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CHANGE OF ACCOUNTING PERIOD

Department of the Treasury Internal Revenue Service

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

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

OMB No 1545-0047 # Open to Public ↑
Inspection → A
#

<u>A</u>	For	the 20	ondendar year, or tax year beginning JAN 1, 2012 and end	ing J	<u>UN 30, 2</u>	012				
В	Chec	k if cable	C Name of organization PLUMBING-HEATING-COOLING CONTRACTORS-		D Employer ic	lentific	ation number			
	Ac ch	ddress nange	NATL ASSOC EDUCATIONAL FOUNDATION							
Ī	NE	ame nange	Doing Business As		5	4-13	396371			
Ē	Ini	itial turn		m/suite	E Telephone number					
Ī		ermin-	180 S. WASHINGTON STREET 100		(703)-237-8100					
Ē	— Ar	nended turn	City, town, or post office, state, and ZIP code		G Gross receipts \$		555,098.			
	tio		FALLS CHURCH, VA 22046		H(a) Is this a gr	oup ref				
	pe	ending	F Name and address of principal officer:WILLIAM P. JONES		for affiliate		Yes X No			
			SAME AS C ABOVE		H(b) Are all affilia	ites incli	uded? Yes No			
			ot status: X 501(c)(3)	527	If "No," att	ach a l	ist. (see instructions)			
			www.foundation.phccweb.org		H(c) Group exe					
_				L Year	of formation: 19	<u>87 м</u>	State of legal domicile: DC			
Į.	art		ummary							
٩	<u>.</u> 1	l Brid	efly describe the organization's mission or most significant activities: SEE SCH	HEDU	LE O					
.U.L.). Activities & Governance	[_								
2	2		eck this box 🕨 📖 if the organization discontinued its operations or disposed of	of more	than 25% of its	net ass				
Ş	3		mber of voting members of the governing body (Part VI, line 1a)			3	14			
2	4		mber of independent voting members of the governing body (Part VI, line 1b)			4	14			
و	5		al number of individuals employed in calendar year 2012 (Part V, line 2a)			5	<u>0</u> 50			
2	6		al number of volunteers (estimate if necessary)			6	0.			
2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	! 7		al unrelated business revenue from Part VIII, column (C), line 12			7a	0.			
, -	+-	b Ne	unrelated business taxable income from Form 990-T, line 34		Dulas Vasas	7b				
-	1.		ability diamagnetic (Clark VIII) has a liet	-	Prior Year 294,8	60.	Current Year 320,807.			
<u> </u>	8		ntributions and grants (Part VIII, line 1h)	<u> </u>	249,2		117,691.			
	10		gram service revenue (Part VIII, line 2g) estment income (Part VIII, column (A), lınes 3, 4, and 7d)	<u> </u>	358,3		78,716.			
SCHWIND JUN	1.		ner revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		77,4		35,414.			
ŭ	12		al revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	_	979,9		552,628.			
<u> </u>	13		ints and similar amounts paid (Part IX, column (A), lines 1-3)	\top	31,6		0.			
2	14		nefits paid to or for members (Part IX, column (A), line 4)			0.	0.			
ָבֻ יַּ	1		anes, other compensation, employee benefits (Part IX, column (A), lines 5-10)		414,7	58.	211,931.			
Expenses	16		fessional fundraising fees (Part IX, column (A), line 11e)			0.	0.			
Š			al fundraising expenses (Part IX, column (D), line 25)	. [No conser e			
ú	1 17	7 Oth	er expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		344,5		177,830.			
	18	3 Tot	al expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		790,9		389,761.			
_	19	Rev	venue less expenses. Subtract line 18 from line 12		189,0	13.	162,867.			
Net Assets or	3		RECEIVED	Be	ginning of Current		End of Year			
set	[20	7 Tot	al assets (Part X, line 16)	ıdl_	8,793,9		9,473,597.			
et	21	1 Tot	al liabilities (Part X, line 26) assets or fund balances. Subtract line 21 from line 21	XI -	140,5		211,884.			
Z	22	2 Net	assets of faria balances Gobtiact line 21 nonning 24	g	8,653,3	05.	9,261,713.			
	art			2000000	ante and to the hea	t of my	knowledge and halief it is			
			of perjury, I declare that I have examined this return, including accompanyling schedules and identify the complete Declaration of preparer (other than officer) is based on all information of which p				Kilowicuye aliu beliel, it is			
- 44	o, cui	TECK AI	to complete, pectal auton or preparer (only than onice) is based or an amount proparer	терргег	nas any knowledge	1101	 			
Si	20		Signature of officer		Date	/ · · /				
	ere			FICE	R					
•	0		Type or print name and title							
_	_	Pri	nt/Type preparer's name Preparer's signature	, D	ate, Ch	eck	PTIN			
Pa	id		Y L. VOLLANS	1 5	5/9/13 I sel	f-employed	P01404047			
Pro	epare	· -	m's name TATE AND TRYON		Firm's El		52-1855942			
U8	e Only	<u> </u>	m's address 2021 L STREET, NW SUITE 400							
_			WASHINGTON, DC 20036		Phone no	o. (2	02) 293-2200			
_		100	discuss this return with the preparer shown above? (see instructions)				X Yes No			

Form 990 (2012)

	1990 (2012) NATL ASSOC EDUCATIONAL FOUNDATION	<u>54-1</u> 396371	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission:		
•		TAMTON	
	THE PLUMBING-HEATING-COOLING CONTRACTORS NATIONAL ASSOC		
	EDUCATIONAL FOUNDATION ENGAGES IN WORKFORCE DEVELOPMENT	<u>· </u>	
	EDUCATION, AND TECHNICAL TRAINING ACTIVITIES FOR THE GRO		REER
	SUCCESS OF THOSE EMPLOYED IN THE PLUMBING AND HVACR INDI	JSTRY.	
2	Did the organization undertake any significant program services during the year which were not listed on		
_	the prior Form 990 or 990-EZ?		s X No
		TO	SLALINO
	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?	L	s 🛣 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 expense	es.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	•	
	revenue, if any, for each program service reported.	,	,
4a		. 98	,191. ₎
70	(Code) (Expenses \$ 162,884. Including grants of \$) (Revenue BUSINESS MANAGEMENT TRAINING - THE FOUNDATION DEVELOPS A		 ′
	BUSINESS MANAGEMENT PROGRAMS WITH A FOCUS ON IMPROVING I		
	AND PRODUCTIVITY. THE ESSENTIALS OF PROJECT MANAGEMENT	COURSE COV	ERED
	NEW IDEAS ON SITE MANAGEMENT, CASH FLOW, FINANCES, MARKI	TING AND H	UMAN
	RELATIONS. OVER 1700 CONTRACTORS AND THEIR EMPLOYEES AT	ENDED IN P	ERSON
	AND ONLINE TRAINING. A NEW VERSION OF THE LABOR CALCULAT		
	RELEASED AND THE FOUNDATION PUBLISHED THE TRUE COST OF F		
	ELECTRONICALLY TO OVER 3500 INDUSTRY PROFESSIONALS MONTH	1LY•	
4b	(Code) (Expenses \$ 150,861. including grants of \$) (Revenue	ue \$ 46	,986.)
	APPRENTICE AND JOURNEYMAN TRAINING AND WORKFORCE DEVELOR	MENT - PRO	GRAMS
	AND RESOURCES ARE DESIGNED TO TRAIN THE NEXT GENERATION		
	WORKER IN THE P-H-C INDUSTRY. THE FOUNDATION'S APPRENTIC		ς
	HAVE TRAINED MORE THAN 30,000 STUDENTS. THE FIRST YEAR		
	TEXTBOOK WAS REVISED. THE FOUNDATION OFFERED TWO NEW REC		
	INSTRUCTOR WORKSHOPS AND PARTICIPATED IN THE HVACR & MEG		
	CONFERENCE FOR EDUCATION PROFESSIONALS. THE FOUNDATION S		HE
	PLUMBING AND HVACR CONTESTS AT SKILLSUSA. THE FOUNDATION	1 HELPED PRO	ODUCE
	A SERIES OF CAREER VIDEOS TARGETED TO 7TH AND 8TH GRADER	₹5.	
			
40	(Code) (Expenses \$ 6,286 • including grants of \$) (Revenue		
4c	(Code) (Expenses 5 6,286 including grants of 5) (Revenue SCHOLARSHIPS - ATTRACTING NEW TALENT IS ESSENTIAL TO THE		mur /
			11115
	PLUMBING-HEATING-COOLING (P-H-C) INDUSTRY. THE PHCC EDUC		
	FOUNDATION AND ITS INDUSTRY PARTNERS ARE TEAMING UP TO 1		
	STUDENTS PURSUING A CAREER IN THE P-H-C INDUSTRY. THE PU		
	SCHOLARSHIP PROGRAMS IS TO HELP STUDENTS PREPARE FOR CAR	REERS IN TH	E
	P-H-C PROFESSION.	<u> </u>	
			
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ Including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 320,031.		
		Form	990 (2012)
232002			

54-1396371

Page 3

			Yes	L 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	х	
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 similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_		х
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		х
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			1
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	Wel 45 x 10 1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			1
	Part VI	11a	Х	ļ
b	Did the organization report an amount for investments - other secunties in Part X, line 12 that is 5% or more of its total			,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<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			х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<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	11d		<u>x</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		3.7	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			7,
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	46		х
4-7	located outside the United States? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			4.5
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			х
no -	complete Schedule G, Part III	202		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
-0	11 165 to line 20a, did the organization attach a copy of its addited financial statements to this feture.		990	2012)
			(

Form 990 (2012)

		Ĺ	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants and 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		x
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]		
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
ь	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		
25 a	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		<u>x</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			v
	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):			x -'
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28c		х
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? In res, compete contributions of art, historical treasures, or other similar assets, or qualified conservation			
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	-		
31	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
-	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			17
	If "Yes," complete Schedule R, Part V, line 2	36_		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			T.F
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		x	
	Note, All Form 990 filers are required to complete Schedule O	38		2012
		rom	990 (2012)

OITH OOD (EDIE)				
Part V Statements	Regarding (Other IRS	Filings and Tax	Compliance

	Check if Schedule O contains a response to any question in this Part V						
			Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable						
b	Enter the number of Forms W-2G included in line 1a Enter -0 if not applicable 1b 0]					
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	!					
	(gambling) winnings to prize winners?	10					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		L			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	1					
	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:	ĺ		ĺ			
	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?	<u>5a</u>		Х			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X			
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit						
	any contributions that were not tax deductible as charitable contributions?	6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			Ì			
	were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).		 X				
a	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?	7a	X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Λ	 			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		x			
d	If "Yes," indicate the number of Forms 8282 filed during the year	<u> </u>		<u> </u>			
e	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	N/	A			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	A			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A						
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the organization make any taxable distributions under section 4966? N/A	9a					
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	9b		L			
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities						
11	Section 501(c)(12) organizations. Enter:			:			
а	Gross income from members or shareholders N/A 11a						
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		 -,			
	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. Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		 			
а	To the diganization house to look qualified house plane in the order	138					
L	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of receives the organization is required to maintain by the states in which the		1				
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						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b					
		Form	990	(2012)			

NATL ASSOC EDUCATIONAL FOUNDATION

54-1396371

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

	Check if Schedule O contains a response to any question in this Part VI			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 14	!							
	If there are material differences in voting rights among members of the governing body, or if the governing	1	1						
	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 14	İ							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		l						
	officer, director, trustee, or key employee?	2		Х					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4_		X					
5									
6	Did the organization have members or stockholders?	6_		X					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?	7a_		X					
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		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			نـــــا					
а	The governing body?	8a	Х	<u> </u>					
b	Each committee with authority to act on behalf of the governing body?	8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X_					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			<u> </u>					
			Yes	No X					
	Did the organization have local chapters, branches, or affiliates?	10a		├ ^					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	406							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		x					
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		<u> </u>					
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10-	· X						
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	 					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<u> </u>	 					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	10-	Х						
40	In Schedule O how this was done	12c	X						
13	Did the organization have a written whistleblower policy?	14	X						
14	Did the organization have a written document retention and destruction policy?	14		 					
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
_	The organization's CEO, Executive Director, or top management official	15a	X	JJ					
	Other officers or key employees of the organization	15b	X						
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		 -						
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			i					
0	taxable entity during the year?	16a		X					
ь	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			İ					
	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 ► NONE								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 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, an	d finar	cial						
	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	ion: 🕨							
	THE FOUNDATION - (703) 237-8100								
232008	180 S. WASHINGTON STREET, NO. 100, FALLS CHURCH, VA 22046		255						
12-10-		Form	990	(2012)					

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

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

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

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

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

Check this box if neither the organization	nor any related	orga	aniza	atior	CO	mpe	nsa	ted any current officer, of	director, or trustee.	
(A)	(B)	(C)					(D)	(E)	(F)	
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson	ls bot	h an	compensation	compensation	amount of
	(list any	-	Т	Ι	П	Π	Ė	from the	from related organizations	other compensation
	(list any hours for	direct			l	L	ł	organization	(W-2/1099-MISC)	from the
	related	50 aa	챯	ļ	ļ	nsate		(W-2/1099-MISC)	(organization
	organizations	E E	a ta		ag(эшо		`		and related
	below	Individual trustee or director	Institutional trustee	듛	Key employee	Highest compensated employee	 <u> </u>			organizations
	line)	亨	last	Officer Officer	Ē.	골들	юшег			
WILLIAM P. JONES	1.00	۱		١			1			
FOUNDATION CHAIRPERSON	1 00	X	<u> </u>	X	ļ.—	┝				
JO RAE WAGNER	1.00		l		ł		l	Ì		}
FOUNDATION VICE-CHAIRPERSON	1 00	X	-	X	<u> </u>	<u> </u>	├—			
RON NEWMAN	1.00	x		 						
FOUNDATION SECRETARY-TREASURER	1.00	12	Ͱ	X	⊢	-	┝		<u></u>	
TOM APPLEGATE	1.00	₩.								
FOUNDATION BOARD MEMBER	1.00	X	├-	⊢	┝	\vdash	┝	 		
KEITH BIENVENU	1.00	x	l							
FOUNDATION BOARD MEMBER	1.00	<u> </u>	┞	⊢	ļ	\vdash	├—	 		
MICHAEL J. KASTNER, JR.	1.00	x	J]	ļ		ļ]		
FOUNDATION BOARD MEMBER	1.00	^	_	-	⊢	-	_			
LAURIE CRIGLER	1.00	x								
FOUNDATION BOARD MEMBER	1.00	^	-	┝	├—					
DAVID DUGGER FOUNDATION BOARD MEMBER	1.00	x								
	1.00	₽	-	-	-	H	├			
GERARD J. KENNEDY, JR. FOUNDATION BOARD MEMBER	1.00	x			l			}		
RICHARD KERZETSKI	1.00	<u> </u>	├	 	┝	├				
FOUNDATION BOARD MEMBER	1.00	x								
DOUG SANTORO	1.00	A	 	┝		Н				
FOUNDATION BOARD MEMBER	1.00	x	1							
BARBARA KREIFELS	1.00	<u> </u>	-		┢	Н	_			-
FOUNDATION BOARD MEMBER	1.00	х				ĺĺ		!		
REX MARTIN	1.00	 	\vdash	_	_	Н				
FOUNDATION BOARD MEMBER	2,00	$ \mathbf{x} $								
STEVEN A. RIVERS	1.00	Ë	Н			Н				
FOUNDATION BOARD MEMBER		x								
TOM THEROUX	1.00				_	Н				
FOUNDATION BOARD MEMBER		x								
CYNTHIA A. SHERIDAN	39.00									-
COO, EDUCATIONAL FOUNDATION				х						

232007 12-10-12

Pa	t VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)			
	(A) Name and title	(B) Average			Pos	C)			(D) Reportable	(E)		(F)	
	Name and the	hours per	kod	not c	heck s pe	more rson	than is bot	h an	compensation	Reportable compensation		Estimat amount	
		week (list any	-	cer ar	nd a d	recto	or/trus	itee)	from the	from related organizations	,,	other mpens	
		hours for	or director				ated		organization	(W-2/1099-MISC)	from th	ne
		related organizations	trustee	l truste		<u>ء</u>	mpens		(W-2/1099-MISC)			rganıza ınd rela	
		below	Individual trustee	Institutional trustee	Officer	Кеу етрюуев	Highest compensated employee	Юттег				ganizat	
		line)	르	ᄩ	₽	ş	불등	횬			-		
				L			L	L					
											_		
										 _			
			_		_		\vdash			· · · · · · · · · · · · · · · · · · ·	-		
				_	-						+		
		-											
													_
	Sub-total												
	Total from continuation sheets to Part V Total (add lines 1b and 1c)	II, Section A											
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed at	oove	e) wi	no re	eceived more than \$100	,000 of reportable			
	compensation from the organization											Yes	No
3	Did the organization list any former officer,	director, or tru	ıste	ə, ke	y en	nplo	yee	orl	highest compensated e	mployee on		1.00	1.0
	line 1a? If "Yes," complete Schedule J for s	uch individual									3	1	Х
4	For any individual listed on line 1a, is the standard related organizations greater than \$15									the organization	4		X
5	Did any person listed on line 1a receive or a									dual for services			
Sec	rendered to the organization? If "Yes," comtion B. Independent Contractors	plete Schedule	9 <i>J f</i>	or su	ıch j	oers	on				5		X
1	Complete this table for your five highest co	mpensated inc	lepe	nde	nt c	ontr	acto	rs t	hat received more than	\$100,000 of comp	ensation	1 from	
	the organization. Report compensation for								the organization's tax				
	(A) Name and business	address	NC	NE	2				(B) Description of s	ervices	Comp	(C) ensatio	n
								1					
										-			
					_			\top					
		. <u></u>			_	-		7					
								+		-			-
2	Total number of independent contractors (i	-	ot lir	nite	d to	thos	se lis	ted	above) who received m	ore than			
	\$100,000 of compensation from the organia	zation >						_				990 /	

Form **990** (2012)

Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII Revenue excluded from tax under (C) Related or Unrelated Total revenue exempt function business sections 512, 513, or 514 revenue revenue , Gifts, Grants nilar Amounts 1 a Federated campaigns **b** Membership dues 1b c Fundraising events 1c 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 320,807 similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 320,807 h Total. Add lines 1a-1f **Business Code** 2 a REIMBURSEMENTS 46,050. 46,050. 900099 Program Service Revenue 30,615. 900099 30,615. b MANAGING PHC PROGRAM 21,526. 21,526. c SEMINARS AND SPONSORSH 900099 APPRENTICE PROGRAM 900099 19,500. 19,500. f All other program service revenue 117,691. g Total, Add lines 2a-2f Investment income (including dividends, interest, and 78,540 78,540. other similar amounts) Income from investment of tax-exempt bond proceeds 7,928. 7,928. Royalties (i) Real (II) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (ı) Securities (ii) Other 7 a Gross amount from sales of 176 assets other than inventory b Less: cost or other basis and sales expenses 176. c Gain or (loss) 176 176. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 29,956. and allowances 2,470. b Less: cost of goods sold 27,486 27,486 c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code b d All other revenue Total, Add lines 11a-11d 552,628. 145,177 86,644. Total revenue. See instructions Form 990 (2012) 232009 12-10-12

<i>∕0,</i> 1	not include amounts reported on lines 6b,	Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
•	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
_	the United States. See Part IV, line 22				
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	161,540.	125,051.	31,619.	4,870
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	15,975.	12,479.	3,009.	487
9	Other employee benefits	20,258.	15,163.	4,673.	422
10	Payroll taxes	14,158.	11,063.	2,654.	441
11	Fees for services (non-employees):				
а	Management				
b	Legal	80.		80.	
С	Accounting	6,000.	3,000.	3,000.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	10 400	10 400		
f	Investment management fees	18,489.	18,489.		
g	Other. (If line 11g amount exceeds 10% of line 25,	40 510	40,518.		
	column (A) amount, list line 11g expenses on Sch 0.)	40,518.	926.		
12	Advertising and promotion	19,767.	16,684.	435.	2,648
13	Office expenses	4,936.	186.	4,750.	2,040
14 15	Information technology Royalties	4,5501	100.		
16	Occupancy				
17	Travel	21,623.	21,623.		
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials]			
19	Conferences, conventions, and meetings	17,496.	17,496.		
19 20	Interest	,	,		-, ,
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				· · · · · · · · · · · · · · · · · · ·
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)		1		
а	PHCC REIMBURSEMENT-SERV	30,911.	24,729.	6,182.	
b	OVERHEAD	4,719.	4,719.		
C	PROGRAM DEVELOPMENT	3,000.	3,000.		
d	BANK FEES	1,909.	284.	1,625.	
е	All other expenses	7,456.	4,621.	769.	2,066
5	Total functional expenses. Add lines 1 through 24e	389,761.	320,031.	58,796.	10,934
:6	Joint costs. Complete this line only if the organization		1		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

232010 12-10-12

Form 990 (2012)

Form 990 (2012)
Part X Balance Sheet

art X				
	Check if Schedule O contains a response to any question in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash · non-interest-bearing		1	
2	Savings and temporary cash investments	131,140.	2	37,201
3	Pledges and grants receivable, net	17,500.	3	253,050
4	Accounts receivable, net	32,975.	4	21,592
5	Loans and other receivables from current and former officers, directors,	02/5/50	,	
"	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under		Ť	
"	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
ĺ	employers and sponsoring organizations of section 501(c)(9) voluntary			
	employees' beneficiary organizations (see instr). Complete Part II of Sch L	1	6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use	4,900.	8	4,567
9	Prepaid expenses and deferred charges	4,734.	_ 0 9	6,674
i -	Land, buildings, and equipment: cost or other	277320	_ -	
1 "	basis. Complete Part VI of Schedule D			
1,	b Less: accumulated depreciation 10b		10c	
11	Investments · publicly traded securities	8,602,692.	11	9,150,513
12	Investments - other secunities. See Part IV, line 11	7,00=7,000	12	3,230,020
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	8,793,941.	16	9,473,597
17	Accounts payable and accrued expenses	54,297.	17	65,758
18	Grants payable		18	
19	Deferred revenue	22,807.	19	58,976
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees,			
-	key employees, highest compensated employees, and disqualified persons.			
1	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
1	Schedule D	63,472.	25	87,150
26	Total liabilities. Add lines 17 through 25	140,576.	26	211,884
1	Organizations that follow SFAS 117 (ASC 958), check here ▶ 🛣 and			
1	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	1,295,308.	27	1,374,653
28	Temporanly restricted net assets	3,034,909.	28	3,315,237
29	Permanently restricted net assets	4,323,148.	29	4,571,823
	Organizations that do not follow SFAS 117 (ASC 958), check here			
	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	 -
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	8,653,365.	33	9,261,713
1 -	Total liabilities and net assets/fund balances	8,793,941.	34	9,473,597

Fom	1 990 (2012) NATE ASSOC EDUCATIONAL FOUNDATION	<u> 54</u> -	<u>-13963</u>	<u> </u>	<u>Pa</u>	<u>ge</u> 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1				28.
2	Total expenses (must equal Part IX, column (A), line 25)	2				61.
3	Revenue less expenses. Subtract line 2 from line 1	3	_			67.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,			65.
5	Net unrealized gains (losses) on investments	5		44	5,4	81.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Pnor 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	9,	26	<u>1,7</u>	13.
Pa	rt XII Financial Statements and Reporting					_
	Check if Schedule O contains a response to any question in this Part XII					X
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			j		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.	-			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	i on a	1	J		1
	separate basis, consolidated basis, or both:			l		
	Separate basis Consolidated basis Both consolidated and separate basis			1		'
b	Were the organization's financial statements audited by an independent accountant?		<u> </u>	2b	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basıs	,			1
	consolidated basis, or both:			- 1		
	Separate basis X Consolidated basis Both consolidated and separate basis		1	- 1		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,	,			
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch			ı		1
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Au	dit _			
	Act and OMB Circular A-133?		L	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired au	dit	l		
_	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			<u>3b</u>		L

Form **990** (2012)

SCHEDUL'E A

(Form,990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public

Name of the organization PLUMBING-HEATING-COOLING CONTRACTORS-

NATL ASSOC EDUCATIONAL FOUNDATION

Employer identification number 54-1396371

Parti	neason	TOT Public Chai	rity Status (All organiz	ations mu	st comple	te this par	t.) See ins	tructions.		
The organ	nization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one t	oox)			
-1 ∐	A church, co	nvention of churche	es, or association of chur	ches desc	ribed in s e	ection 170	(b)(1)(A)(i).		
2	A school des	cribed in section 1	70(b)(1)(A)(ii). (Attach Sc	:hedule E.)						
з 🖳	A hospital or	a cooperative hosp	ital service organization	described	in section	170(b)(1)	(A)(iii).			
4 📖	A medical re	search organization	operated in conjunction	with a hos	pital desc	ribed in s e	ection 170	(b)(1)(A)(ii	ii). Enter	the hospital's name,
	city, and stat	te:								
5 📖	An organizat	ion operated for the	benefit of a college or u	niversity o	wned or o	perated by	a govern	mental un	it describ	oed in
	section 170	(b)(1)(A)(iv). (Compl	lete Part II.)							
6 🗀	A federal, sta	ate, or local governm	nent or governmental uni	t describe	d in sectio	n 170(b)(1)(A)(v).			
7 X	An organizat	ion that normally red	ceives a substantial part	of its supp	ort from a	governme	ental unit o	or from the	general	public described in
		(b)(1)(A)(vi). (Comple								
8 🗀			section 170(b)(1)(A)(vi).	(Complete	Part II.)					
9 🗀	-		ceives: (1) more than 33		•	rom contr	butions, n	nembershi	p fees, a	and gross receipts from
		·	nctions - subject to certa							-
		•	taxable income (less sect	-						-
		509(a)(2). (Complete	·		•		•			•
10			perated exclusively to te	st for publ	ic safety. S	See sectic	n 509(a)(4	\$).		
11	_	-	perated exclusively for th						v out the	purposes of one or
	-	-	ations described in section							
			organization and compl				,		_,,-,-	
	а П Туре	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	ype III - Fu	_			qyT 🗀 t	e III - No	n-functionally integrated
e 🗀			at the organization is not		-	_				•
			than one or more publicly							
f		-	tten determination from t						- (-7(-) -	
•	_	rganization, check t				, , , , , ,	, , , ,			
g		•	organization accepted ar	nv aift or c	ontribution	from anv	of the foll	owina per	sons?	
8			directly controls, either al							Yes No
	• •	-	supported organization?					,	,	11g(i)
	•	<u> </u>	n described in (i) above?						•	11g(ii)
		•	a person described in (i) o		e?					11g(iii)
h			about the supported or							1-30-71
••		onoming in continuous	. about the obpositor of	guu	(~)-					
(i) Namo	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Did voi	ı notify the	(vi) Is	the	(vii) Amount of monetary
	anization	(11) = 114	(described on lines 1-9	in col. (i) lis	-		ion in col.	organizátic (i) organiz	on in col. ! ed in the	support
U. g.				governing	document?	(i) of you	r support?	``, s s ü.s	.?	
			(see instructions))	Yes	No	Yes	No	Yes	No	
				}			1	1		
										
			1					l		
-										
			<u> </u>							
Fotol				1					1	

232021 12-04-12

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2012 NATL ASSOC EDUCATIONAL FOUNDATION

54-1396371 Page 2

Part | | 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	293,802.	255,867.	163,234.	<u> 294,8</u> 60.	320,807.	1,328,570.
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	293,802.	255,867.	163,234.	294,860.	320,807.	1,328,570.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the					ľ	
	amount shown on line 11,					1	
	column (f)						
6	Public support. Subtract line 5 from line 4						1,328,570.
	ction B. Total Support	<u> </u>				<u> </u>	
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	293,802.	255,867.	163,234.	294,860.	320,807.	1,328,570.
	Gross income from interest,				- 	`	
•	dividends, payments received on					}	
	securities loans, rents, royalties						
	and income from similar sources	393,064.	323,393.	293,482.	268,599.	86,468.	1,365,006.
	Net income from unrelated business	333,0010	323,3331		200,000	- 00,2001	
9							
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	7,742.	1,528.			}	9,270.
44	assets (Explain in Part IV.) Total support. Add lines 7 through 10	7,732.	1,320.				2,702,846.
						12 1	225,638.
12	•	•	•	ما والمارة ما المارة المارة المارة المارة المارة المارة المارة المارة المارة المارة المارة المارة المارة المارة			223,030.
13	First five years. If the Form 990 is for		inst, second, thir	o, iourin, or iiitii ta	ix year as a sectio	11 50 1(0)(3)	▶□
Sec	organization, check this box and store tion C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2012 (I			olumo (fi)		14	49.15 %
	, , , ,	, ,,,	•	Oldinin (1))		15	42.14 %
	Public support percentage from 2011 33 1/3% support test - 2012. If the control of		line 12 and line 1	 1.4 io 22 1/204 or m	· · · · · · · · · · · · · · · · · · ·		
IQa		=			14 15 33 1/370 01 11	iore, crieck triis box	X
	stop here. The organization qualifies		=		line 15 in 22 1/20/	or more shock thi	
U	33 1/3% support test - 2011. If the constitution must	=			1110 13 13 33 17370	or more, check thi	S DOX
47-	and stop here. The organization qual	•			12 160 0-165	and line 14 is 100/	or more
1/a	10% -facts-and-circumstances tes	•					
	and if the organization meets the "fac					t iv now the organi	Zation
	meets the "facts-and-circumstances"	•	•		•	17 15 45 4	الساح
b	10% -facts-and-circumstances test	_					U% OF
	more, and if the organization meets the						▶ □
40	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n ala not check a l	oox on line 13, 16a	i, 160, 1/a, or 1/b		dule A (Form 990 o	

Schedule A (Form 990 or 990-E2) 20 12

Schedule A (Form 990 or 990-EZ) 2012 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

Se	ction A. Public Support	elow, please com	ріете Рап ІІ.)				
	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and	(8) 2000	(6) 2009	(0) 20 10	\u)2011	(6) 2012	(i) Total
·	membership fees received. (Do not		ĺ	ſ	ĺ	1	ĺ
	include any "unusual grants.")						
2	Gross receipts from admissions,				 	 	
_	merchandise sold or services per-					1	
	formed, or facilities furnished in		}				
	any activity that is related to the organization's tax-exempt purpose		ł	1	ł		
3	Gross receipts from activities that				 	 	
3	are not an unrelated trade or bus-						
	iness under section 513		1	İ	i	ľ	Ì
	•		 			 	
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities		1	ļ	}		
	furnished by a governmental unit to						
	the organization without charge		ļ <u>.</u>				
6	Total. Add lines 1 through 5			<u></u>		 	
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons		<u> </u>			 	
	Amounts included on lines 2 and 3 received from other than disqualified persons that						1
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year					 	
	Add lines 7a and 7b						
	Public support (Subtractline 7c from line 6.)		<u> </u>			<u> </u>	<u></u>
_	ction B. Total Support			I			· · · · · · · · · · · · · · · · · · ·
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6				<u> </u>	 	
108	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources				ļ	<u> </u>	<u></u>
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975				ļ. _	 	
	Add lines 10a and 10b	- 				 	
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is	!	ļ		1		
	regularly carried on	· · · · · · · · · · · · · · · · · · ·				ļ	
12	Other income. Do not include gain or loss from the sale of capital					1	
	assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12)		<u></u>		<u> </u>	<u> </u>	
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	on 501(c)(3) organiz	ation,
	check this box and stop here		<u> </u>				
Sec	ction C. Computation of Publi	c Support Pe	rcentage				
	Public support percentage for 2012 (li		•	column (f))		15	
	Public support percentage from 2011					16	%
	ction D. Computation of Inves					T 22 T	
	Investment income percentage for 20	•	• • •	ne 13, column (f))		17	%
	Investment income percentage from 2					[18]	%
19a	33 1/3% support tests - 2012. If the						17 is not
	more than 33 1/3%, check this box an		_				▶ ∟
b	33 1/3% support tests - 2011. If the						
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization	i did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in	structions	

PLUMBING-HEATING-COOLING CONTRACTORS-
Schedule A (Form 990 or 990 EZ) 2012 NATL ASSOC EDUCATIONAL FOUNDATION 54-1396371 Page Part V Supplemental Information. Complete this part to 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).
THE ORGANIZATION CHANGED ITS FISCAL YEAR END FROM DECEMBER 31 TO JUNE 30.
COLUMNS 2008 THROUGH 2011 REFLECT CALENDAR YEAR AMOUNTS. COLUMN 2012
REPRESENTS AMOUNTS FOR THE SIX MONTHS ENDED JUNE 30, 2012.

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047
2012
Open to Public Inspection

Name of the organization

PLUMBING-HEATING-COOLING CONTRACTORS-NATL ASSOC EDUCATIONAL FOUNDATION

Employer identification number 54-1396371

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or	r Accounts. Complete if the
_	organization answered "Yes" to Form 990, Part IV, line	e 6.	,
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization's	_	☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor a	<u> </u>	
	for chantable purposes and not for the benefit of the donor of		•
	impermissible private benefit?		Yes No
Pai		ganization answered "Yes" to Form 990, Part	
1	Purpose(s) of conservation easements held by the organizati		
·	Preservation of land for public use (e.g., recreation or e		cally important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of a	conservation easement on the last
_	day of the tax year.	iod og iso, valion oonlined lon in the form of a	donorvation substitution and
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	, ,	
Ī	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the ord	
	year >		3 3
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per		
•	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		g the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and	-	
8	Does each conservation easement reported on line 2(d) abov	·-	
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense sta	tement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat		
	conservation easements.		
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statement	and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furtherance	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement and	d balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of public	service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financial gai	in, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$

by:

(i) unrelated organizations

(ii) related organizations

3a(i) X 3a(ii) X 3b

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
 Describe in Part XIII the intended uses of the organization's endowment funds.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land			·李宗 · 李宗 · 李宗 · · · · · · · · · · · · ·	
b Buildings				·
c Leasehold improvements			<u> </u>	
d Equipment				·
e Other				

Schedule D (Form 990) 2012 NATL ASSOC I	EDUCATIONAL I	FOUNDATION	54	-1396371 Page 3
Part VII Investments - Other Securities. See				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or end	d-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(1)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related. See	Form 990, Part X, line	13.		
(a) Description of investment type	(b) Book value	(c) Method of v	aluation: Cost or end	l-of-year market value
(1)				
(2)				
(3)				
(4)			_	
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line 1	5.			
	escription			(b) Book value
(1)				
(2)				
(3)	-			
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B) line	15.)	-	•	
Part X Other Liabilities. See Form 990, Part X, lin	ne 25.			
1. (a) Description of liability		(b) Book value	· · · · · · · · · · · · · · · · · · ·	
(1) Federal income taxes				
(2) DUE TO AFFILIATES		87,150.		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, col (B) line	25.)	87,150.		

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

54-1396371 Page 4 NATL ASSOC EDUCATIONAL FOUNDATION Schedule D (Fòrm 990) 2012 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 979,620. Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 445,481 a Net unrealized gains on investments 2a b Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2đ 445,481. e Add lines 2a through 2d 2e 534,139. 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 18,489. a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b 18,489. c Add lines 4a and 4b 4c 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 552,628. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 371,272. Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a 2b **b** Prior year adjustments c Other losses 2c d Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2e 272. 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: 18,489 a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b b Other (Describe in Part XIII.) 18,489. c Add lines 4a and 4b 389,761. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART V, LINE 4: THE ORGANIZATION'S PERMANENTLY RESTRICTED NET ASSETS CONSIST OF AN ENDOWMENT ESTABLISHED TO FUND THE FOUNDATION'S PROGRAMS. THE INTEREST, DIVIDENDS, AND REALIZED AND UNREALIZED GAINS/LOSSES EARNED ON THE ENDOWMENT'S INVESTMENTS FUND THE FOUNDATION'S PROGRAMS. PART X, LINE 2: THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE THEREFORE, MANAGEMENT HAS NOT SUPPORT FOR INCOME TAX POSITIONS TAKEN. IDENTIFIED ANY UNCERTAIN INCOME TAX POSITIONS. AT A MINIMUM INCOME TAX Schedule D (Form 990) 2012

SCHEDULE J (Form 990)

Compensation Information

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

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

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Questions Regarding Compensation

Department of the Treasury

Part I

PLUMBING-HEATING-COOLING CONTRACTORS-NATL ASSOC EDUCATIONAL FOUNDATION Employer identification number 54-1396371

Schedule J (Form 990) 2012

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence		}	
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
ь	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			1
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Х	<u> </u>
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			'
	establish compensation of the CEO/Executive Director, but explain in Part III.			ļ
	X Compensation committee			
	Independent compensation consultant X Compensation survey or study			i ;
	X Form 990 of other organizations X Approval by the board or compensation committee			Ì
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			;
а	Receive a severance payment or change-of-control payment?	4a		X
	The state of the s	4b	X	
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			1
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" to line 6a or 6b, describe in Part III.			,
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 67 If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			. -
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		<u>X</u>
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9_		

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

NATL ASSOC EDUCATIONAL FOUNDATION

Schedule J (Form 990) 2012

54-1396371

, •.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual. Do not list any individuals that are not listed on Form 990, Part VII.

reported as deferred (E) Total of columns (F) Compensation in prior Form 990 (B)(I)-(D) (D) Nontaxable benefits (C) Retirement and compensation other deferred (B) Breakdown of W-2 and/or 1099-MISC compensation (iii) Other reportable compensation (ii) Bonus & incentive compensation (i) Base compensation (ii) (ii) (ii) Ξ (ii) \equiv Ξ Ξ Ξ € Ξ \odot ε Ξ \equiv \equiv Ξ (A) Name and Title

27

Schedule J (Form 990) 2012

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Schedule J (Form 990) 2012 NATL ASSOC EDUCATIONAL FOUNDATION

Part III | Supplemental Information

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

PART I, LINE 1A: HEALTH CLUB REIMBURSEMENTS:

PHCC OFFERS ITS EMPLOYEES A PHYSICAL FITNESS SUBSIDY DESIGNED TO ENCOURAGE PARTICIPATION IN ORGANIZED PROGRAMS THROUGH VARIOUS ENTITIES. THIS BENEFIT

APPLIES TO ALL EMPLOYEES WITH AT LEAST 3 MONTHS OF SERVICE. PARTICIPANTS

WILL RECEIVE REIMBURSEMENTS UP TO HALF OF THE MONTHLY COST FOR THE FITNESS

\$30.00 PER MONTH. THE MINIMUM ACCEPTABLE USAGE CENTER UP TO A MAXIMUM OF

3 MONTH PERIODS AS FOLLOWS QUARTERS ARE DEFINED AS QUARTER. TIMES PER

- SEPTEMBER - MARCH 31; 2ND: APRIL 1- JUNE 30; 3RD: JULY 1 1ST: JANUARY 1 30; 4TH: OCTOBER 1 - DECEMBER 31. USAGE WILL BE REVIEWED AT THE END OF EACH

QUARTER.

PARTICIPANTS SHOULD SUBMIT ORIGINAL DOCUMENTATION FROM THE GYM OR OTHER

AN EMPLOYEE USES A GYM THAT DOES NOT PROVIDE ΗF FACILITY FOR EACH QUARTER. SIGNED DOCUMENTATION HE/SHE SHOULD SUBMIT WRITTEN ORIGINAL DOCUMENTATION,

OF HIS /HER QUARTERLY USAGE.

A WARNING WILL BE IF USAGE IS BELOW 24 TIMES AT THE END OF A QUARTER, THE CONSEQUENCES ARE PROVIDED THAT, AT THE END OF THE FOLLOWING QUARTER,

Page 3

54-1396371

NATL ASSOC EDUCATIONAL FOUNDATION

Schedule J (Form 990) 2012

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

										Schedule J (Form 990) 2012
THE SUBSIDY WILL BE STOPPED AND THE EMPLOYEE WILL BE RESPONSIBLE FOR PAYING	100% OF THE COST REMAINING IN THE CONTRACT.									
HE	007									

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization

PLUMBING-HEATING-COOLING CONTRACTORS-NATL ASSOC EDUCATIONAL FOUNDATION

Employer identification number 54-1396371

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE PLUMBING-HEATING-COOLING CONTRACTORS NATIONAL ASSOCIATION
EDUCATIONAL FOUNDATION ENGAGES IN WORKFORCE DEVELOPMENT, MANAGEMENT
EDUCATION, AND TECHNICAL TRAINING ACTIVITIES FOR THE GROWTH AND CAREER
SUCCESS OF THOSE EMPLOYED IN THE PLUMBING AND HVACR INDUSTRY.
FORM 990, PART VI, SECTION B, LINE 11: THE EXECUTIVE COMMITTEE AND
FOUNDATION CHAIRPERSON WILL REVIEW IRS FORM 990 AFTER IT IS FILED.
·
FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY
REQUIRES BOARD MEMBERS TO INFORM THE FOUNDATION CHAIRPERSON AND CHIEF
OPERATING OFFICER WHEN THEY COULD HAVE A CONFLICT OF INTEREST. THE BOARD
WOULD ALSO HAVE TO ANNUALLY REPORT ALL CONFLICTS OF INTEREST TO THE
CHAIRPERSON.
THE POLICY REQUIRES BOARD MEMBERS TO REMOVE THEMSELVES FROM CONVERSATIONS
AND VOTES ON TOPICS WITH WHICH THEY MAY HAVE A CONFLICT OF INTEREST.
FORM 990, PART VI, SECTION B, LINE 15: AN ANNUAL REVIEW IS CONDUCTED IN
EXECUTIVE SESSION WITH THE EXECUTIVE/COMPENSATION COMMITTEE OF THE
EDUCATION FOUNDATION. THE FINAL DETERMINATION OF ANY BONUS IS COMMUNICATED
IN WRITING BY THE CHAIRMAN.

THE EXECUTIVE COMMITTEE WILL MAKE ITS DETERMINATION OF THE COMPENSATION

OFFER TO THE CHIEF OPERATIONS OFFICER BASED ON THE TOTALITY OF INFORMATION

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

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

232211
01-04-13

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Related Organizations and Unrelated Partnerships ▼ See separate instructions. PLUMBING-HEATING-COOLING CONTRACTORS-▶ Attach to Form 990. Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

2012 · Open to Public Inspection

OMB No 1545-0047

4

Employer identification number 54-1396371

NATL ASSOC EDUCATIONAL FOUNDATION

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Part

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

(g) Section 512(b)(13) controlled Ŷ × entrty? Yes Direct controlling entrty ≤ status (if section Public charity 501(c)(3)) Exempt Code section 501(C)(6) T Legal domicile (state or foreign country) PLAWARE HVACR CONTRACTORS FOR THE AN ASSOC OF PLUMBING & Primary activity ADVANCEMENT OF THE 53-0114670, 180 S. WASHINGTON STREET, FALLS CONTRACTORS-NATIONAL ASSOCIATION Name, address, and EIN of related organization PLUMBING-HEATING-COOLING

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

SEE PART VII FOR CONTINUATIONS

232161 12-10-12 LHA

Schedule R (Form 990) 2012 NATL ASSOC EDUCATIONAL FOUNDATION

4

Page 2

54-1396371

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

General or Percentage managing ownership partner? Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) 3 Code V-UBI General of Pa amount in box managing of Schedule Parter (Form 1065) Yes No \equiv ate allocations? Disproportion-Yes No Ξ Share of end-of-year assets Œ Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> Direct controlling entity ত্ত (c)
Legal
domicile
(state or
foreign Primary activity ê Name, address, and EIN of related organization <u>a</u> Part IV

(a)		(၁)	(p)	(e)	(J)		(1)	(C)	l
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year	Percentage ownership	512(b)(13) controlled entity?	~ <u>~</u>
		country)		,				Yes No	0
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Page 3

54-1396371

PLUMBING-HEATING-COOLING CONTRACTORS-NATL ASSOC EDUCATIONAL FOUNDATION Schedule R (Form 990) 2012 Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Note Complete line 1 if any entity is listed in Darts !! or \/ of this schedule				Yes
Note: Complete line in any entity is listed in ratis in, or to a first screened. 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed I	n Parts II-IV?	-
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			:	Ta X
b Gift, grant, or capital contribution to related organization(s)			: :	th X
c Gift, grant, or capital contribution from related organization(s)	:		:	10 X
d Loans or loan guarantees to or for related organization(s)		:		14 X
e Loans or loan guarantees by related organization(s)		:		1e X
f Dividends from related organization(s)	:		: :	×
g Sale of assets to related organization(s)		:		Tg X
h Purchase of assets from related organization(s)				۳ X
i Exchange of assets with related organization(s)			·	;=
j Lease of facilities, equipment, or other assets to related organization(s)			:	
k Lease of facilities equipment or other assets from related organization(s)				¥ ×
	inization(s)	:		×
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)	•	:	tm X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)		:	t X
 Sharing of paid employees with related organization(s) 	,			10 X
				1
p Reimbursement paid to related organization(s) for expenses				4
q Reimbursement paid by related organization(s) for expenses		:		Tq V
 Other transfer of cash or property to related organization(s) 	•		:	1
s Other transfer of cash or property from related organization(s)				18 \
2 If the answer to any of the above is "Yes," see the instructions for information on w	who must complete the	is line, including covered	mation on who must complete this line, including covered relationships and transaction thresholds	
(a) Name of other organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount involved	ount involved
	type (a-s)			
PLUMBING HEATING COOLING CONTRACTORS NATL	Д	0		
PLUMBING HEATING COOLING CONTRACTORS NATL				
(2) ASSO	ď	0		
(3)				
(4)				
(5)				
(9)				
232163 12-10-12	34		SCI	Schedule R (Form 990) 2012

54-1396371

Page 4

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PLUMBING-HEATING-COOLING CONTRACTORS-

Schedule R (Form 990) 2012 NATL ASSOC EDUCATIONAL FOUNDATION

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

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

(8)	(h)	' I "		٤	(0)	3	3	5	1
Name address and FIN	Damae, actual	olioimolo lesso I	Prodominant income	Ò	•	(11)	Code V.11Bi) ()	(N)
of entity	rillialy activity	(state or foreign	(related, unrelated, 501(c)(3)		-	tonsprugur bonate allocations?	Uspuppi Couce V-DDI Ceriesa of Percentage botte amount in box 20 managing ownership allocations? of Schedule K-1 parner? ownership	managing partner?	ercentage ownership
		country)	under section 512-514) yes N	Income	ı	Yes No	(Form 1065)	Yes No	
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