line 14, and line 15 is more than d stop here. The organization qualifies as a publicly supported organic | (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organize control of the company o |

332023 09-25-13

THE MECHANICAL CONTRACTING Schedule A (Form 990 or 990-EZ) 2013 FOUNDATION, INC. 52-1646891 Page 4 Part IV Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12 Also complete this part for any additional information (See instructions)

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

Open to Public

OMB No 1545-0047

Inspection

THE MECHANICAL CONTRACTING Name of the organization FOUNDATION, INC.

Employer identification number 52-1646891

| Pa | organizations Maintaining Donor Advise organization answered "Yes" to Form 990, Part IV, line | | S OF Accounts. Complete if the |
|----|---|---|--|
| | organization answered Tes (or offin 990, Fatt IV, line | (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 v | writing that the assets held in donor advis | sed funds |
| | are the organization's property, subject to the organization's | exclusive legal control? | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor a | - | |
| | for charitable purposes and not for the benefit of the donor o | | • |
| | impermissible private benefit? | | Yes No |
| Pa | rt II Conservation Easements. Complete if the org | anization answered "Yes" to Form 990, F | Part IV, line 7 |
| 1 | Purpose(s) of conservation easements held by the organization | on (check all that apply) | |
| | Preservation of land for public use (e.g., recreation or e | ducation) Preservation of an his | storically important land area |
| | Protection of natural habitat | Preservation of a cert | tified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualif | ed conservation contribution in the form | of a conservation easement on the last |
| | day of the tax year | | |
| | | | Held at the End of the Tax Yea |
| а | Total number of conservation easements | | 2a |
| b | Total acreage restricted by conservation easements | | 2b |
| С | Number of conservation easements on a certified historic stru | ucture included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired a | after 8/17/06, and not on a historic struct | ture |
| | listed in the National Register | | _2d |
| 3 | Number of conservation easements modified, transferred, release | eased, extinguished, or terminated by the | e organization during the tax |
| | year ▶ | | |
| 4 | Number of states where property subject to conservation eas | sement is located | |
| 5 | Does the organization have a written policy regarding the per | iodic monitoring, inspection, handling of | |
| | violations, and enforcement of the conservation easements it | holds? | └── Yes └── No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | * | |
| 7 | Amount of expenses incurred in monitoring, inspecting, and e | enforcing conservation easements during | the year 🕨 \$ |
| 8 | Does each conservation easement reported on line 2(d) above | e satisfy the requirements of section 170 | |
| | and section 170(h)(4)(B)(ii)? | | └── Yes └── No |
| 9 | In Part XIII, describe how the organization reports conservation | | |
| | include, if applicable, the text of the footnote to the organizat | ion's financial statements that describes | the organization's accounting for |
| D. | conservation easements | A. J. Disabatical Toronto | NI 0: 11 A |
| Pa | t III Organizations Maintaining Collections of | · · · · · · · · · · · · · · · · · · · | ther Similar Assets. |
| | Complete if the organization answered "Yes" to Form | | |
| 1a | If the organization elected, as permitted under SFAS 116 (AS | | |
| | historical treasures, or other similar assets held for public exh | | ance of public service, provide, in Part XIII, |
| | the text of the footnote to its financial statements that describ | | |
| b | If the organization elected, as permitted under SFAS 116 (AS | | |
| | treasures, or other similar assets held for public exhibition, ed | lucation, or research in furtherance of pu | iblic service, provide the following amount |
| | relating to these items | | |
| | (i) Revenues included in Form 990, Part VIII, line 1 | | ► \$ ► \$ |
| _ | (ii) Assets included in Form 990, Part X | | S |
| 2 | If the organization received or held works of art, historical trea | | al gain, provide |
| | the following amounts required to be reported under SFAS 11 | 16 (ASC 958) relating to these items | |
| a | Revenues included in Form 990, Part VIII, line 1 | | . > \$ |
| b | Assets included in Form 990, Part X | | ▶ \$ |
| | | | |

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

Schedule D (Form 990) 2013

THE MECHANICAL CONTRACTING

| | | ION, INC. | | | | <u>52-16</u> | 46891 | . Page 2 |
|-------|---|-----------------------|--------------------------|------------------------|-------------|--------------|--------------------|-----------------|
| Pa | rt III Organizations Maintaining C | ollections of Ar | t, Historical Tr | easures, or Oth | er Simil | ar Asse | ts (continu | ued) |
| 3. | Using the organization's acquisition, accession | on, and other record | s, check any of the | following that are a s | significant | use of its | collection | ıtems |
| | (check all that apply) | | | | | | | |
| а | Public exhibition | d | Loan or excl | hange programs | | | | |
| b | Scholarly research | е | Other | | | | | |
| С | Preservation for future generations | | | | | | | |
| 4 | Provide a description of the organization's co | llections and explair | n how they further th | ne organization's exe | empt purp | ose in Parl | t XIII | |
| 5 | During the year, did the organization solicit or | receive donations of | of art, historical treas | sures, or other simila | ar assets | | _ | _ |
| | to be sold to raise funds rather than to be ma | | | | | | Yes | No_ |
| Pa | rt IV Escrow and Custodial Arrang | - | ete if the organization | n answered "Yes" to | Form 990 | , Part IV, I | ıne 9, or | |
| | reported an amount on Form 990, Part | | | | | | | |
| 1a | Is the organization an agent, trustee, custodia | an or other intermed | lary for contribution | s or other assets no | t included | _ | 7 | |
| | on Form 990, Part X? | | | | | | 」 Yes | ∟ No |
| b | If "Yes," explain the arrangement in Part XIII a | and complete the fol | llowing table | | | | | |
| | | | | | <u> </u> | | Amount | |
| | Beginning balance | | | | 1c | | | |
| d | Additions during the year | | | | 1d | | | |
| е | Distributions during the year | | | | <u>1e</u> | | | |
| f | Ending balance | | | | 1f | | 7 | |
| | Did the organization include an amount on Fo | | | | | L | Yes | ⊢ No |
| | If "Yes," explain the arrangement in Part XIII ort V Endowment Funds. Complete if | | | | | | | |
| T a | rt V Endowment Funds. Complete if | 1 | | | | raara baak | 4-> 5 | |
| 4 | Paginning of year halance | (a) Current year | (b) Prior year | (c) Two years back | (d) Three | | | years back |
| | Beginning of year balance | 4,852,140. | 4,850,849. | 4,848,900. | 4,847,640. | | 4,8 | 845,226. |
| b | Contributions | 982. | 1,291. | 1,949. | | 1,260. | | 2,414. |
| G | Net investment earnings, gains, and losses Grants or scholarships | | | | | | | |
| d | Other expenditures for facilities | | | | | | | |
| e | and programs | | | | | | | |
| | Administrative expenses | | | | | | | |
| g | End of year balance | 4.853.122. | 4.852.140. | 4,850,849. | A 9 | 48,900. | | 847.640. |
| 2 | Provide the estimated percentage of the curre | | | | 4,0 | 140,500. | 4,0 | 347,040. |
| a | Board designated or quasi-endowment | sin your one balance | % | ,,, noid do | | | | |
| | Permanent endowment ► 100.00 | % | _^~ | | | | | |
| | Temporarily restricted endowment ▶ | % | | | | | | |
| | The percentages in lines 2a, 2b, and 2c shoul | | | | | | | |
| За | Are there endowment funds not in the posses | · | ation that are held a | nd administered for t | the organiz | zation | | |
| | by | _ | | | | | <u> </u> | Yes No |
| | (i) unrelated organizations | | | | | | 3a(ı) | X |
| | (ii) related organizations | | | | | | 3a(ıi) | X |
| b | If "Yes" to 3a(ii), are the related organizations | listed as required o | n Schedule R? | | | | 3b | |
| 4 | Describe in Part XIII the intended uses of the | | wment funds | | | | | |
| Pai | rt VI Land, Buildings, and Equipme | ent. | | | | | | |
| | Complete if the organization answered | "Yes" to Form 990, | Part IV, line 11a Se | ee Form 990, Part X, | line 10 | | | |
| | Description of property | (a) Cost or ot | ' ' | , , , | ccumulate | | (d) Book | value |
| | | basis (investm | nent) basis (| other) de | preciation | | | |
| 1a | Land | | | | | | | |
| b | Buildings | | | | | _ | | |
| С | Leasehold improvements | | | | | _ | | |
| d | Equipment | | | | | _ | | |
| | Other | | | | | | | |
| [otal | I, Add lines 1a through 1e (Column (d) must eq | ual Form 990. Part | X. column (B), line 1 | O(c)) | | | | 0. |

Schedule D (Form 990) 2013

| FOUNDATION. | TNC |
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| Schedule D (Form 990) 2013 FOUNDATIO | ON, INC. | | 52-1646891 Page 3 |
|---|---------------------------------|--|--------------------------|
| Part VII Investments - Other Securities | • | | |
| Complete if the organization answered "\ | | 11b See Form 990, Part X, line 12 | |
| (a) Description of security or category (including name of secu | (b) Book value | (c) Method of valuation Cost or | end-of-year market value |
| Financial derivatives | | | |
| Closely held equity interests | | | |
| 3) Other | | | |
| (A) | | | |
| (B) | | | · |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| otal (Col. (b) must equal Form 990, Part X, col (B) line 12. | | | |
| Part VIII Investments - Program Related | | | |
| Complete if the organization answered "Y | | 11c See Form 990, Part X, line 13 | |
| (a) Description of investment | (b) Book value | (c) Method of valuation Cost or o | end-of-year market value |
| (1) | | | |
| (2) | | | ···· |
| (3) | | | |
| (4) | | N-1-10 | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| otal (Col. (b) must equal Form 990, Part X, col. (B) line 13 Part IX Other Assets. | | | |
| Complete if the organization answered "\ | /es" to Form QQ0 Part IV line ' | 11d See Form 990 Part V line 15 | |
| Complete if the organization answered | (a) Description | Tru See Form 330, Fait A, line 13 | (b) Book value |
| (1) | (-) | | (b) Book value |
| (2) | | | |
| (3) | | . | |
| (4) | | | |
| (5) | | | |
| (6) | | | - |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| otal. (Column (b) must equal Form 990, Part X, col (E | 3) line 15) | | > |
| Part X Other Liabilities. | - | | |
| Complete if the organization answered "Y | es" to Form 990, Part IV, line | I1e or 11f See Form 990, Part X, line: | 25 |
| (a) Description of liability | | (b) Book value | |
| (1) Federal income taxes | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2013

(9)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

| | THE MECHANICAL CONTRACTING | | | |
|----------|--|---------------------------------------|-----------|------------------------|
| | dule D (Form 990) 2013 FOUNDATION, INC. | | | L 646891 Page 4 |
| Pa | TXI. Reconciliation of Revenue per Audited Financial Statements | s with Revenue per R | eturn | • |
| | Complete if the organization answered "Yes" to Form 990, Part IV, line 12a | · · · · · · · · · · · · · · · · · · · | . [| 1 746 056 |
| 1 | Total revenue, gains, and other support per audited financial statements | } | 1 | 1,746,956. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains on investments | 2a 646,062. | | |
| a b | | 2b 136,835. | - 1 | |
| C | | 2c 130,033. | | |
| d | | 2d | | |
| e | Add lines 2a through 2d | 20.1 | 2e | 782,897. |
| 3 | Subtract line 2e from line 1 | | 3 | 964,059 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | | 301/005 |
| а | | 4a 124,883. | | |
| b | - · · · · · · · · · · · · · · · · · · · | 4b | | |
| С | Add lines 4a and 4b | | 4c | 124,883. |
| 5_ | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | | 5 | 1,088,942. |
| Pa | t XII Reconciliation of Expenses per Audited Financial Statement | ts With Expenses per | Retu | |
| | Complete if the organization answered "Yes" to Form 990, Part IV, line 12a | | | |
| 1 | Total expenses and losses per audited financial statements | | 1 | 698,576. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | |
| а | Donated services and use of facilities | 2a 136,835. | | |
| b | Prior year adjustments | 2b | | |
| С | Other losses 2 | 2c | | |
| d | Other (Describe in Part XIII) | 2d | | |
| е | Add lines 2a through 2d | | 2e | <u> 136,835.</u> |
| 3 | Subtract line 2e from line 1 | | 3 | 561,741. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 | 1 404 000 | | |
| a | _ | 4a 124,883. | İ | |
| b | · · · · · · · · · · · · · · · · · · · | 4b | | 104 000 |
| | Add lines 4a and 4b | } | 4c | 124,883. |
| Pai | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) † XIII Supplemental Information. | | 5 | 686,624. |
| | de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, li | | · | / lm= 0. D=+ VI |
| | 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional | | r, rait / | N, IIII e 2, Fait XI, |
| | and 40, and 1 are xiii, iiiios 20 and 40 xiiso complete this part to provide any addition | antioniation | | |
| | | | | - |
| PAI | RT V, LINE 4: | | | |
| | | | | |
| EXI | PLANATION: TO UNDERWRITE EDUCATIONAL AND RESI | EARCH EFFORTS | TO P | DVANCE THE |
| | | | | |
| ME(| CHANICAL CONTRACTING INDUSTRY. | . = | | <u> </u> |
| | | | | |
| | | | | |
| | VIII V | | | • |
| PAI | RT X, LINE 2: | | | |
| nwr | NAMED DOOR THE VENDER DECEMBED 21 ' | 2012 3370 2012 | | |
| EXI | LANATION: FOR THE YEARS ENDED DECEMBER 31, 2 | <u>2013 AND 2012,</u> | MCE | RF HAS |
| DC | CUMENTED ITS CONSIDERATION OF FASB ASC 740-10 | О ТМООМЕ ПАМЕ | с п | ura m |
| <u> </u> | OMENIED IIS CONSIDERATION OF FASE ASC /40-10 | U, INCOME TAXE | 5, 1 | пат |
| PRO | OVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN | INCOME TAXES | רואב | нас |
| | TOSE AND TON THE ONITHING VINCENTITIES IN | THOUSE THE P | | |
| DE? | PERMINED THAT NO MATERIAL UNCERTAIN TAX POSIT | TIONS QUALIFY | FOR | EITHER |
| | | - | | · |
| REC | COGNITION OR DISCLOSURE IN THE FINANCIAL STAT | TEMENTS. | | |
| | | | | |

THE FEDERAL FORM 990, 332054 09-25-13 RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, IS

Schedule D (Form 990) 2013

THE MECHANICAL CONTRACTING

| Part XIII Suppl | 90) 2013 Iemental In | FOU formatio | JND <i>E</i> | utini ledi | N, INC. | | | 52-164 | 16891 | Page 5 |
|-----------------|-------------------------|-----------------|-----------------|------------|-------------|-----------------|-------------|-----------|-------------|-------------|
| у топри | <u>omental il</u> | | 211 (CO. | manuea | · | - ,- | | | | |
| SUBJECT TO | EXAMIN | ATION | BY | THE | INTERNAL | REVENUE | SERVICE, | GENERALLY | FOR | |
| THREE YEAR | S AFTER | IT 18 | S FI | LED | | | | | | |
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▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990 Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Attach to Form 990. THE MECHANICAL CONTRACTING Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990)

FOUNDATION

OMB No 1545-0047 2013 Employer identification number

Inspection

Open to Public

Schedule I (Form 990) (2013) ž 52-1646891 FOR STUDENTS ATTENDING PAID REGISTRATION FEES (h) Purpose of grant 2011 MCAA CONVENTION or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (d) Amount of cash grant 75,000 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(C)(6) Enter total number of other organizations listed in the line 1 table 13-0831270 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? MECHANICAL CONTRACTORS ASSOCIATION 1 (a) Name and address of organization OF AMERICA - 1385 PICCARD DR or government ROCKVILLE, MD 20850 Part II Part I

Schedule I (Form 990) (2013) FOUNDATION, INC.

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

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

Part III Grants and Other Assistance to Individuals in the United States.

· Page 2

52-1646891

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|--|--------------------------|--------------------------|--|---|--|
| INTERSHIP GRANTS | 0.2 | 84 000 | O | | |
| MCERF SCHOLARSHIPS | 12 | 09 | o | | |
| CHAPTERS OF EXCELLENCE | 12 | | 0 | | |
| EMERGING CHAPTERS | 3 | .000.6 | 0.0 | | |
| FACULTY INTERNSHIPS | 2 | 5 000. | 0 | | |
| Part IV Supplemental Information. Provide the information required in | | e 2, Part III, column | Part I, line 2, Part III, column (b), and any other additional information | dditional information | |
| PART I, LINE 2: | | | | | |
| EXPLANATION: MCERF FUNDS GRANTS TO | STUDENT | CHAPTERS | AS PART OF | THE FUNDING | |
| EDUCATION EXCELLENCE (FEE) PROGRAM WHICH IS MONITORED BY MCAA'S CAREER | WHICH I | S MONITORE | D BY MCAA' | S CAREER | |
| DEVELOPMENT COMMITTEE, THE CAREER DEVELOPMENT | DEVELOPM | ENT COMMITTEE | SETS | THE STANDARDS | |
| AND THE ELIGIBILITY REQUIREMENTS FOR | FOR OBTAINING | NING A GRANT. | NT. THE CAREER | REER | |
| DEVELOPMENT COMMITTEE DECIDES IF T | THE ACHIE | ACHIEVEMENTS ST | STATED IN THE | E APPLICATION | |
| FROM THE STUDENT CHAPTERS MEET THE | THE REQUIREMENTS | | TO QUALIFY FOR | ONE OF THE | |
| GRANTS. EACH STUDENT CHAPTER WORKS CLOSELY WITH THE LOCAL MECHANICAL | CLOSELY | WITH THE | LOCAL MECH | ANICAL | |
| CONTRACTORS ASSOCIATION, WHICH IS AN | AN AFFILIATE | IATE MEMBER | OF | THE MCAA, TO MAKE | |

332 102 10-29-13

Schedule I (Form 990) (2013)

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| Schedule (Form 990) FOUNDATION, INC. | CONTRACT | 1NG | | | 52-1646891 · Page 2 |
|--|--------------------------|--------------------------|---------------------------------------|---|--|
| Part III Continuation of Grants and Other Assistance to Individuals in the United States (Schedule (Form 990), Part III) | duals in the Unite | ed States (Schedule | e I (Form 990), Part III | (1) | |
| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
| DEPT OF THE VERD | - | | c | | |
| FOSTER MCCARL-STUDENT OF THE YEAR | | , oo o | c | | |
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| | | | | | Schedule I (Form 990) |

05-01-13

THE MECHANICAL CONTRACTING 52-1646891 Page 2 FOUNDATION, INC. Schedule I (Form 990) Part IV Supplemental Information SURE THAT THE FUNDS ARE USED AS PRESCRIBED IN THE AWARD.

Schedule I (Form 990)

SCHEDULE O

(Form 99Q or 990-EZ)

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or 990-EZ.

Open to Public

OMB No 1545-0047

Inspection

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. THE MECHANICAL CONTRACTING Name of the organization FOINDATION

Employer identification number 52-16/6891

| FOUNDATION, INC. 52-1040891 |
|--|
| FORM 990, PART I, DOING BUSINESS AS: |
| MECHANICAL CONTRACTING EDUCATION AND RESEARCH FOUNDATION |
| |
| 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: |
| EXPLANATION: THE ANNUAL MANAGEMENT FEE PAID TO THE MECHANICAL CONTRACTORS |
| ASSOCIATION OF AMERICA (MCAA) PROVIDES COMPENSATION FOR ITS DELIVERY OF A |
| CONTRACTED SCOPE OF SERVICES TO THE MECHANCIAL CONTRACTION FOUNDATION |
| (MCERF). THE SERVICES INCLUDE A COMPOSITE OF PERSONNEL, INFRASTRUCTURE AND |
| TECHNOLOGY EXPENSES, INCLUDING COMPENSATION FOR THE SERVICES OF AN MCAA |
| EMPLOYEE WHO SERVES AS THE EXECUTIVE DIRECTOR OF MCERF. DENNIS LANGLEY |
| RECEIVED \$135,749 FORM MCAA DURING 2013. |
| |
| FORM 990, PART VI, SECTION A, LINE 4: |
| EXPLANATION: THE ORGANIZATION'S BYLAWS WERE UPDATED IN 2013 TO CHANGE |
| OFFICER TERMS AND A TRUSTEE WITH ADVISORY CAPACITY WAS GIVEN A RIGHT TO |
| VOTE. |
| |
| FORM 990, PART VI, SECTION A, LINE 7A: |
| EXPLANATION: THE MECHANICAL CONTRACTORS ASSOCIATION OF AMERICA. INC. HAS |
| THE RIGHT TO APPOINT THREE BOARD MEMBERS TO THE MECHANICAL CONTRACTING |
| FOUNDATION'S BOARD. |
| |

FORM 990, PART VI, SECTION B, LINE 11:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 332211 09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

23931_11

| Name of the organization THE MECHANICAL CONTRACTING | Employer identification number |
|--|--------------------------------|
| Name of the organization THE MECHANICAL CONTRACTING FOUNDATION, INC. | 52-1646891 |
| EXPLANATION: THE FORM 990 WAS PREPARED BY THE OUTSIDE ACC | COUNTANTS AND |
| REVIEWED BY THE EXECUTIVE DIRECTOR. A COPY OF THE FINAL F | ORM 990 WAS |
| PROVIDED TO THE FULL BOARD PRIOR TO FILING WITH THE IRS. | |
| | |
| FORM 990, PART VI, SECTION B, LINE 12C: | |
| EXPLANATION: ON AN ANNUAL BASIS, ALL TRUSTEES ARE PROVIDE | D WITH A COPY OF |
| THE CONFLICT OF INTEREST POLICY AND ARE REQUIRED TO COMPL | ETE AND SIGN THE |
| ACKNOWLEDGMENT AND DISCLOSURE FORM. ALL COMPLETED FORMS A | S WELL AS ALL |
| OTHER PERTINENT INFORMATION PROVIDED BY BOARD MEMBERS, AR | E PROVIDED TO AND |
| REVIEWED BY THE MCERF PRESIDENT AND EXECUTIVE DIRECTOR. T | HE TRUSTEE WHO |
| PRESENTS AN ACTUAL OR POTENTIAL CONFLICT IS RECUSED FROM | PARTICIPATING IN |
| DEBATES AND VOTING ON THE MATTER. | |
| FORM 990, PART VI, SECTION B, LINE 15: | |
| EXPLANATION: WHILE THE ORGANIZATION DOES NOT HAVE ANY EMP | |
| OF DIRECTORS APPROVES THE MANAGEMENT CONTRACT AND FEES. | |
| | |
| FORM 990, PART VI, SECTION C, LINE 19: | |
| EXPLANATION: THE ORGANIZATION MAKES ITS GOVERNING DOCUMEN | TS, CONFLICT OF |
| INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE | PUBLIC UPON |
| REQUEST AT THE MCERF NATIONAL OFFICE IN ROCKVILLE, MD. | |
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