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Form 990

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)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public

		Tai neveril				Lulu 4						00. 40		
				endar year, or tax yea				12, and end			mber 31	, 20 12		
	В		applicable	C Name of organization		utomotive Technicia	ns Educat	lion Founda	tion,	Inc.	D Employ	er identification		
	닏	Address	change	Doing Business As N								36-2957357		
		Name ch	ange	Number and street (or	PO box if m	ail is not delivered to stre	eet address)	Room/	'suite		E Telephor	ne number		
		Initial retu	urn	101 Blue Seal Drive		<u> </u>			10	1		703-669-6650)	
2		Terminate	ed	City, town or post office	ce, state, and	ZIP code								
٤		Amended	return	Leesburg, VA 2017	5						G Gross re	ceipts \$	441,276	
POSTIWARIA		Application	on pending	F Name and address of	principal offic	er Patricia Serrato	re			H(a) is this	a group return	for affiliates? 🔲 Y	es 🗹 No	
2			_	SAME AS ABOVE						H(b) Are all affiliates included? Yes V				
3	ī	Tax-exem	npt status	✓ 501(c)(3)	501(c) () ◀ (insert no) [4947(a)(1) or 527		If "No," attach a list (see instructions)				
	J	Website:		w.natef.org						H(c) Grou	p exemption	number ►	N/A	
	ĸ	Form of o		✓ Corporation ☐ Trust					nation	1975			IL	
		art:I	Summ											
				escribe the organiza	tion's miss	sion or most signific	ant activi	ties:				· ,		
		· •	NATEF's	mission is to evaluat	e technicia	n training programs	against st	andards de	velo	ped by the	automoti	ve industry a	nd	
	92			end qualifying progra										
	nar			na quantying progra	101 4001	Cultation.								
	Λe	2	Chock th	ns box ▶☐ if the or	aanization	discontinued its or	erations	or dispose	d of r	more that	25% of	ite not accor		
	Ĝ			of voting members						nore trial	3	no not asset	s. 9	
	చ	ī		of independent votil	-	• • •				• • •	4		9	
	įį			nber of individuals	•	• •	• •		υ,		5		4	
	Activities & Governance					-	Z (I all V	, iiiie 2a)	•		6			
	Š			mber of volunteers (•	•	7a		0	
				elated business rev					•	• • •	<u> </u>		0	
		b	Net unre	lated business taxal	ole income			· 161· ·		Prior Y	7b	Current	<u> </u>	
		S Contributions and grants (Part VIII line 1 1 1 1 MAY 0 9 2013												
	ne ne								<u> </u>				269,329	
	ē	9	Program	service revenue (Pa	art VIII, line	29)	N UT		<u> </u>		279,621		166,894	
	Revenue	10	Investme	ent income (Part VIII	, column (A	(), lines 3,(4) and 7.6)) 4,1		<u> </u>		13,008		5,053	
	_	11	Other rev	venue (Part VIII, coit	ımn (A), Iini	es 5 <u>, 6d, </u> 8c , 9c , 1 0	c, and 11		<u> </u>		6,056			
				enue-add lines 8 th				A), line 12)	╀		688,277		441,276	
				nd sımılar amounts	•		-		<u> </u>	_	33,994	<u>-</u>	5,159	
		5		paid to or for memb	•		<u> </u>							
	es			other compensation,			<u> </u>		422,011		201,060			
_) enses			onal fundraising fees		• •			***************************************	57803.00				
5	Experience of the control of the con	1		draising expenses (• • •			157 ⁴² .			. 14 19 0		
20	₽			penses (Part IX, coli					L		322,961		171,693	
Q		18	Total exp	oenses. Add lines 13	3–17 (must	equal Part IX, colu	mn (A), Iır	ne 25) .	<u> </u>		788,966		377,912	
6		19	Revenue	less expenses. Sub	tract line 1	8 from line 12 .		<u> </u>			(100,689)		63,364	
>	es o								Beg	inning of C	urrent Year	End of	Year	
MAY	sets	20	Total ass	sets (Part X, line 16)					L		1,146,277		1,193,680	
_	₹₩	21	Total liab	oilities (Part X, line 2	6)				L_		25,280		7,524	
71	원쿤	22	Net asse	ts or fund balances	Subtract I	ine 21 from line 20		<u></u>			1,120,997		1,186,156	
Ž	Pá	irt II	Signa	ture Block										
SCANNED	Un	der penalt	ties of perju	ry, I declare that I have e	xamined this	return, including accomp	anying sch	edules and sta	temer	nts, and to	the best of n	ny knowledge a	nd belief, it is	
3	tru	e, correct,	, and c6mp	lete. Declaration of prepa	rer other than	officer) is based on all ii	nformation o	of which prepa	ırer ha	s any know	ledge	/		
Ø				10(W/10)	W	9071		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			5/8/	/3/		
	Sig	ın	Sign	ature of officer						Da	ate /			
	He	re	N Pat	tricia Serratore, Pi	esident									
			Туре	e or print name and title										
	Pa	id	Print/Ty	pe preparer's name		Preparer's signature			Date		Check [T If PTIN		
		ıu eparei									self-emp			
		-	1	name ►		•				Fire	n's EIN ▶			
	US	e Only	y 	address ►							one no			
	Ma	v the IR		s this return with the	preparer	shown above? (see	instruction	ons)				. 🗸 Y	es No	
				ction Act Notice, see		·····			No	11282Y			n 990 (2012)	
								Jul		·			,,	

Form 99	NATEF EIN#36-2957357	Page 2
Part		
_	Check if Schedule O contains a response to any question in this Part III	
ı	Briefly describe the organization's mission: NATEF's mission is to evaluate and accredit technician training programs against standards developed by the automotive industry	
	17 11 2 3 mission is to evaluate and approved testinician naming programs against standards developed by the automotive industry	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	
	prior Form 990 or 990-EZ?	✓ No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
		☑ 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 measi expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	
	the total expenses, and revenue, if any, for each program service reported.	ouicis,
4a	(Code:) (Expenses \$ 345,201 including grants of \$) (Revenue \$ 166,894)
	NATEF is a nonprofit corporation organized to promote educational projects related to the automotive service industry. It evalu	ates
	and examines automotive training programs, identifies strengths and weaknesses, and improves such programs through a	
	standardized evaluation and accreditation process	- <i></i>
		••••••
		.
4b	(Code:) (Expenses \$ 524 including grants of \$ 5,159) (Revenue \$)
	Amprobe DM7C digital multimeters were donated to 62 NATEF accredited programs	
		•
		••
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
70	(Code) (Expenses ©	,
		
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 345,725	

Part	Checklist of Required Schedules			
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	Yes	No
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	2	√	
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		✓
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		N/A
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		√
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		√
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
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		✓
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		-
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, Part VI	11a	✓	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	✓	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11e	✓	√
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	
	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		✓
13 14 a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		1
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	1,4		
	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		✓
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		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	_	✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		✓_
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		✓
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		✓
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		√
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b	, 990	(2012)
		rorn	コマサリ	(2012)

Egit	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization		Yes	No
21	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	
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		1
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	1	
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		1
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		N/A N/A
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		N/A ✓
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		v
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		✓
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 of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
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		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
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		√
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		√
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		<u>`</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
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	1	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
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		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	1	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
00	Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	✓	
		For	n 99 0	(2012)

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	43.		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	esii.	15 40	NI/A
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c	*	N/A
Lu	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Selection de	B. 392
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			A . 40.
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		\
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		N/A
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	ļ		
	account)?	4a		/
b	If "Yes," enter the name of the foreign country. ►	a tr		1012
Eo	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		Zichera.	
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		/
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	-	N/A
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			14//
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		✓
7	Organizations that may receive deductible contributions under section 170(c).		,	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		GM.	
_	and services provided to the payor?	7a		✓
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		-
·	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	70	E TA	¥
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	Market St.	√
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
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 organization, or a donor advised fund maintained by a sponsoring			4
_	organization, have excess business holdings at any time during the year?	8		N/A
9	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	00	1	N/A
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b		N/A
10	Section 501(c)(7) organizations. Enter:	#1		1 200
а	Initiation fees and capital contributions included on Part VIII, line 12			**. %
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	30,000		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	3.70		ilve S
b	Gross income from other sources (Do not net amounts due or paid to other sources	3	14.4	4
40-	against amounts due or received from them)	10	. ·*	NI/A
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a	1 74	N/A
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			357
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	Augurille.	N/A
_	Note. See the instructions for additional information the organization must report on Schedule O.	7.033	<u> </u>	7
b	Enter the amount of reserves the organization is required to maintain by the states in which			75
	the organization is licensed to issue qualified health plans			Carlotte
С	Enter the amount of reserves on hand			51
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		√
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		N/A
		Forn	1 990	(2012)

Form 99	o (2012) NATEF EIN#36-2957357			F	age 6
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through	h 7b below, a	and f	or a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in S				
	Check if Schedule O contains a response to any question in this Part VI		<u> </u>		$\overline{\mathbf{V}}$
Secti	on A. Governing Body and Management				
		_ G	. , (T7) = 93 3	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	9	100		100
	If there are material differences in voting rights among members of the governing body, or	ļ.	4		
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		34.	110	wit."
L			++		
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 1b Did any officer, director, trustee, or key employee have a family relationship or a business relative.	Onshin with			
-	any other officer, director, trustee, or key employee?	silomb with	2		*************************************
3	Did the organization delegate control over management duties customarily performed by or unde	r the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other per		3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 wa	s filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's a	assets?.	5		√
6	Did the organization have members or stockholders?		6		✓
7a	Did the organization have members, stockholders, or other persons who had the power to elect	or appoint	l		
	one or more members of the governing body?		7a		<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by)	members,			1
8	stockholders, or persons other than the governing body?	· · ·	7b		9501-2000 mad
0	the year by the following:	Ken during		E .	
а	The governing body?	[]	8a		81-1-23
b	Each committee with authority to act on behalf of the governing body?	: t	8b	'	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be	<u>L</u>		Ť	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		✓
Secti	on B. Policies (This Section B requests information about policies not required by the Int	ernal Revenu	e Co	de.)	
		_		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	_	10a		✓_
b	If "Yes," did the organization have written policies and procedures governing the activities of suc				B I / A
11a	affiliates, and branches to ensure their operations are consistent with the organization's exempt put has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	_	10b 11a		N/A
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	_	i i a	MACT.	V
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	T I	12a	1	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	h	12b	7	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy	/? If "Yes,"			
	describe in Schedule O how this was done		12c	✓	
13	Did the organization have a written whistleblower policy?	[13	1	
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 a			76.110	
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and				
a	The organization's CEO, Executive Director, or top management official	-	15a 15b	1	
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		130		67%-11°
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar al	. 13			
	with a taxable entity during the year?	- 1	16a	Pice-Uttel.	√
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to	evaluate its 🎚			1. 12.
	participation in joint venture arrangements under applicable federal tax law, and take steps to sat			J.	
	organization's exempt status with respect to such arrangements?		16b		N/A
	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed N/A	00 T /Coches	E04/-	\/O\-	Opl. A
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 99 available for public inspection. Indicate how you made these available. Check all that apply.	JU-1 (Section	3U I (C	;)(J)S	only)
	_	(a ())			
19	Own website Another's website Upon request Other (explain in Schedule Describe in Schedule O whether (and if so, how), the organization made its governing document		intere	est po	olicv.
	and financial statements available to the public during the tax year.	,		. حا	- ,
20	State the name, physical address, and telephone number of the person who possesses the books	and records o	f the		
	Organization The Corporation 101 Rive Seat Dr. S.E. STE 101 Leesburg VA 20175 Phone #703-669-6				

Form 990 (2012)	NATEF	EIN#36-2957357

_				7
Р	а	a	Θ	1

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

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

- 1a Complete this table for all persons required to be listed. 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 ne	or any relate	d org	anız	atic	n c	ompe	nsa	ited any currer	nt officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	box,	unles er an	Pos neck ss pe	rson Irect	e than on the state of the stat	an tee)	from	(E) Reportable compensation from related	other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Katharine Oliver, Chair	1 Hr	V		v				0	0	0
(2) Colin Williamson, Vice-Chair	1 Hr	~		,				0	0	0
(3) Joe Torchiana, Treasurer	1 Hr	V		,				0	0	0
(4) Timothy A Zilke, CEO	1 Hr	~		,				0	0	0
(5) Jim Anderson, Trustee	1 Hr	V						0	0	0
(6) Steve Hoellein, Trustee	1 Hr	V						0	0	0
(7) Michael Brewster, Trustee	1 Hr	v						0	0	0
(8) Craig Fedder, Trustee	1 Hr	V						0	0	0
(9) Patricia Serratore, President	15 Hrs 25 Hrs	~		,				82,500	142,292	58,111
(10)										
(11)										
(12)	-						_			
(13)	-	-								
(14)	-									
								 		

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yees		nd F C)	tighe	st C	Compensated E	mployees	(continu	ed)
	(A)	(B)	 		Pos	ition			(D)	(E) Reportable		(F)
	Name and title	Average	box,	unles	ss pe	erson	e than o	n an	Reportable			Estimated
		hours per week (list any		-			or/trus	 -	compensation	related	1	amount of other
		hours for related	Individual trustee or director	stitut	Officer	Key employee	nploy	Former	the organization	organizati (W-2/1099-I		compensation from the
		organizations below dotted	ual to	ional		ploy	t com	<u> </u>	(W-2/1099-MISC)			organization and related
		line)	ustee	Institutional trustee		e	Highest compensated employee					organizations
				ď			ited.					
(15)												
(16)			-		\vdash	-			 			
			<u> </u>				ļ	ļ				
(17)		 									}	
(18)												
(10)		<u> </u>	-		_			-	 	·····		
113/											[_	
(20)												
(21)		 			<u> </u>				<u> </u>		-	
						<u> </u>						
(22)												
(23)									<u> </u>		-	
(0.4)		ļ	-			<u> </u>		-	ļ		-	
(24)		ļ	}]						
(25)										-		
1b	Sub-total				L			<u> </u>	82,500	14	2,292	58,111
c	Total from continuation sheets to Part							>				
$\frac{d}{2}$	Total (add lines 1b and 1c)					<u></u>		<u>\</u>	82,500		2,292	58,111
2	Total number of individuals (including but reportable compensation from the organic		i to tr	iose	IIST	ea :	above	e) W	no receivea m	ore than \$1	00,000	OI
												Yes No
3	Did the organization list any former of employee on line 1a? If "Yes," complete the state of the							emp	oloyee, or high	est compe	ensated 	3
4	For any individual listed on line 1a, is the							n a	nd other comp	ensation fr	om the	30 103 30
	organization and related organizations individual	greater th	an \$1	150,	000	17 /1	f "Ye	s,"	complete Sch	edule J fo	or such	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
5	Did any person listed on line 1a receive of	r accrue co	 ompe	nsat	tion	fror	n any	/ un	related organiz	ation or inc	 dıvıdual	4 🗸
	for services rendered to the organization	? If "Yes," c	ompl	ete	Sch	nedu	ıle J f	or s	such person	<u> </u>		5 🗸
Section 1	on B. Independent Contractors Complete this table for your five highest of	compensat	ed inc	dene	end	ent	contr	acto	ors that receive	ed more tha	an \$100	.000 of
	compensation from the organization. Repyear.											
	(A) Name and business add	ress							(B) Description of s	ervices		(C) Compensation
N/A			_				-					
		·-·			_							
							-					
												<u></u> -
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who		

Par	RVIII.	Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII											
				ponse to any ques			· · · · · ·	<u>.</u>					
		To the state of th			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514					
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	_			2.00							
Gra 10u	b	Membership dues	11				4.1						
S, (С	Fundraising events .	_			3444		345.0					
Giff lar	d	Related organizations	s <u>1</u> 0	149,048									
ī.j.	е	Government grants (con		9			100						
tion is	f	All other contributions, gi			1								
혈		and similar amounts not inc	cluded above 1	f 119,757			14. 15.	10.00					
d tr	g	Noncash contributions includ	ded in lines 1a-1f	\$ 524				175 T					
	h	Total. Add lines 1a-1	f	<u>.,</u> , ▶	269,329		32						
ī				Business Code									
Ver	2a	Automotive, Autobody, T	ruck & CASE	611430	166,894	166,894							
8	b												
V ice	С												
Ser	d												
E	е	*****											
Program Service Revenue	f	All other program sen	vice revenue .		ļ		ļ						
<u> </u>	g	Total. Add lines 2a-2		<u> </u>	166,894	1 15° 1		4.7					
	3	Investment income		idends, interest,	1								
		and other similar amo		▶	5,053			5,053					
	4			bond proceeds ►									
	5	Royalties			* * * * * * * * * * * * * * * * * * *	year a minimizur.	The was to the property of the control to the						
			(i) Real	(II) Personal	1 (140)			2.0					
	6a	Gross rents					3. A						
	b	Less rental expenses	<u> </u>		(4)		3.0						
	С	Rental income or (loss)	<u> </u>		¥#4Mey	Marks &	6.5.	1.44					
	d _d	Net rental income or (See state and they are free as a see, since	84-2-5 F/9 (04800 V V)	MINISTER CONTROL AND PROPERTY OF SEC. 93						
	7a	Gross amount from sales of	(i) Securities	(II) Other									
		assets other than inventory			100000			17.55					
	b	Less. cost or other basis											
		and sales expenses .			7	Same makes on	A						
	С	Gain or (loss)						e Saletin					
	d	Net gain or (loss) .		. <u>. </u>	8-1 - 1 - 270 VA		\$90°2						
Ð	_							100					
ב	8a	Gross income from fu	indraising		Series Services	Section States	· · · · · · · · · · · · · · · · · · ·	1					
Other Reve		events (not including \$						0.00					
ĕ		of contributions reporte	· · · · · · · · · · · · · · · · · · ·		W. Carlotte								
her				a	219.76	motorcas Alact N	11/4/11/24						
ŏ	b	Less: direct expenses		b[1,000								
	C	Net income or (loss) fr			766 8468 70.12. C3 - 9.0		,	[20] 20 Pm 888 U.S. SWIN					
	9a	Gross income from ga See Part IV, line 19 .	=			1							
		· ·		a		STATE OF PERSONS	A Comment						
	l	Less: direct expenses		b			(10%)	e.					
	C	Net income or (loss) fi					72. Transfer 54.000						
	10a	Gross sales of in- returns and allowance	•					er a conseque					
				a									
,	b	Less cost of goods se		b									
	_ с	Net income or (loss) fr		Business Code	200 Carl Carl 12, 822.2		Name to JAMES						
1	44.5			- Business Code			2000 St. 1884 Y						
	11a					 	_	_					
	b					 							
	C	All other revenue			 								
	d	All other revenue Total. Add lines 11a-	114				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	La Vaco de La Carte					
:	12	Total revenue. See in			441,276	S. S	<u> </u>	5.053					
					1 771.4/0	1 100.084	i e	, J.UJJ					

Form 990 (2012) NATEF EIN#36-2957357 Part IX Statement of Functional Expenses

-	in 501(c)(3) and 501(c)(4) organizations must co		All other organization	ns must complete co	olumn (A).
	Check if Schedule O contains a respon		ın this Part IX .		
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	5,159	5,159		
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 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	68,750	61,875	6,875	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	00,100	01,010	0,010	
7	Other salaries and wages	101,613	91,452	10,161	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	11,462	10,316	1,146	
9	Other employee benefits	7,254	6,529	725	
10	Payroll taxes	11,981	10,783	1,198	
11	Fees for services (non-employees):			l	
a	Management				
b	Legal	9,450	4,725	4,725	
۲ C	Accounting Lobbying	9,450	4,725	4,725	
d e	Professional fundraising services See Part IV, line 17		Section 1		
f	Investment management fees	865	294	571	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	68,228	68,228		
12	Advertising and promotion	1,676	1,676	-	
13	Office expenses	13,775		571	
14	Information technology	5,267	5,267		
15	Royalties				
16	Occupancy	17,210	16,349	861	
17	Travel	31,034	30,319	715	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	11,758	11,170	588	
20	Interest		<u> </u>		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,648	1,484	164	
23	Insurance	1,600	544	1,056	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If		7	P S	
	line 24e amount exceeds 10% of line 25, column	Same Livery	100	A KARA	44
	(A) amount, list line 24e expenses on Schedule O.)				
а	Automotive, Autobody & Truck	4,896	4,896	······································	
b	Miscellaneous	4,286	1,457	2,829	
С					
d					
е	All other expenses				
_25	Total functional expenses. Add lines 1 through 24e	377,912	345,727	32,185	
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 following SOP 98-2 (ASC 958-720)				
	<i>3</i>	1			Form QQ () (2012)

. P	art X					
		Check if Schedule O contains a response to	any question in this Part		-	
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments .		261,862	2	121,86
	3	Pledges and grants receivable, net		16,250	3	
	4	Accounts receivable, net		14,514	4	19,57
	5	Loans and other receivables from current and trustees, key employees, and highest co-Complete Part II of Schedule L	employees.	5-12-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	5	
<u>s</u>	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), ar sponsoring organizations of section 501(c)(9) volunorganizations (see instructions) Complete Part II of Sche	nd contributing employers and itary employees' beneficiary		6	
Assets	7	Notes and loans receivable, net			7	
¥	8	Inventories for sale or use		8,197	8	7,936
	9	Prepaid expenses and deferred charges .		2,526	9	2,943
	10a	Land, buildings, and equipment: cost or			77 . KK. VIE	
		other basis. Complete Part VI of Schedule D	10a 36,500		an l	
	b	Less: accumulated depreciation	10b 1,648		10c	34,852
	11	Investments - publicly traded securities		30,017	11	32,070
	12	Investments-other securities. See Part IV, line	11	800,502	12	956,619
	13	Investments-program-related See Part IV, line	11		13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		12,409	15	17,82
	16	Total assets. Add lines 1 through 15 (must equa		1,146,277	16	1,193,680
	17	Accounts payable and accrued expenses		25,280	17	7,524
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete I		11. 3.7. 3 P. (1988a) MSD4. F.	21	THE RESTRICT CHEST OF LANDS
Liabilities	22	Loans and other payables to current and for trustees, key employees, highest compen- disqualified persons. Complete Part II of Schedu	sated employees, and		22	Company of the second of the s
Ë	23	Secured mortgages and notes payable to unrela	ited 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	s 17-24). Complete Part X			
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		25,280	26	7,52
ces		Organizations that follow SFAS 117 (ASC 958 complete lines 27 through 29, and lines 33 and	d 34.			
<u>a</u>	27	Unrestricted net assets		1,120,997	27	1,186,15
Ba	28	Temporarily restricted net assets			28	
2	29) (2000/77** P**5 . 2000/0.2.	29	Branton James Control
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 98 complete lines 30 through 34.	58), check here ► ☐ and			
ţ	30	Capital stock or trust principal, or current funds			30	
SSe	31	Paid-in or capital surplus, or land, building, or ed			31	
ĕ	32	Retained earnings, endowment, accumulated in			32	
Š	33	Total net assets or fund balances		1,120,997		1,186,150
_	34	Total liabilities and net assets/fund balances .		1,146,277	34	1,193,680

Form 9	oo (2012) NATEF EIN#36-2957357				Page 1
Par	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			441,276
2	Total expenses (must equal Part IX, column (A), line 25)	2			377,912
3	Revenue less expenses. Subtract line 2 from line 1	3			63,364
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1	1,120,997
5	Net unrealized gains (losses) on investments	5			1,795
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		1	1,186,156
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				<u>. , C</u>
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain			es No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were comreviewed on a separate basis, consolidated basis, or both:		. L	2a	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?			2b	· ·
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on	a [i ar
	separate basis, consolidated basis, or both:		3		200
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		1	3- 1-5	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	versig	ht		
	of the audit, review, or compilation of its financial statements and selection of an independent account	untant	?	2c	V
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O	(plain	in §		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	forth		3a	

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

3b

Form **990** (2012)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

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

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

Natio	onal Automotive To	echnicians Educa	tion Foundation, Inc.				1		36-29	957357		
Par	t I Reason	for Public Cha	rity Status (All orga	anızatıon	s must o	complete	e this pa	rt.) See i	nstructi	ons.		
The	organization is no	t a private found	ation because it is: (Fo	or lines 1	through 1	11, check	only one	box)				
1	A church, co	nvention of churc	ches, or association of	churche	s describ	ed in sec	tion 170	(b)(1)(A)(i).			
2	A school des	cribed in <mark>sectio</mark> r	170(b)(1)(A)(ii). (Atta	ch Sched	lule E)							
3	A hospital or	a cooperative ho	spital service organiza	ation des	cribed in	section	170(b)(1)	(A)(iii).				
4	A medical res	search organizati	on operated in conjun	ction with	h a hospi	tal descri	bed in se	ction 176	D(b)(1)(A)(iii). E	nter the	е
	hospital's nai	me, city, and stat	te:									
5	_	on operated for b)(1)(A)(iv). (Com	the benefit of a colle	ge or un	iversity o	wned or	operated	by a go	vernmen	ital un	t desc	ribed in
6	A federal, sta	te, or local gover	nment or government	al unit de	escribed i	n sectio r	n 170(b)(1)(A)(v).				
7			receives a substantia						nt or from	m the	genera	l public
	described in	section 170(b)(1)(A)(vi). (Complete Par	rt Îl.)							_	
8	☐ A community	trust described	ın section 170(b)(1)(A)(vi). (Co	mplete Pa	art II.)						
9	An organizati	on that normally	receives: (1) more that	an 33¹/₃%	6 of its s	upport fr	om contri	butions.	member	ship fe	es. an	d aross
			d to its exempt funct									
			ent income and unre									
	acquired by t	he organization a	after June 30, 1975. Sc	ee sect io	n 509(a)	(2). (Com	plete Pari	t III.)				
10	An organizati	on organized and	d operated exclusively	to test fo	or public	safety. S	ee sectio	n 509(a)(4).			
11	•	•	nd operated exclusive			-				or to	carry	out the
			olicly supported organ									
	509(a)(3). Ch	eck the box that	describes the type of	supportir	ng organi	zation an	d comple	te lines 1	1e throu	gh 11	٦.	
	a 🗌 Type I	b ✓ Type	ell c 🗌 Type II	I-Functio	nally inte	grated	d □.	Type III-N	lon-func	tionall	y integr	rated
е	By checking	this box, I certify	that the organization	is not co	ntrolled o	directly o	r indirectl	y by one	or more	disqu	alified r	persons
			ers and other than on									
	or section 50	9(a)(2)										
f	If the organiz	zation received	a written determination	on from	the IRS	that it is	a Type	I, Type I	I, or Typ	pe III	suppor	tıng
	organization,	check this box										. 🗆
g	Since August	17, 2006, has t	the organization acce	pted any	gift or c	ontributio	on from a	ny of the	•			
	following pers	sons?										
			indirectly controls, eit			her with	persons	describe	d in (ii) a	.nd _	Ye	s No
	(III) below,	, the governing b	ody of the supported	organızat	tion?					. 1	lg(i)	
	(ii) A family n	nember of a pers	on described in (i) abo	ove?						. 11	g(ii)	
	(iii) A 35% co	ntrolled entity of	a person described in	ı (ı) or (ıı)	above? .					. [11	g(III)	
ħ	Provide the fo	ollowing informat	ion about the support	ed organ	ızatıon(s)							
(1)	Name of supported	(II) EIN	(iii) Type of organization		organization		ou notify		s the	(vII) Ar	nount of	monetary
	organization		(described on lines 1–9 above or IRC section		sted in your document?		nization in of your	organizat	on in col zed in the		suppor	t
			(see instructions))				port?		S ?			
				Yes	No	Yes	No	Yes	No			
(A) N	IASE							<u> </u>				
(/-)		52-0954597	9		✓		1	1				149,048
(B)			-				İ					
(ļ						
(C)					Ī							
										<u> </u>		
(D)						ł				1		
				_						 -		
(E)		1										
			1.00 miles (1.00 m	100	11261743	an atvo	eg Caria	37 27	344 5	 		
Tota	Ī			N. W. AMEY								149,048
JULA	1	The state of the s	-[Constitution of the Constitution	Assect market water	LASK-hand Color	1 smmmmft/78vgm		\$ 1.50 March 1985			. 10,070

Part	Support Schedule for Organiz	ations Descr	ibed in Sect	ions 170(b)(1	NA)(iv) and 1	70(b)(1)(Δ)(v	i	
	(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.)							
Secti	on A. Public Support	o quanty ante		<u>-10 a 20.011, p</u>	Todo Compre	7.0 1 art 111.7		
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	
1	Gifts, grants, contributions, and	(a) 2000	(3) 2000	(0) 2010	(0) 2011	(0) 2012	(i) rotal	
•	membership fees received. (Do not							
	include any "unusual grants ") .							
2	Tax revenues levied for the				 			
_	organization's benefit and either paid		ļ					
	to or expended on its behalf .	1	Ì	ĺ	ł	i		
3	The value of services or facilities				· · · · · · · · · · · · · · · · · · ·			
•	furnished by a governmental unit to the		1					
	organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by	20 July 1993	5000 A 10000	3.5	3570	MAN AND MAN		
3	each person (other than a	4			2.767			
	governmental unit or publicly	\$200		1. Sec. 10.				
	supported organization) included on	4.4		125				
	line 1 that exceeds 2% of the amount		4.0	44				
	shown on line 11, column (f)		2		A STATE			
6	Public support. Subtract line 5 from line 4.			y sapper	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_	
Secti	on B. Total Support							
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	
7	Amounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,	}						
	rents, royalties and income from similar							
	sources							
9	Net income from unrelated business							
	activities, whether or not the business							
	is regularly carried on							
10	Other income. Do not include gain or							
	loss from the sale of capital assets							
	(Explain in Part IV.)							
11			-) 900,00004t) - p y		100 m	37.32		
12	Gross receipts from related activities, etc					12		
13	First five years. If the Form 990 is for the		n's first, secon	d, third, fourth	i, or fifth tax ye	ear as a sectio	n 501(c)(3)	
	organization, check this box and stop he					· · · · ·	· · <u></u>	
Secti	on C. Computation of Public Suppo					r r		
14	Public support percentage for 2012 (line					14	%	
15	Public support percentage from 2011 Sc	hedule A, Part	II, line 14 .		.: • .: •	15	%	
16a	331/3% support test-2012. If the organi							
	box and stop here. The organization qua	•		-				
b	331/3% support test-2011. If the organ					15 IS 331/3%	or more,	
	check this box and stop here. The organ							
17a	10%-facts-and-circumstances test-2	012. If the orga	anization did n	ot check a box	on line 13, 16	a, or 16b, and	line 14 is	
	10% or more, and if the organization me	ets the "facts-	and-circumsta	nces" test, che	eck this box ar	nd stop here. E	xplain in	
	Part IV how the organization meets the "	tacts-and-circu	imstances" tes	st. The organiz	ation qualifies	as a publicly si	прроцеа	
	organization						· 💆 🗀	
þ	10%-facts-and-circumstances test-2							
	15 is 10% or more, and if the organiza							
	Explain in Part IV how the organization in	neets the "tacts	s-and-circums	tances" test. I	ne organizatio	n quaimes as a	L PUDIICIY	
40	supported organization			160 16h 17		this boy and		
18	Private foundation. If the organization d instructions						· -	

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.)

Secti	on A. Public Support				<u> </u>		
Caler	dar 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 ")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the				}		
_	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an	}	1	l		}	1
	unrelated trade or business under section 513						ļ <u>. </u>
4	Tax revenues levied for the						
	organization's benefit and either paid]				
_	to or expended on its behalf .						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						_
7a	Amounts included on lines 1, 2, and 3				 		
	received from disqualified persons .						
b	Amounts included on lines 2 and 3	· 					
D	received from other than disqualified						
	persons that exceed the greater of \$5,000	,	}]]		
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						-
8	Public support (Subtract line 7c from	NATION LINES	A Marine Comment	111	10 m	2.4	
	line 6.)						
	on B. Total Support		₁ — .				
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar sources.				İ		
	Unrelated business taxable income (less					<u> </u>	
b	section 511 taxes) from businesses						
	acquired after June 30, 1975				1		1
С	Add lines 10a and 10b			-			
11	Net income from unrelated business						-
•	activities not included in line 10b, whether						
	or not the business is regularly carried on)					
12	Other income. Do not include gain or						
	loss from the sale of capital assets	Į					
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)			L <u></u>			
14	First five years. If the Form 990 is for the	-					
04	organization, check this box and stop he			· · · · ·	· · · · ·		· · · <u> </u>
	on C. Computation of Public Support Public Support percentage for 2012 (line			3 column (fl)		15	%
15 16	Public support percentage for 2012 (line Public support percentage from 2011 Sc		•			16	
	on D. Computation of Investment In			.	· · · · · · · · · · · · · · · · · · ·		
17	Investment income percentage for 2012			v line 13. colu	mn (f))	17	%
18	Investment income percentage from 201					18	%
19a	331/3% support tests—2012. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests - 2011. If the organiz	zation did not c	heck a box on	line 14 or line	19a, and line 16	is more than	
	line 18 is not more than 331/3%, check this	box and stop h	ere. The organ	ızatıon qualıfıes	as a publicly s	upported organ	nization 🕨 🗀
20	Private foundation. If the organization d	id not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	ctions 🕨 🗌

Schedule A (F	Form 990 or 990-EZ) 2012 NATEF EIN#36-2957357	Page 4
Part IV	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).	
	ineliae.iei.eji	_
••••••		
••••••		
		·

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2012

Department of the Treasury Internal Revenue Service Name of the organization ► 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.

Open to Public Inspection

Name o	The organization	Employer identification number
Nation	al Automotive Technicians Education Foundation, Inc.	36-2957357
Par	Organizations Maintaining Donor Advised Funds or Other Similar Fu	nds or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 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	
	Did the organization inform all donors and donor advisors in writing that the assets	hold in donor advisord
5	funds are the organization's property, subject to the organization's exclusive legal cont	
_		
6	Did the organization inform all grantees, donors, and donor advisors in writing that gr	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or	
	conferring impermissible private benefit?	
Part		to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation	of an historically important land area
	☐ Protection of natural habitat ☐ Preservation	of a certified historic structure
	☐ Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribute	ion in the form of a conservation
	easement on the last day of the tax year.	
	, ,	Held at the End of the Tax Year
а	Total number of conservation easements	
_	Total acreage restricted by conservation easements	
b		
C	Number of conservation easements on a certified historic structure included in (a)	
d	Number of conservation easements included in (c) acquired after 8/17/06, and no hystoric attricture letted in the Network Register.	1 1
_	historic structure listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or te	rminated by the organization during the
	tax year ▶	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, in	spection, handling of
	violations, and enforcement of the conservation easements it holds?	· · · · · 🗌 Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation	n easements during the year
	>	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation eas	sements during the year
	▶ \$	3 1,1
8	Does each conservation easement reported on line 2(d) above satisfy the requirements	of section 170(h)(4)(B)
_	(i) and section 170(h)(4)(B)(ii)?	· · · · · · · · · Yes · No
9	In Part XIII, describe how the organization reports conservation easements in its revenu	
9	balance sheet, and include, if applicable, the text of the footnote to the organization's f	
	organization's accounting for conservation easements.	mancial statements that describes the
		w Other Cimilar Assets
Part		
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in i	
	works of art, historical treasures, or other similar assets held for public exhibition, e	
	public service, provide, in Part XIII, the text of the footnote to its financial statements the	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its	
	works of art, historical treasures, or other similar assets held for public exhibition, e	education, 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 treasures, or other similar	ar assets for financial dain, provide the
-	following amounts required to be reported under SFAS 116 (ASC 958) relating to these	_
_	•	
a	Revenues included in Form 990, Part VIII, line 1	
D	Assets included in Form 990, Part X	

Schedûle D (Form 990) 2012	NATEE	FIN #36_2057	357
Schedule Wiltorm 990) 2012	NAICE	EIN #30-2937	307

Pa	_	_	2

Part	Organizations Maintaining	Collections of	of Art, His	torical '	Treasures	s, or O	ther Similar As	sets (continued)
3	Using the organization's acquisition, collection items (check all that apply):	accession, and	other reco	ords, ched	ck any of t	he follo	wing that are a s	ignificant use of its
а	☐ Public exhibition		d		or exchan			
b	Scholarly research		е	☐ Othe	er 0			
C	Preservation for future generations							
4	Provide a description of the organizat	tion's collections	s and expl	ain how t	they furthe	r the org	ganızatıon's exem	npt purpose in Part
_	XIII.				hankama al d			
5	During the year, did the organization assets to be sold to raise funds rather							
Dar	IV Escrow and Custodial Arra							
1	line 9, or reported an amoun				garnzanon	answe	100 103 1010	iiii 550, i ait iv,
1a					or contribu	itions of	r other assets no	ot
	included on Form 990, Part X?							☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa	art XIII and com	plete the fo	ollowing t	able:			
							Ar	mount
C	Beginning balance					10	;	
d	3 ,					10	1	0
е	Distributions during the year					16		0
f	Ending balance					11		
2a	Did the organization include an amour							☐ Yes ☐ No
b . Par	if "Yes," explain the arrangement in Pa							10
· I CII	Endowment i unus. Compie	(a) Current year		or year			(d) Three years back	
1a	Beginning of year balance	·-,,			.,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
b	Contributions				 			
c	Net investment earnings, gains, and							
	losses							
d	Grants or scholarships							
е	Other expenditures for facilities and			-				
	programs							
f	Administrative expenses .		_					
g	End of year balance	<u> </u>	<u> </u>		<u> </u>			
2	Provide the estimated percentage of t			ce (line 1g	g, column (a	a)) held	as:	
a	Board designated or quasi-endowmer Permanent endowment ▶	n ► 0%	0%					
b	Temporarily restricted endowment							
С	The percentages in lines 2a, 2b, and 2							
За	Are there endowment funds not in the			ization th	at are held	and ad	ministered for the	е
	organization by:	,	J					Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" to 3a(II), are the related organi							3b
4	Describe in Part XIII the intended uses							<u>-</u>
Part						1		
	Description of property		other basis tment)		or other basis other)	d	Accumulated epreciation	(d) Book value
1a	Land					100		
b	Buildings	-				<u> </u>		
C	Leasehold improvements			 	-	ļ.——		
d	Equipment			 	20 500	 	4 6 4 9	24 052
e	Other	ust equal Form	000 Part	X column	36,500 n (R) line 1		1,648	34,852 34,852
rotal.	Add lines Ta tillough Te. (Column (a) II	iust equal FUIII	330, Fail	A, COIGITII	I (D), IIIIC I	<u> </u>		34,032

Part VII	Investments - Other Securities	. See Form 990, Part X,	line 12.
(:	a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
, ,	ıl derivatives		,
	held equity interests		
(3) Other			
	eburg Bank-Certificates of Deposit		end of year market value
	treet Bank-Certificates of Deposit		end of year market value
	nal Bank-Certificates of Deposit	200,50	end of year market value
(D) (E)			
(F)			
(G)			
(H)			
(I)			
	(b) must equal Form 990, Part X, col (B) line 12.) ▶	956,619	
Part VIII	Investments-Program Related		
	(a) Description of investment type	(b) Book value	(c) Method of valuation
			Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
_(7)			
(8)	. 17 7		
(9)			
(10)	(1) 15 000 D-4V1 (D) (10) D-		TOTAL AND STORAGE STORAGE AND ALL ALTERNATION AND ADMINISTRATION OF A STORAGE AND ADMINISTRATI
	(b) must equal Form 990, Part X, col (B) line 13)	art V line 15	
Part IX	Other Assets. See Form 990, Pa	a) Description	(b) Book value
(1)		u, bescription	(2)
(2)			
(3)	· · · · · · · · · · · · · · · · · · ·		
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)		····.	
	umn (b) must equal Form 990, Part X, c		
Part X	Other Liabilities. See Form 990	·	
1.	(a) Description of liability	(b) Book value	
	I income taxes		
(2)			
(3)			
(4)			
(5)			
(7)			
(8)			
(9)			
(10)			
(11)			THE REAL PROPERTY OF THE PERSON OF THE PERSO
	(b) must equal Form 990, Part X, col. (B) line 25)		
		text of the footnote to the ord	ganization's financial statements that reports the organization's
liability for u	ncertain tax positions under FIN 48 (ASC	740). Check here if the text of	the footnote has been provided in Part XIII

Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	
1	Total revenue, gains, and other support per audited financial statements	1	443,070
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	July 3	<u> </u>
а	Net unrealized gains on investments 2a 1,795	Her 3	
b	Donated services and use of facilities	E TE	
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d	2e	1,795
3	Subtract line 2e from line 1	3	441,275
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	441,275
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	r Retur	n
1	Total expenses and losses per audited financial statements	1	377,912
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	2 2 5	
а	Donated services and use of facilities 2a		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	377,912
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	377,912
Part 2	XIII Supplemental Information		
Compl	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, P	art IV, lin	es 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
ınform	ation.		
Part X	Line 2: THE FOUNDATION HAS NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION	ON OR DI	SCLOSURE
IN THE	FINANCIAL STATEMENTS AND NO INTEREST AND PENALTIES HAVE BEEN RECORDED IN THE ACCOMP	ANYING	FINANCIAL
STATE	MENTS RELATED TO UNCERTAIN TAX POSITIONS.		

Schedule D (Fo	m 990) 2012 NATEF EIN #36-2957357	Page 5
Part XIII	Supplemental Information (continued)	<u></u>
		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

► Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Schedule I (Form 990) (2012) Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, **%**□ (h) Purpose of grant or assistance **Employer identification number** √ Yes 36-2957357 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (e) Amount of non- (f) Method of valuation cash assistance (book, FMV, appraisat, other) Cat No 50055P Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable the selection criteria used to award the grants or assistance? For Paperwork Reduction Act Notice, see the Instructions for Form 990. General Information on Grants and Assistance Vational Automotive Technicians Education Foundation, Inc. (p) EIN 1 (a) Name and address of organization or government Partl Part II (12) (0 N ල 9 Ξ 2 ₹ 3 E 8 9

Schedule I (Form 990) (2012) NATEF EIN#36-2957357

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.

Schedule I (Form 990) (2012) (f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant Amprobe DM7C digital multimeters were donated to 62 NATEF accredited programs. Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance information. Part IV Ŋ 4 ဖ 2 က

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization National Automotive Technicians Education Foundation, Inc. Employer identification number

36-2957357

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use		1.82	
	☐ Travel for companions ☐ Payments for business use of personal residence			5.49
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees	200	est Nati	
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
	Bissippointing account Transfer and Transfer	13.3	4.7	500
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			(1) 1:
b	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	Secretarion	H.E. Fr	#UMA
	explain	1b		N/A
		erozmer L		7,77
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers,	. 1.200	Púsilitä	- 34.00
2	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	~	İ
	alloctors, adotoos, and the open excessive billoctor, regarding the terms of the mine tax.		BOT.	80: JK
_	Indicate which if any of the following the films organization used to establish the componentian of the			ji (in
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		7	
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee	122		(a) (· · · · · · · · · · · · · · · · · ·
	✓ Independent compensation consultant		. T.	7.7
	☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			1000
_	Down the country did any agency hated in Farm 200. Bort VIII. Control A line to with respect to the filing		04.00	100
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	1594		
а	Receive a severance payment or change-of-control payment?	4a		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		V
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	A. 188	V autin×.
	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.			12.5
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	1 2 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	**************************************	
	compensation contingent on the revenues of.	19. CE		24.
а	The organization?	5a		1
b	Any related organization?	5b		~
	If "Yes" to line 5a or 5b, describe in Part III.	N.M.		- 1
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any		122.0	
	compensation contingent on the net earnings of:		L'arra	
а	The organization?	6a		1
b	Any related organization?	6b		~
	If "Yes" to line 6a or 6b, describe in Part III			Market S
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		~
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			
	ın Part III	8		~
9	if "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Pagulations continue 53 (1959, 6/o)?	0	l	V

Schedule J (Form 990) 2012 NATEF EIN#36-2957357

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

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

(F) Compensation reported as deferred in prior Form 990 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 103,125 179,778 (E) Total of columns (B)(I)–(D) 10,128 (D) Nontaxable benefits 10,497 23,066 (C) Retirement and other deferred compensation 1,223 (iii) Other reportable compensation (B) Breakdown of W-2 and/or 1099-MISC compensation (ii) Bonus & incentive compensation 82,500 141,069 (i) Base compensation = Ξ E E E€ \in \equiv Ξ EE ≘ ≘ EEEEE (A) Name and Title 1 Patricia Serratore 5 4 5 16 က S 9 ø Φ 우 F 7 N

Schedule J (Form 990) 2012

Schedule J (Form 990) 2012 NATEF EIN#36-2957357

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Supplemental Information	The second second to the second secon
Part III	40

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

Schedule J (Form 990) 2012

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Open to Publi

Name of the organization Employer identification number National Automotive Technicians Education Foundation, Inc. 36-2957357 Part VI - Section B - Line 11b: Review with Executive committee Part VI - Section B - Line 12c: Conflict of Interest Policy covers all members of the Board and is monitored by an annual questionnaire from legal counsel which are reviewed and maintained by legal counsel/Steve Benson. The Legal counsel reviews each transaction to come before the Board for potential or actual conflicts of interest. If potential or actual conflicts (past, present or future) are identified, Legal counsel recommends what to do, with any actions documented in minutes. The identified conflicts of interest and appropriate recusals are documented in the minutes of each Board meeting. Part VI - Section B - Line 15a: The process for determining compensation of Patricia Serratore, President each year includes a review and approval by ASE leadership based upon Comparability data used in the review process is obtained from February 2011 HAY Group analysis Part VI - Section C - Line 19: Policies available upon request; financial statement available upon request Part IX - Line 11g. Evaluate and Promote educational training programs

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

National Automotive Technicians Education Foundation, Inc.

OMB No 1545-0047

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

2012

Open to Public Inspection

Employer identification number

36-2957357

Part	Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)	ent the organization a	answered "Yes" t	o Form 990, Part	IV, line 33.)			
	(a) Name, address, and EIN (if applicable) of disregarded entity	Рита	(b) Pnmary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	- Bui
(1)								
(2)								
(3)								
(4)								
(2)								
(9)								
Part II	Identification of Related Tax-Exempt Organize one or more related tax-exempt organizations du	lizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had during the tax year.)	le organization ar	swered "Yes" to	Form 990, Part I	V, line 34 becau	use it had	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	(b)(13)
							Yes	ş
(1) Nation: EIN #52-09	(1) National Institute for Automotive Service Excellence, Inc EIN #52-0954597, 101 Blueseal Dr , S E, STE 101, Leesburg, VA 20175	Testing & Certification	DC	501 (C) (6)				\
(2)								
(3)								
(4)								
(2)								
(9)								
(7)								
For Papery	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat N	Cat No 50135Y		Schedule F	Schedule R (Form 990) 2012	2012

Schedule R (Form 990) 2012 NATEF EIN #36-2957357

| Section 512(b)(13) | controlled | entry? Schedule R (Form 990) 2012 (k) Percentage Ŷ ownership Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, Inne 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Yes 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.) (I) General or managing partner? ŝ (h) Percentage ownership Yes (i)
Code V—UBI
amount in box 20
of Schedule K-1
(Form 1065) (g) Share of end-of-year assets (h)
Disproportionate
allocations? ŝ (f) Share of total income Yes (g) Share of end-of-(e)
Type of entity
(C corp, S corp, or trust) (f) Share of total income (d)
Direct controlling entity (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) (c)
Legal domicile
(state or foreign country) (d)
Direct controlling
entity (b) Primary activity (c)
Legal
domicile
(state or
foreign
country) (b) Primary activity (a)
Name, address, and EIN of related organization (a)
Name, address, and EIN of related organization Part III Part IV 8 2 Ε 8 9 € 9 <u>@</u> 3 Ξ 9 Ξ € \mathbb{E}

Schedule R (Form 990) 2012			
			(9)
			(5)
			(4)
FMV	25,967	1p	National Institute for Automotive Service Excellence
FMV	175,093	10	National Institute for Automotive Service Excellence (2)
FMV	17,210 FMV	*	National Institute for Automotive Service Excellence
(d) Method of determining amount involved	(c) Amount involved	(b) Transaction type (a-s)	(a) Name of other organization
ships and transaction thresholds.	uding covered relation	omplete this line, incl	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.
11 1r			 r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s)
1p			 p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses
			o Sharing of paid employees with related organization(s)
F #			 m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
=			
			k Lease of facilities, equipment, or other assets from related organization(s)
			j Lease of facilities, equipment, or other assets to related organization(s)
			h Purchase of assets from related organization(s)
9			g Sale of assets to related organization(s)
11			f Dividends from related organization(s)
			e Loans or loan guarantees by related organization(s)
, bt			d Loans or loan guarantees to or for related organization(s)
, 1c			c Gift, grant, or capital contribution from related organization(s)
d1			b Gift, grant, or capital contribution to related organization(s)
1a			a Receipt of (i) Interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
Yes No	G	-	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.
Į.			

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

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.

(a) (b) (c) (d) (e) (g)	(q)	(0)	(D)	(e)	()	(6)	Œ	3		
Name, address, and EIN of entrty	Primary activity	Legal domicile (state or foreign	Predominant income (related.	Are all partners section	Share of total income	Share of end-of-vear	Disproportionate allocations?	amount in box 20	General or managing	Percentage ownership
		country)	unrelated, excluded from tax under	organizations?		assets		of Schedule K-1 (Form 1065)		
				Yes No			Yes No		Yes No	
(1)										
(2)										
(5)										
(4)										
(5)										
(9)										
(2)										
(8)										
(6)										
(10)						, ,				
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										
								Sche	edule R (For	Schedule R (Form 990) 2012

	Form 990) 2012 NATEF EIN #36-2957357	Page 5
Part VII	Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions).	
		••••
		•
		••••

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

OMB No 1545-0172

20**12**

Attachment Sequence No	179

► See separate instructions. Business or activity to which this form relates Name(s) shown on return identifying number National Automotive Technicians Education Foundatio 36-2957357 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0- 4 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (a) Description of property (b) Cost (business use only) 6 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 10 Carryover of disallowed deduction from line 13 of your 2011 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) . . . 14 15 Property subject to section 168(f)(1) election . 15 16 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) **Section A** 17 MACRS deductions for assets placed in service in tax years beginning before 2012 17 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B-Assets Placed in Service During 2012 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction only-see instructions) service 19a 3-year property 5-year property 7-year property d 10-year property e 15-year property f 20-year property 25 yrs <u>5/1</u> g 25-year property h Residential rental 275 yrs MM 5/L 275 yrs MM S/L property 39 yrs ММ S/L i Nonresidential real property ММ 5/1 Section C-Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs b 12-year 40 yrs MM S/L c 40-year Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

Page 2
Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a,

		olumns (a) i															
		<u> – Depreci</u>										_			<u>-</u>		
_24a	Do you have ev	vidence to sup		ousiness/inves	stment us	e claime		Yes	No	24b If	"Yes," ı	s the ev	idence	written	^ʔ ☐ Yes	☐ No	
	(a) e of property (list vehicles first)	(b) Date placed in service	(c) Business investment percentag	use Cost or c	d) other basis		(e) for depre ness/inves use only)	stment	(f) Recover period		(g) ethod/ vention		(h) preciation eduction		(i) Elected sec cost		
25	Special dep										25			ì	7		
26	Property use							<u> </u>		<u>i</u>		<u> </u>		1.2	s while transcored	40.0000	
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				%													
27	Property use	ed 50% or l	less in a	qualified bu	usiness	use:											
				%						5/L -							
				%						S/L -		ļ				189 Y.	
		L	l	%						5/L -						1.10	
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 . 28 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								<u>inderinia</u>									
<u> 29</u>	Add amount	s in column	n (i), line								<u> </u>		<u> </u>	29			
	plete this sect our employees,			by a sole pr	oprietor	, partne		er "mo	re than 5	5% own						rehicles	
30 Total business/investment miles d the year (do not include commuting				_	ng Vehicle					(c) Vehicle 3		(d) Vehicle 4 V		(e) Vehicle 5		(f) Vehicle 6	
	31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven																
	3 Total miles driven during the year. Add lines 30 through 32																
34	Was the ve			personal	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
35	Was the veh than 5% own																
36	Is another veh	ncle available	e for pers	onal use?													
				estions for											-		
	wer these que e than 5% ow						to com	pleting	Sectio	n B for	vehicle	s used	by em	ployee	s who ar	e not	
37	Do you mair your employ			y statemen	it that p	rohibit	s all per	rsonal	use of v	ehicles	, includ	ding co	mmuti 	ng, by 	Yes	No	
38	Do you mair employees?																
39	Do you treat	all use of v	vehicles l	by employe	es as p	ersona	l use?										
40	Do you provuse of the ve				-			aın info	ormatio	n from	your er	nploye	es abo	out the			
41	Do you mee															\$\$5 - V. 3	
Par	rt VI Amor		7 07, 00,	00, 10, 01		, 40		,,,,,,,,,,,							387 & 3	<u> </u>	
	(a Descriptio	a) on of costs		(b) Date amortiza begins			(c) rtızable ar			(d) ode secti	on	(e) Amortiza period percent	or	Amorti	(f) zation for th	nis year	
	Amortization	of costs th	nat begin			tax ye	ar (see										
	EF - WEB			11/01/201				29,6					3			1,648	
CRN				12/31/201		. .		6,8	دع				143				
	Amortization Total. Add								ort			• •	43	-		1,648	
-44	TOTAL ACC	amounts in	Coluitin	(i) See the	iristruc	10115 IC	n where	ιοτερ	OIL.	· · ·	<u> </u>	• •	1 7-4		Form 456		