Department of the Treasury

DLN: 93493134031289 OMB No 1545-0047

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

Do not enter social security numbers on this form as it may be made public ▶ Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

Interna	al Reven	nue Service	P Information	about Form 550 and its matruct	0113 13 at <u>177777</u>	INS GOV/I	<u>01111330</u>		Inspection	
A F	or the	2017 ca	ı alendar year, or tax year bo	eginning 07-01-2017 , and	ending 06-30)-2018				
_	eck if ap Idress c	oplicable change	C Name of organization PLUMBING-HEATING-COOLING NATIONAL ASSOCIATION	CONTRACTORS-			D Employ 53-011		fication number	
□ In	ame cha itial reti	urn	Doing business as PHCC NATIONAL ASSOCIATION	i.						
	nai return mended	/terminated return		of mail is not delivered to street add	ress) Room/sui	te	E Telephoi	E Telephone number		
□ Ap	plicatio	n pending	180 S WASHINGTON STREET N	O 100			(703) 2	37-8100	ı	
			City or town, state or province, FALLS CHURCH, VA 22046	City or town, state or province, country, and ZIP or foreign postal code FALLS CHURCH, VA 22046						
			F Name and address of prin	ncipal officer		H(a) Is	this a group re	turn for		
			PATRICK WALLNER 180 S WASHINGTON STREE FALLS CHURCH, VA 22046	T NO 100		H(b) Are	bordinates? e all subordina	tes	□Yes ☑No □Yes □No	
I Ta	ıx-exem	npt status	☐ 501(c)(3) ☑ 501(c)(6) ◄ (insert no)	or 🗆 527		cluded? "No," attach a	list (see		
J W	ebsite	e:► WW	W PHCCWEB ORG	<u> </u>		H(c) Gr	oup exemption	number	•	
K For	m of or	ganızatıon	✓ Corporation ☐ Trust ☐	Association Other		L Year of fo	ormation 1883	M State	of legal domicile DE	
Pa	rt I	Sumi	marv							
			· ·	on or most significant activities						
ce	P	HCC IS D	EDICATED TO THE ADVANCE	MENT AND EDUCATION OF THE CTION OF THE ENVIRONMENT	PLUMBING AN	ID HVACR	INDUSTRY FOR	R THE HE	ALTH, SAFETY, AND	
Activities & Governance	=									
30 Ve				n discontinued its operations or				ssets		
ت ×خ	3	Number c	of voting members of the gove	erning body (Part VI, line 1a) .			•	3	13	
e s			. •	rs of the governing body (Part V				4	13	
E ME			, ,	n calendar year 2017 (Part V, lii	•			5	31	
Acı	1		nber of volunteers (estimate if		6	150				
	1			Part VIII, column (C), line 12 from Form 990-T, line 34 .			•	7a 7b	20,340	
	В	net unier	ated business taxable income	110111 FOITH 990-1, IIIIE 34 .	<u> </u>		Prior Year	10	Current Year	
	8	Contribut	ions and grants (Part VIII line	e 1h)				142	2,35:	
Ę	1		- ,	e 2g)			3,839,		3,932,955	
Ravenue	1	-	nt income (Part VIII, column			354	56,839			
α	1		enue (Part VIII, column (A), I		828,		499,072			
	1		, , , , , , , , , , , , , , , , , , , ,	(must equal Part VIII, column (-		4,722,	309	4,491,217	
	13	Grants an	nd sımılar amounts paıd (Part		0	(
	14	Benefits p	oald to or for members (Part I	X, column (A), line 4)				0	(
S.	15	Salaries,	other compensation, employe	e benefits (Part IX, column (A),	lines 5-10)		2,213,	641	2,243,034	
Expenses	16a	Professio	nal fundraising fees (Part IX,	column (A), line 11e)				0	(
хb	b -	Total fundr	aising expenses (Part IX, column (D), line 25) ▶0						
ш	17	Other exp	penses (Part IX, column (A), l	nes 11a-11d, 11f-24e)			2,308,	406	2,388,735	
	18	Total exp	enses Add lines 13–17 (must	equal Part IX, column (A), line	25)		4,522,	047	4,631,769	
- (5	19	Revenue	less expenses Subtract line 1	8 from line 12		4	200,		-140,552	
Net Assets or Fund Balances						Beginn	ing of Current \	'ear	End of Year	
Bala	20	Total asse	ets (Part X, line 16)				5,460,	829	5,380,034	
¥ E P	21	Total liabi	ılıtıes (Part X, lıne 26)				1,724,	426	1,697,006	
ΣŢ	22	Net asset	s or fund balances Subtract l	ine 21 from line 20			3,736,	403	3,683,028	
	rt II		ature Block							
				xamined this return, including a plete Declaration of preparer (of						
	nowle					<u>, </u>				
		*****	*				2019-05-14			
Sign	1	Signatu	ure of officer			Date				
Here			EL COPP EXECUTIVE VICE PRESID	ENT						
_			r print name and title							
			rınt/Type preparer's name LIZABETH HELLER	Preparer's signature ELIZABETH HELLER	Di	ate		PTIN P0039782	9	
Pai		-					self-employed		-	
	pare	'" - -	rm's name ► TATE AND TRYON rm's address ► 2021 L STREET NV				Firm's EIN ► 52 Phone no (202)			
Use	On	ly					FRIORIE NO (202)	∠3J-∠ZUÜ		
			WASHINGTON, DO		<u> </u>			□ .	ves □ No	
May 1	rna IR9	- discuss	thic return with the preparer	shown above? (see instructions)	1				AC I INO	

Form	990 (2	017)				Page 2
Par	t III	Statement of	of Program Service Ac	complishments		_
		Check If Sched	lule O contains a response o	or note to any line in this Part II	ı	🗹
1	Briefly		ganızatıon's mıssıon	·		
			E ADVANCEMENT AND EDUC ECTION OF THE ENVIRONM		HVACR INDUSTRY FOR THE HEALT	TH, SAFETY, AND COMFORT
2		-		ogram services during the year		
						🗌 Yes 🗹 No
			se new services on Schedule			
3	Did th	e organization c	ease conducting, or make s	ignificant changes in how it con	ducts, any program	
	servic	es?				🗌 Yes 🗹 No
	If "Yes	s," describe thes	se changes on Schedule O			
4	Sectio	n 501(c)(3) and		e required to report the amount	e largest program services, as mea t of grants and allocations to others	
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	See Ad	ldıtıonal Data				
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	See Ad	ldıtıonal Data				
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	See Ad	ditional Data				
	(Code) (Expenses \$	including grants of \$) (Revenue \$)
			N AND DEVELOPMENT - PHCC PR S MANAGEMENT, AND LEADERSI		GRAMS, AS WELL AS SEMINARS IN OTHE	R AREAS SUCH AS PROJECT
4d	Other	program service	es (Describe in Schedule O)		
	(Expe	nses \$	ıncludıng	grants of \$) (Revenue \$)
40	Total	program servi	ice expenses >			

or X as applicable

Yes

Yes

Yes

Yes

Yes

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11a

11b

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11d

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12a

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Page 3

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Nο

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Nο

No

No

No

No

Nο

Form **990** (2017)

Checklist of Required Schedules Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete 1 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . .

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates 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?

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 the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

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 🕏

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

ın Part X, line 16? *If "Yes," complete Schedule D, Part IX* 😼

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 💆

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

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?

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 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? 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

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 🕏

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

b Was the organization included in consolidated, independent audited financial statements for the tax year?

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 or more? *If "Yes," complete Schedule F, Parts I and IV*

29

No

Page 4

Part IV	Checklist of Required Schedules (continued)

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

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,"

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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 🕏

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🔧

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

20a 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

21

Yes

Nο Nο

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX.

22

23

24a

24b

24c

24d

25a

25b

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28a

28b

28c

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35a

35h

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Yes

Yes

Form 990 (2017)

Yes

Nο

Nο

No

No

Nο

Nο

Nο

No

No

Nο

Nο

Nο

Nο

orm	990 (2017)			Page !
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 56			
	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?	1 c	Yes	
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	2b	Yes	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	163	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
Ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			140
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	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	Yes	
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b	Yes	
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
22	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	a		
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
_	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
4a	bit the diganization receive any payments for mador tanning services during the tax year.			

-orm	m 990 (2017)						Page 6		
Par	8a, 8b, or 10b below, de	ment, and DisclosureFor each "Yes" response to lines 2 escribe the circumstances, processes, or changes in Sched	dule O		" respo	nse to li	_		
		tains a response or note to any line in this Part VI		<u> </u>			✓		
Se	ection A. Governing Body	and Management							
1a	a Enter the number of voting me	embers of the governing body at the end of the tax year	1a	13		Yes	No		
		es in voting rights among members of the governing of delegated broad authority to an executive committee or Schedule O			-				
b	Enter the number of voting me	embers included in line 1a, above, who are independent	1b	13					
2	Did any officer, director, truste officer, director, trustee, or ke	ee, or key employee have a family relationship or a busine y employee?	ess rela	itionship with any other	2		No		
3	3 Did the organization delegate control over management duties customarily performed by or under the direct supervisio of officers, directors or trustees, or key employees to a management company or other person? .								
4	Did the organization make any	significant changes to its governing documents since the	prior F	Form 990 was filed?	4		No		
5	Did the organization become a	ware during the year of a significant diversion of the orga	inizatio	n's assets? .	5		No		
6	Did the organization have men	mbers or stockholders?			6	Yes			
7a	Did the organization have men members of the governing boo	nbers, stockholders, or other persons who had the power	to elec	t or appoint one or more	7a	Yes			
b	, ,	of the organization reserved to (or subject to approval by		bers, stockholders, or	7b	Yes			
8	•	praneously document the meetings held or written actions		taken during the year by					
a	The governing body?				8a	Yes			
b	 Each committee with authority 	to act on behalf of the governing body?			8 b	Yes			
9		trustee, or key employee listed in Part VII, Section A, who ? If "Yes," provide the names and addresses in Schedule			9		No		
Se	ection B. Policies (This Sec	tion B requests information about policies not requ	ured b	y the Internal Revenu	e Code	∍.)			
						Yes	No		
10a	a Did the organization have loca	ll chapters, branches, or affiliates?			10a	Yes			
b		nave written policies and procedures governing the activiti operations are consistent with the organization's exempt p			10b	Yes			
11a	a Has the organization provided form?	a complete copy of this Form 990 to all members of its gr	overnin •	g body before filing the	11a		No		
Ь	Describe in Schedule O the pro	ocess, if any, used by the organization to review this Form	990						
12a	a Did the organization have a wi	ritten conflict of interest policy? If "No," go to line 13 .			12a	Yes			
Ь	• Were officers, directors, or true conflicts?	stees, and key employees required to disclose annually in	terests	that could give rise to	12b	Yes			
С		and consistently monitor and enforce compliance with the	policy	? If "Yes," describe in	12c	Yes			
13		ritten whistleblower policy?			13	Yes			
14	_	ritten document retention and destruction policy?			14	Yes			
15	Did the process for determinin	g compensation of the following persons include a review indicontemporaneous substantiation of the deliberation ar	and ap	proval by independent		103			
а		itive Director, or top management official			15a	Yes			
		es of the organization			15b	Yes			
	, , ,	scribe the process in Schedule O (see instructions)	•		130	103			
16a	a Did the organization invest in,	contribute assets to, or participate in a joint venture or s	ımılar a	arrangement with a	16a		No		
ь	If "Yes," did the organization f	follow a written policy or procedure requiring the organizat			10a		110		
		under applicable federal tax law, and take steps to safegorangements?		e organization's exempt	16b				
Se	ection C. Disclosure								
17	List the States with which a co	ppy of this Form 990 is required to be filed▶							
18		nization to make its Form 1023 (or 1024 if applicable), 99 Indicate how you made these available Check all that ap		990-T (501(c)(3)s only)					
	Own website Anothe	er's website 🗹 Upon request 🔲 Other (explain in S	chedul	e O)					
19	Describe in Schedule O whethe	er (and if so, how) the organization made its governing do ts available to the public during the tax year							
20	State the name, address, and ▶THE ASSOCIATION 180 S W	telephone number of the person who possesses the orgar /ASHINGTON STREET NO 100 FALLS CHURCH, VA 22046	nization (703)	s's books and records 237-8100					
							0 (2017)		

(15) CINDY SHERIDAN

COO EDUCATION FOUNDATION

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

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

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, or highest compensated employees who received more than \$100,000

of reportable compensation from the organization					pen	saceu	CITIF	oloyees who receive	ed more than \$100	,,000	
 List all of the organization's former director organization, more than \$10,000 of reportable control 											
List persons in the following order individual trus compensated employees, and former such person	stees or directo		-					_			
\square Check this box if neither the organization no	r any related or	ganızat	ion c	omp	ens	ated a	any o	current officer, dire	ctor, or trustee		
(A) Name and Title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	MISC)	related organizations	
(1) LAURIE CRIGLER	2 00	×		x				15,000	0	0	
PHCC PRESIDENT	0 00	^						15,000	D	0	
(2) KEN NIELSEN PHCC PRESIDENT ELECT	2 00	×		×				0	0	0	
(3) JONATHAN MOYER	2 00	l		Ţ,					0	0	
PHCC VICE PRESIDENT	1 00	X		Х				0	0	0	
(4) HUNTER BOTTO	2 00	×		×				5,000	0	0	
SECRETARY	1 00	l		Ĺ				5,000	0		
(5) JOEL LONG SECRETARY DESIGNATE	2 00	x		×				0	0	0	
(6) RON SCHMITT BOARD MEMBER	2 00	×						0	0	0	
(7) ROBERT HAHN	2 00	×						0	0	0	
BOARD MEMBER	0 00							0	0	0	
(8) JACK CAWLEY	2 00	×						0	0	0	
BOARD MEMBER	0 00							Ů			
(9) FRANCIS MCGONEGAL BOARD MEMBER	2 00	x						0	0	0	
(10) DAVE FEDDON	2 00	V							0		
BOARD MEMBER	0 00	×						0	0	0	
(11) JEFF BERNDT	2 00	×						0	0	0	
BOARD MEMBER	0 00	,						0			
(12) TERRY MCCARTHY BOARD MEMBER	2 00	×						0	0	0	
(13) BILL BUCKINGHAM BOARD MEMBER	2 00	х						0	0	0	
(14) MICHAEL COPP EXECUTIVE VICE PRESIDENT	39 00			x				205,043	5,258	14,701	
	1 00		<u> </u>	₩	-	<u> </u>	\vdash				

(16) ELICIA MAGRUDER Χ 126,915 46,967 VP, BUSINESS DEVELOPMENT 0 00 40 00 (17) LAWRENCE LEONARD Х 122,367 10.120 EXEC DIRECTOR, QUALITY SERVICE CONTRACTORS 0 00 Form **990** (2017)

Х

3,402

132,680

37,709

1 00

39 00 40 00

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A) Name and Title	(B) Average hours per week (list any hours	than o	one bo	ox, u an off tor/ti	ot che unles fficer truste		son a	(D) Reportable compensation from the organization (W-			(F) Estima amount of compens from t	ated of other sation the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	- 2/1099-MISC)	(W- 2/1099- MISC)		organizati relate organiza	ed
(18) BETH DOBKIN	40 00					×		120,981	,	0		34,159
DIRECTOR, BUSINESS COACHING	0 00		<u></u> '	<u></u> —'	—'	<u> </u>	—'	<u>'</u>	<u> </u>	\perp		
(19) MICHAEL AHEARN			'	'	'	×	'	117,101		0		3,550
VP, FINANCE AND HUMAN RESOURCES	0 00									<u>+</u> +		
	<u> </u>	 '	+-	\vdash	<u></u>		 '		 	+		
	<u> </u>	<u> </u>	<u> </u> '	<u></u> —'	<u></u> '	<u> </u> '	—'		<u> </u>	\bot		
	!	'	'	'	'	'	'					<u></u>
	'		<u> </u>							\top		
	 	+	\vdash	\vdash	\vdash	 	+	+	 	+		
		<u> </u>	Щ'	Ш	'بِــــــــــــــــــــــــــــــــــــ	<u></u>	Щ'					
1b Sub-Total	VII, Section A	٠		•	-		_					
d Total (add lines 1b and 1c)	<u> </u>	<u> </u>	<u>. </u>	<u>. </u>	•	>		715,809	137,938			147,206
Total number of individuals (including but of reportable compensation from the organization)		those lis	sted a	abov	/e) v	vho red	ceive	ed more than \$100	1,000			
									_	\Box	Yes	No
3 Did the organization list any former offic line 1a? If "Yes," complete Schedule J for			key e			•	ııgh€	est compensated er	· ·	3		No
For any individual listed on line 1a, is the organization and related organizations grandvidual									the			
 5 Did any person listed on line 1a receive o services rendered to the organization? If ' 									idual for	4	Yes	
	<u> </u>					<i>p</i> c	<u>' -</u>		<u> </u>	5		No
Section B. Independent Contractors 1 Complete this table for your five highest of from the organization. Report compensation.	compensated in									ensa	 ation	
	(A)			<u> </u>					(B)	T	(C)	
MDG Name and b	business address				—		—	Descrip TECHNOLOGY	otion of services SERVICES	+	Compens	sation 156,250
2445 5TH AVE SUITE 450 SAN DIEGO, CA 92101								TEGINIOES S	JENVICES .		-	130,230
3/11/ 5/2007, 6/1 3/2/01										+		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

Form **990** (2017)

compensation from the organization ▶ 1

Part \		Statement of Check if Schedul		a respo	onse or no	te to any	line in tl	hıs Part VIII	ι				🗆
							(A) revenue	Rel ex fu	(B) ated or xempt nction	Un bu	(C) related usiness evenue	(D) Revenue excluded from tax under sections
10	1a	Federated campaig	ns	1a					re	venue			512-514
ants	b Membership dues 1b												
يع 130 ق	c	Fundraising events		1c									
IIS.	d	d Related organization	ons	1d									
<u>n</u> .5	e	Government grants (c	ontributions)	1e									
Contributions, Gifts, Grants and Other Similar Amounts	f	 All other contributions and similar amounts n above 	, gıfts, grants, ot ıncluded	1f		2,351							
	g	Noncash contribute in lines 1a-1f \$	ons included										
and	h	Total.Add lines 1a-1	lf	. .		>		2,351					
1						Business	Code		T				
หะน	2a	MEMBERSHIP DUES					900099	2,5	21,403	2,52	1,403		
á	b conventions & meetings					900099		52,204	1,25				
ا <u>ج</u>	_	EDUCATIONAL SEMINAR	RS				900099 54 1 800		39,008 20,340	139	9,008	20,3	10
35	a	NEWSLETTER					341600		20,340			20,3	40
ran	e			_									
Program Service Revenue		All other program se			_	3,9	32,955		•		•		•
		Total.Add lines 2a-2			<u> </u>		1						
		investment income (i imilar amounts) .	ncluding divid		interest, a	nd other	.	55,809	9				55,809
	4 I	income from investm	ent of tax-exe	empt b	ond proce	eds 🕨							
	5 F	Royalties				•	·	287,78	2				287,782
	6-	Gross rents	(ı) Rea	l	(п) Ре	ersonal	-						
	va	Gross rents	1	162,339									
	b	Less rental expenses	1	159,612									
	c	Rental income or		2,727			1						
		(loss)											
	d	Net rental income o				>		2,72	7				2,72
	7a	Gross amount	(ı) Securi	ties	(11) (Other	-						
		from sales of assets other	3	393,488									
		than inventory											
	b	Less cost or other basis and	1	392,458									
	c	sales expenses Gain or (loss)		1,030			-						
		Net gain or (loss)		•		•	1	1,036	0				1,030
	8a	Gross income from f	undraising ev	ents		<u> </u>							
Other Revenue		(not including \$contributions reporte See Part IV, line 18	ed on line 1c)										
Re		Less direct expense		b									
her		Net income or (loss)		_	ents .	· •							
ŏ		Gross income from g See Part IV, line 19		ies									
				а									
		Less direct expense		b			_						
,		Net income or (loss) Gross sales of invent		activit		<u> </u>	1						
		returns and allowand			J								
				a		32,447	4						
		Less cost of goods s					_	32,44	7	32,447	,		
-	С	Net income or (loss) Miscellaneous		invent		ss Code			1	32,117			
-	11:	aEXPENSE REIMBUR	SEMENT			900099	9	151,809	9				151,809
	b	OTHER INCOME				900099	9	24,30	7				24,30
	C												
		All other revenue .											
	e	Total. Add lines 11a	-11d			>		176,116	6				
	12	Total revenue. See	Instructions			. •	L	4,491,21	7	3,945,062	<u>.</u>	20,340	
								. , ,	•		•	/	Farma 000 (2017

Part IX	Statement of Functional Expenses

orm 990 (2017)				Page 1
Part IX Statement of Functional Expenses ection 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	anizations must com	nplete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX		<u></u>	<u> </u>
Do not include amounts reported on lines 6b, 'b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	246,232			
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	1,581,140			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	142,977			
9 Other employee benefits	127,551			
LO Payroll taxes	145,134			
L1 Fees for services (non-employees)				
a Management				
b Legal	12,896			
c Accounting	22,913			
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	9,478			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	422,803			
.2 Advertising and promotion	57,464			
.3 Office expenses	243,542			
4 Information technology	162,129			
5 Royalties				
. 6 Occupancy	109,486			
. 7 Travel	279,841			
L8 Payments of travel or entertainment expenses for any federal, state, or local public officials				
L9 Conferences, conventions, and meetings	690,298			
20 Interest	030,230			
11 Payments to affiliates				
22 Depreciation, depletion, and amortization	88,777			
23 Insurance	37,458			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	37,430			
a DUES & SUBSCRIPTIONS	78,978			
b CONTRIBUTIONS	51,530			
c TEMPORARY HELP	25,751			
d BAD DEBT	20,000			
e All other expenses	75,391			
Total functional expenses. Add lines 1 through 24e	4,631,769			
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 In If following SOP 98-2 (ASC 958-720)				1

2

3

Assets

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

(A)

Beginning of year

903,830

65.667

280.547

126,746

970,289

2.603.762

509.988

229.866

5,460,829

1,131,307

363.253

1,724,426

3.729.603

3,736,403

5.460.829

6.800

1

2 3

4

5

6

7

8

9

10c

11

12

13

14

15

16

17

18

19

20

21

22 23

24

25

26

27

28

29

30

31

32

33

34

Page **11**

614,757

95.315

105,433

127,628

988,850

538,749

268.824

5.380.034

1,052,746

375.436

1,697,006

3.671.128

3,683,028

5.380.034

Form **990** (2017)

11.900

2.909.302

Check	ıf	Schedule	С

Check	ıt	Schedul
Cash-r	וחו	n-interes

contains a response or note to any line in this Part IX .

Cash-non-interest-bearing .

Savings and temporary cash investments . . .

Pledges and grants receivable, net . . . Accounts receivable, net . Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part

II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and

Part II of Schedule L Notes and loans receivable, net . .

contributing employers and sponsoring organizations of section 501(c)(9)voluntary employees' beneficiary organizations (see instructions) Complete Inventories for sale or use . Prepaid expenses and deferred charges .

10a basis Complete Part VI of Schedule D

10b

Less accumulated depreciation

Investments—program-related See Part IV, line 11

Tax-exempt bond liabilities

persons Complete Part II of Schedule L . .

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 . .

Total liabilities and net assets/fund balances .

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Intangible assets

Accounts payable and accrued expenses

Grants payable . . .

Deferred revenue

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

Investments—publicly traded securities .

Total assets.Add lines 1 through 15 (must equal line 34) . . .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

10a Land, buildings, and equipment cost or other 11 12

4,086,329 3,097,479

Investments—other securities See Part IV, line 11 . . .

10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	LO	3,	,683,028
Par	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII		 	✓
			Yes	No
1	Accounting method used to prepare the Form 990			

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

2a

2b

2c

3a

3b

Yes

Yes

Nο

No

Form 990 (2017)

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

separate basis, consolidated basis, or both

Separate basis

consolidated basis, or both

Audit Act and OMB Circular A-133?

Separate basis

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

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

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

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

Additional Data

Software ID:

Software Version:

53-0114670

Name: PLUMBING-HEATING-COOLING CONTRACTORS-NATIONAL ASSOCIATION

Form 990 (2017)

Form 990, Part III, Line 4a: MEMBERSHIP SERVICES AND OTHER ACTIVITIES - PROVIDES THE MEMBERSHIP WITH BUSINESS AND FINANCIAL TOOLS THAT HELP COMPANIES TO IMPROVE THEIR BOTTOM LINE IN ADDITION, WE ALSO PROVIDE THE FOLLOWING 1 EDUCATION AND TRAINING OPPORTUNITIES FOR THE COMPANIES AND THEIR EMPLOYEES2 ASSIST IN THE DEVELOPMENT OF A QUALITY WORKFORCE FOR COMPANIES AND THE INDUSTRY THROUGH PHCC EDUCATION FOUNDATION APPRENTICESHIP AND JOURNEYMAN TRAINING PROGRAMS3 KEEP THE NATIONAL. STATE AND LOCAL CHAPTERS INFORMED OF PHCC'S PRO-ACTIVE LEGISLATIVE AND REGULATORY INITIATIVES

Form 990, Part III, Line 4b: THE PLUMBING-HEATING-COOLING CONTRACTORS-NATIONAL ASSOCIATION OFFERS MEMBERS THE OPPORTUNITY TO ENROLL IN THREE ENHANCED SERVICE GROUPS-CONSTRUCTION CONTRACTORS' ALLIANCE (CCA), QUALITY SERVICE CONTRACTORS (QSC) AND THE UNION-AFFILIATED CONTRACTORS (UAC)-THAT MEET THE

SPECIALIZED, GROWING NEEDS OF OUR MEMBERS 1 THE CONSTRUCTION CONTRACTORS' ALLIANCE (CCA) HELPS NEW CONSTRUCTION CONTRACTORS SOLVE THE VERY SPECIFIC CHALLENGES THEY FACE CCA'S PROGRAMS AND SERVICES ARE TARGETED TOWARD PHCC CONTRACTORS SPECIALIZING IN RESIDENTIAL, INDUSTRIAL, COMMERCIAL AND INSTITUTIONAL CONSTRUCTION PROJECTS 2 OSC WAS ESTABLISHED IN 1994 FOR THOSE CONTRACTORS IN THE SERVICE AND REPAIR INDUSTRY

LOOKING TO ADVANCE TO THE NEXT LEVEL QSC ENHANCES BOTH THE INDUSTRY AND OUR MEMBERS' REPUTATION BY ORIGINATING AND DELIVERING TIMELY AND

LIVELY PROFESSIONAL AND EDUCATIONAL TRAINING PROGRAMS 3 UAC WAS ESTABLISHED TO REPRESENT A UNIFIED VOICE FOR THE UNION CONTRACTORS WITHIN

PHCC TO MAKE SURE THEIR SPECIAL NEEDS AND CONCERNS ARE REPRESENTED. UAC WORKS TO MAINTAIN AND NURTURE A WORKING RELATIONSHIP WITH THE UNITED ASSOCIATION AND PROVIDE ITS MEMBERS WITH NEW UP-TO-DATE NATIONAL LABOR AGREEMENTS AND TRAINING PROGRAMS

Form 990, Part III, Line 4c: CONVENTION & BUSINESS MEETINGS - THE ANNUAL CONVENTION PROVIDES COMPANIES AND INDIVIDUALS AN OPPORTUNITY TO NETWORK AND ATTEND EDUCATION AND BUSINESS SESSIONS THE EVENT PROVIDES A CONDUCIVE ATMOSPHERE FOR THE EXCHANGE OF IDEAS, NEW INNOVATIONS AND SHARING OF INFORMATION

AMONG CONTRACTORS, MANUFACTURERS, SUPPLIERS AND OTHER INDUSTRY PARTNERS

SCHEDULE C

Political Campaign and Lobbying Activities

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

www.irs.gov/form990.

For Organizations Exempt From Income Tax Under section 501(c) and section 527

DLN: 93493134031289

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at Internal Revenue Service

(Form 990 or 990-

EZ)

2

5

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C • Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B Section 527 organizations Complete Part I-A only If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** PLUMBING-HEATING-COOLING CONTRACTORS-NATIONAL ASSOCIATION 53-0114670 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") 2 Political campaign activity expenditures (see instructions) 3 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds If none, enter and promptly and -0directly delivered to a separate political organization If none, enter -0-For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2017 Cat No 50084S

Schedule C (Form 990 or 990-EZ) 2017

	Limits on Lobbying (The term "expenditures" means		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public opinion	on (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative	body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1b)			
d	Other exempt purpose expenditures			
e	Total exempt purpose expenditures (add lines 1c and	d 1d)		
f	Lobbying nontaxable amount Enter the amount from columns	n the following table in both		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000			
	Over \$17,000,000	\$1,000,000		
		·		•
g	Grassroots nontaxable amount (enter 25% of line 1f)		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:			
Not over \$500,000	20% of the amount on line 1e			
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000			
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000			
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000			
Over \$17,000,000	\$1,000,000			
Grassroots nontaxable amount (enter 25% of line 1f Subtract line 1g from line 1a If zero or less, enter -0 Subtract line 1f from line 1c If zero or less, enter -0))-			
If there is an amount other than zero on either line is section 4911 tax for this year?		20 rep	porting	☐ Yes ☐ No

columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) Total beginning in) Lobbying nontaxable amount 2a

Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount

Grassroots ceiling amount (150% of line 2d, column (e)) Grassroots lobbying expenditures Schedule C (Form 990 or 990-EZ) 2017

Page 2

(b)

Amount

activity

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

Yes No

(a)

c

e

2a

1 2

3

1

2

h

С

3

5

Part IV

PART III-B

Part III-A

Part III-B

Current year

Carryover from last year

expenditure next year?

Return Reference

1

Other activities? Total Add lines 1c through 1i

501(c)(6).

answered "Yes."

Dues, assessments and similar amounts from members

Supplemental Information

expenses for which the section 527(f) tax was paid).

Taxable amount of lobbying and political expenditures (see instructions)

instructions), and Part II-B, line 1 Also, complete this part for any additional information

b If "Yes," enter the amount of any tax incurred under section 4912

Were substantially all (90% or more) dues received nondeductible by members?

Did the organization make only in-house lobbying expenditures of \$2,000 or less?

Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Did the organization agree to carry over lobbying and political expenditures from the prior year?

Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political

If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?

Publications, or published or broadcast statements?

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public?

Volunteers?

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)

and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

THE PHCC - NATIONAL ASSOCIATION POLITICAL ACTION COMMITTEE (PAC) WAS ORGANIZED FOR THE PURPOSE OF PROVIDING AN OPPORTUNITY FOR INDIVIDUALS INTERESTED IN THE GOALS OF PHCC TO CONTRIBUTE TO WORTHY CANDIDATES FOR FEDERAL OFFICE THE PAC IS A VOLUNTARY, NON-PROFIT, UNINCORPORATED ORGANIZATION AND IS INDEPENDENT OF ANY POLITICAL PARTY OR CANDIDATE

1

2a

2b

2c 3

> 4 5

Schedule C (Form 990 or 990EZ) 2017

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section

1

2



Yes

Nο

2,521,403

13.854

-349,384 -335,530

126.070

-461,600

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SCHEDULE D | Supplemental Final

Supplemental Financial Statements

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

2017

DLN: 93493134031289OMB No 1545-0047

Name of the organization

Department of the Treasury

(Form 990)

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

Open to Public Inspection

	MBING-HEATINĞ-COOLING CONTRACTORS- TONAL ASSOCIATION				53-0	114670
Pa	rt I Organizations Maintaining Donor Advi					
	Complete if the organization answered "Ye			· ·		(L) Tour de la part ette en la consta
1	Total number at end of year	(a) Dono	r adv	sed funds		(b)Funds and other accounts
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor adviso organization's property, subject to the organization's ex			ets held in donor ac	dvised fi	unds are the
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	nor advisors in wri	tıng t			d only for
Pa	rt II Conservation Easements. Complete if the	ie organization a	nswe	red "Yes" on Fori	m 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organ	nization (check all t	hat a	pply)		
	\square Preservation of land for public use (e g , recreation	or education)		Preservation of an	histori	cally 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 conservat	on co	entribution in the fo	rm of a	conservation
	easement on the last day of the tax year					Held at the End of the Year
а	Total number of conservation easements				2a	
b	Total acreage restricted by conservation easements				2b	
С	Number of conservation easements on a certified histori		,	′	2c	
d	Number of conservation easements included in (c) acquistructure listed in the National Register				2d	
3	Number of conservation easements modified, transferre tax year •	d, released, exting	uishei	d, or terminated by	the org	anization during the
4	Number of states where property subject to conservatio	n easement is loca	ted 🕨			
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds		ıng, ır	spection, handling	of viola	tions,
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of vi	olatio	ns, and enforcing c	onserva	
7	Amount of expenses incurred in monitoring, inspecting, \$ \\$	handling of violatio	ns, a	nd enforcing conser	vation e	easements during the year
8	Does each conservation easement reported on line 2(d) and section $170(h)(4)(B)(II)$?	above satisfy the r	equir	ements of section 1	.70(h)(4	l)(B)(ı)
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the org				
Par	Complete if the organization answered "Ye				ner Sin	nilar Assets.
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	public exhibition, e	ducat	ion, or research in t		
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub following amounts relating to these items					
(i) Revenue included on Form 990, Part VIII, line 1					▶ \$
(i	i)Assets included in Form 990, Part X					> \$
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS				ncıal ga	
а	Revenue included on Form 990, Part VIII, line 1					▶ \$
b	Assets included in Form 990, Part X					▶ \$
For	Paperwork Reduction Act Notice, see the Instruction	s for Form 990.		Cat No	52283	D Schedule D (Form 990) 2017

Par	t IIII	Organizations Ma	aintaining Col	lections o	of Art, H	istori	cal T	reasu	ires, o	Other	Similar As	ssets (conti	nued)	
3		g the organization's acq s (check all that apply)	uisition, accession	n, and other	records,	check a	any of	the fo	llowing t	hat are a	significant i	use of its coll	ection	
а		Public exhibition				d		Loan	or exch	ange prog	ırams			
b		Scholarly research				е		Other	r					
С		Preservation for future	e generations											
4	Provi Part	ide a description of the XIII	organızatıon's col	ections and	l explain h	ow the	y furtl	ner the	e organiz	zation's e	kempt purpo	se in		
5		ng the year, did the orga ts to be sold to raise fur									ıılar	☐ Yes	□ N	o
Pa	rt IV	Escrow and Cust Complete if the ord X, line 21.			" on Forn	n 990,	, Part	IV, lı	ne 9, o	r reporte	ed an amou	unt on Forn	າ 990,	Part
1a		e organization an agent ded on Form 990, Part)		an or other	ıntermedia	ary for	contri	bution	s or oth	er assets	not	Yes	□ N	o
ь	If "Ye	es," explain the arrange	ement in Part XIII	and comple	ete the foll	lowina	table				Α	mount		_
c		nning balance		,		,				1c				_
d	_	tions during the year								1d				_
е	Distr	ibutions during the year	r							1e				_
f	Endır	ng balance								1f				_
2a	Dıd t	he organization include	an amount on Fo	rm 990, Par	rt X, line 2	1, for e	escrov	or cu	stodial a	ccount lia	ability?	☐ Yes	□ N	— о
b	If "Ye	es," explain the arrange												
Pa	rt V	Endowment Fund	ds. Complete ıf	the organ	ızatıon aı	nswer	ed "Y							
4 -	D			(a)Curren	nt year	(b) Pr	lor yea	r	(c) Two y	ears back	(d)Three yea	ars back (e)	our year	rs back
	_	ning of year balance .												
		butions												
		vestment earnings, gair												
		s or scholarships												
	and pr	expenditures for facilities ograms	es											
f	Admın	istrative expenses .												
g	End of	year balance												
2		de the estimated perce		nt year end	d balance ((line 1g	g, colu	mn (a))) held a	s				
а	Board	d designated or quasi-e	ndowment 🟲											
b	Perm	nanent endowment 🟲												
С	Temp	porarily restricted endov	wment 🟲											
3а	Are t	percentages on lines 2a here endowment funds		•		on that	are h	eld an	d admın	ıstered fo	r the			
	-	nization by										(a)	Yes	No
		nrelated organizations					•					3a(i)		
b		related organizations . es" on 3a(ii), are the rel		clisted as r	equired or	 n Sche	 dula R	,				3a(ii) 3b		
4		ribe in Part XIII the inte						•						
	rt VI						41143							
		Complete if the or			" on Forn	n 990,	, Part	IV, lı	ne 11a	. See Fo	<u>m 990, P</u> a	irt X <u>, line</u> 1	0	
	Descr	iption of property	(a) Cost or oth (investme	er basıs	(b) Cost o						lepreciation	•	ook valu	е
1a	Land						24	14,421						244,42
	Buildir							37,501			961,721			175,780
		hold improvements						77,387			885,856			391,53
		ment						30,765			401,764			29,001

996,255

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

148,117

988,850

848,138

Part VII Investments—Other Securities. Complete if the organic See Form 990, Part X, line 12.	zation ansv	vered "Yes" on Form	990, Part IV, line 11b.
(a) Description of security or category (including name of security)	(b) Book value		thod of valuation -of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990	. Part IV. lı	ne 11c. See Form 99	0. Part X. line 13.
-	Book value	(c) Met	thod of valuation -of-year market value
(1)		Cost or end	-or-year market value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Table (Colored (b) sent and Free 2000 Back V and (B) back (2)			
Part IX Other Assets. Complete if the organization answered 'Yes' on F	orm 990, Pa	rt IV, line 11d See Forr	
(a) Description (1) DUE FROM AFFILIATES			(b) Book value 198,206
(2) DEFERRED COMPENSATION (3)			340,543
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)			▶ 538,749
Part X Other Liabilities. Complete if the organization answered	'Yes' on Fo	rm 990, Part IV, line	· ·
See Form 990, Part X, line 25. 1. (a) Description of liability	(b) B	ook value	
(1) Federal Income taxes			
TENANT SECURITY DEPOSITS DEFERRED COMPENSATION		6,888 340,543	
DUE TO AFFILIATE		28,005	
(4)			
(5)			
(6)			
(7)			
	<u> </u>		
(8)			
(8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25)		375,436	

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2c c d 2d 159.612 308,370

2e e 3 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1

Investment expenses not included on Form 990, Part VIII, line 7b . 4a

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Add lines **4a** and **4b**

b

Add lines **4a** and **4b**

c

5

Net unrealized gains (losses) on investments

Schedule D (Form 990) 2017

Part XI

а

b

1

2

c

d

3

4

b

5

Part XIII

See Additional Data Table

Return Reference

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . .

Donated services and use of facilities . . .

Other (Describe in Part XIII)

Supplemental Information

Add lines 2a through 2d

Part XII

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

4b

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

2a 2b

2c

2d

4a

4b

Explanation

2a

2b

148.758

9,478

159,612

9.478

4c

5

2e

3

4c

5

Page 4

4,790,109

4,481,739

9,478

4,491,217

4,781,903

159,612

9,478

4.631.769

Schedule D (Form 990) 2017

4,622,291

Page 5	Schedule D (Form 990) 2017			
	ormation (continued)	Part XIII Supplemental Info		
	Explanation	Return Reference		

Schedule D (Form 990) 2017

Additional Data

Software ID: Software Version:

> **EIN:** 53-0114670 Name: PLUMBING-HEATING-COOLING CONTRACTORS-

> > NATIONAL ASSOCIATION

Supplemental Information

PART XI, LINE 2D - OTHER

ADJUSTMENTS

Return Reference

RENTAL EXPENSES 159,612

Explanation

upplemental Information							
Return Reference	Explanation						
PART XII, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES 159,612						

efil	e GRAPHIC pi	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 934	19313	34031	289	
Sch	edule J	C	ompensati	ion Information	00	1B No	1545-0	0047	
(For	n 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest							
		Complete if the ore		ited Employees ered "Yes" on Form 990, Part IV	, line 23.	2017			
Б	e.i . 		► Attach	to Form 990. (Form 990) and its instructions			to Pul		
•	tment of the Treasury al Revenue Service	P Information a		gov/form990.	is at		ectio		
	ne of the organiz	ation DOLING CONTRACTORS-			Employer identificat	ion nu	ımber		
	IONAL ASSOCIATIO				53-0114670				
Pa	rt I Questi	ons Regarding Compensa	ation						
							Yes	No	
1a				the following to or for a person liste y relevant information regarding the					
		s or charter travel		Housing allowance or residence for	•				
	_	companions		Payments for business use of perso					
		nification and gross-up paymen	ts 🔽	Health or social club dues or initiati Personal services (e.g., maid, chau					
	Discretion	nary spending account		reisonal services (e.g., maid, chad	neur, cher)				
b		xes in line 1a are checked, did t all of the expenses described ab		ollow a written policy regarding payn plete Part III to explain	nent or reimbursement	1b	Yes		
2				or allowing expenses incurred by all r, regarding the items checked in line	0.152	2	Yes		
	unectors, truste	es, officers, including the CEO/	Executive Director	, regarding the items checked in line	e Ia·				
3				d to establish the compensation of the check any boxes for methods	he				
				CEO/Executive Director, but explain	ın Part III				
	☐ Compens	ation committee	✓	Written employment contract					
		ent compensation consultant	<u> </u>	Compensation survey or study					
	✓ Form 990	of other organizations	\checkmark	Approval by the board or compensa	ation committee				
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a				
а	Receive a sever	ance payment or change-of-cor	ntrol payment?			4a		No	
b		r receive payment from, a supp		ified retirement plan?		4b		No	
c		r receive payment from, an equ				4c		No	
	If "Yes" to any o	of lines 4a-c, list the persons an	d provide the app	licable amounts for each item in Par	t III				
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations	must complete lines 5-9.					
5	For persons liste		on A, line 1a, did t	the organization pay or accrue any					
а	The organization	_				5a			
b	Any related orga					5b			
	If "Yes," on line	5a or 5b, describe in Part III							
6		ed on Form 990, Part VII, Section Ontingent on the net earnings o		the organization pay or accrue any					
а	The organization	n?				6a			
b	Any related orga					6b			
	•	6a or 6b, describe in Part III							
7		ed on Form 990, Part VII, Section escribed in lines 5 and 67 If "Ye		the organization provide any nonfixe rt III	d	7			
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," d	escribe	8			
9	If "Yes" on line 53 4958-6(c)?	8, did the organization also folk	ow the rebuttable	presumption procedure described in	Regulations section	9			
For F	Panerwork Redu	uction Act Notice, see the In	structions for Fo	orm 990. Cat No. 5	50053T Schedule J	(Forn	1 990)	2017	

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

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

Note. The sum of column	s (B))(ı)-(ııı) for each listed ind	: are not listed on Form 9' dividual must equal the to	otal amount of Form 990,	Part VII, Section A, line	1a, applicable column (D)	and (E) amounts for tha	t ındıvıdual
(A) Name and Title			of W-2 and/or 1099-MIS		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
1 MICHAEL COPP EXECUTIVE VICE PRESIDENT	(i)	204,750	0	293	14,333	1,200	220,576	0
	(ii)	5,250	0	8	368	31	5,657	0
2 CINDY SHERIDAN COO EDUCATION	(i)	3,277	109	16	244	730	4,376	0
ECHNIDATION	(ii)	127,817	4,244	619	9,504	28,461	170,645	0
3 ELICIA MAGRUDER VP, BUSINESS	(i)	114,446	12,047	422	9,250	38,814	174,979	0
DEVEL ODMENT	(ii)	0	0	0	0	0	0	0
4 BETH DOBKIN DIRECTOR, BUSINESS	(i)	102,640	18,023	318	8,604	26,550	156,135	0
COACHING	(ii)	0	0	0	0	0	0	0
							Schedule	J (Form 990) 2017

Page 3

Schedule J (Form 990) 2017

REIMBURSEMENTS UP TO HALF OF THE MONTHLY COST FOR THE FITNESS CENTER UP TO A MAXIMUM OF \$30 00 PER MONTH. THE MINIMUM ACCEPTABLE USAGE IS 24 TIMES PER QUARTER QUARTERS ARE DEFINED AS 3 MONTH PERIODS AS FOLLOWS 1ST JANUARY 1 - MARCH 31, 2ND APRIL 1- JUNE 30, 3RD JULY 1 -SEPTEMBER 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 FACILITY FOR EACH QUARTER IF AN EMPLOYEE USES A GYM THAT DOES NOT PROVIDE ORIGINAL DOCUMENTATION, HE/SHE SHOULD SUBMIT WRITTEN, SIGNED DOCUMENTATION OF HIS/HER QUARTERLY USAGE IF USAGE IS BELOW 24 TIMES AT THE END OF A QUARTER, A WARNING WILL BE PROVIDED THAT, AT THE END OF THE FOLLOWING QUARTER, THE CONSEQUENCES ARE THE SUBSIDY WILL BE STOPPED AND THE EMPLOYEE WILL BE RESPONSIBLE FOR PAYING 100% OF THE COST REMAINING IN THE CONTRACT PHCC REIMBURSES ITS OFFICERS AND DIRECTORS FOR ICERTAIN SPOUSAL TRAVEL EXPENSES THESE AMOUNTS ARE REPORTED AS TAXABLE COMPENSATION TO THE RECIPIENTS ON FORM 1099-MISC

4990) 2011

efile GRAPH	IIC print -	DO NOT PROCESS	As Filed Data -		DLN	: 93493134031289		
SCHEDULE O (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. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer id						2017 Open to Public Inspection		
PLUMBING-HEATIN NATIONAL ASSOCI	NG-COOLING IATION	CONTRACTORS-	n		Employer ident 53-0114670	ification number		
Return Reference			ı	Explanation				
FORM 990, PART VI, SECTION A,	RS, SHAL	L HAVE AND EXERCÍSE	GENERAL SUPERVIS	RUCTIONS OF THE MEMBER ION OF, AND CONTROL OVE GS THE EXECUTIVE COMMI	R, THE BUSINES	SS, PROPER		

LINE 1

DVISORY CAPACITY TO THE PRESIDENT

Return Explanation

FORM 990, THE ORGANIZATION HAS THE FOLLOWING CLASSES OF MEMBERSHIP ACTIVE MEMBERS, INTERNET MEMBERS PART VI, LIFE MEMBERS, INTERNATIONAL MEMBERS, HONORARY MEMBERS, RETIRED MEMBERS, INDUSTRY ASSOCIA SECTION A, TE MEMBERS, INTRODUCTORY MEMBERS, AND PREFERRED AFFILIATE

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	EACH LIFE MEMBER AND EACH REPRESENTATIVE OF AN ACTIVE MEMBER, WHOSE DUES ARE PAID FOR THE CURRENT TERM AND RECEIVED IN THE NATIONAL OFFICE PRIOR TO THE ANNUAL BUSINESS MEETING OF THE ASSOCIATION, SHALL BE ELIGIBLE TO VOTE ALL LIFE AND ACTIVE MEMBERS MAY VOTE FOR THE ELECTION OF VICE PRESIDENT, EITHER AT THE ANNUAL BUSINESS MEETING OF THE ASSOCIATION OR BY REQUESTING AND RETURNING AN ABSENTEE BALLOT NO CUMULATIVE, UNIT, NOR PROXY VOTING SHALL BE ALLOWED IF A LIFE MEMBER OR A REPRESENTATIVE OF AN ACTIVE MEMBER IS NOT REGISTERED FOR THE ANNUAL CONVENTION, THEY MUST SUBMIT A VOTER REGISTRATION FORM TO THE NATIONAL OFFICE AT LEAST FIFTEEN DAYS PRIOR TO THE FIRST DAY OF THE ANNUAL BUSINESS MEETING OF THE ASSOCIATION IN ORDER TO VOTE AT THE MEETING

Explanation Return Reference

FORM 990. THE QUORUM AT ALL ANNUAL BUSINESS MEETINGS OF THE ASSOCIATION SHALL CONSIST OF THE VOTING PART VI. MEMBERS PRESENT

SECTION A. LINE 7B

Return Explanation
Reference

FORM 990, THE COMPLETED 990 WILL BE REVIEWED BY THE AUDIT COMMITTEE AFTER IT IS FILED
PART VI,
SECTION B,
LINE 11B

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST POLICY REQUIRES BOARD MEMBERS TO INFORM PRESIDENT & EXECUTIVE VIC E PRESIDENT WHEN THEY COULD HAVE A CONFLICT OF INTEREST THE BOARD WOULD ALSO HAVE TO ANNU ALLY REPORT ALL CONFLICTS OF INTEREST TO THE PRESIDENT THE POLICY REQUIRES BOARD MEMBERS TO REMOVE THEMSELVES FROM CONVERSATIONS AND VOTES ON TOPICS WITH WHICH THEY MAY HAVE A CON FLICT OF INTEREST 1 TRUSTEES, OFFICERS AND EXEMPT EMPLOYEES HAVE A DUTY TO THE ASSOCIATI ON TO BE ENTIRELY FREE FROM THE INFLUENCE OF ANY PERSONAL CONSIDERATIONS WHEN NEGOTIATING FOR THE ASSOCIATION WITH THIRD PARTIES, MAKING RECOMMENDATION WITH RESPECT TO SUCH NEGOTIATIONS, OR PASSING JUDGMENT ON SUCH NEGOTIATIONS 2 TRUSTEES, OFFICERS AND EXEMPT EMPLOYEE S SHALL PERFORM THE RESPONSIBILITIES OF THEIR POSITION SOLELY ON THE BASIS OF WHAT IS IN THE BEST INTEREST OF THE ASSOCIATION AND WHOLLY FREE FROM INFLUENCE OF PERSONAL CONSIDERATIONS OR RELATIONSHIPS 3 THE REQUIREMENTS OF FREEDOM FROM CONFLICT OF INTEREST SET FORTH IN THIS POLICY APPLY WITH EQUAL FORCE TO THE SPOUSE, CHILDREN AND OTHER CLOSE RELATIVES OF EACH TRUSTEE, OFFICER AND EXEMPT EMPLOYEE 4 THE PRESIDENT & EXECUTIVE VICE PRESIDENT OF THE ASSOCIATION HAS THE ULTIMATE AUTHORITY AND RESPONSIBILITY TO DETERMINE APPLICABILITY OF THIS POLICY TO THE FACT SITUATION OF EACH TRUSTEE, OFFICER AND EXEMPT EMPLOYEE AND DECIS IONS AS TO CORRECTIVE MEASURES AND DISCIPLINARY ACTION IN THE ENFORCEMENT OF THIS POLICY

Return Explanation
Reference

ľ	FORM 990,	THE EXECUTIVE COMMITTEE SERVES AS THE COMPENSATION COMMITTEE AND ESTABLISHES THE COMPENSAT
	PART VI,	ON FOR THE EXECUTIVE VICE PRESIDENT UTILIZING COMPARABLE DATA IN THE MOST RECENT EDITION
	SECTION B,	OF THE ASAE COMPENSATION AND BENEFITS STUDY THE EXECUTIVE VICE PRESIDENT UTILIZES THIS SA
	LINE 15	ME DATA TO ESTABLISH COMPENSATION FOR KEY EMPLOYEES

Return Explanation
Reference

FORM 990, THE GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC BUT ARE MADE AVAILABLE TO MEMBERS VIA THE WEBSITE AND/OR ON REQUEST THE CONFLICT OF INTEREST SECTION C, POLICY IS DISTRIBUTED TO MEMBERS OF ALL COMMITTEES AND THE BOARD LINE 19

Return Explanation
Reference

FORM 990, PART XII, LINE 2C

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493134031289 **SCHEDULE R Related Organizations and Unrelated Partnerships** (Form 990)

OMB No 1545-0047

Open to Public

Internal Revenue Service Name of the organization

Department of the Treasury

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

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

Inspection **Employer identification number**

PLUMBING-HEATING-COOLING CONTRACTORS- NATIONAL ASSOCIATION						53-0	114670					
Part I Identification of Disregarded Entities Complete	f the organization answer	ed "Yes"	on Form 9	90, Part :	IV, line 33	3.						
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activ	vity (c) Legal domicile or foreign cou		ile (state Total inco		ome	(e) End-of-year asset			(f) t controlling entity		
Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.		nization ar	nswered "Y	es" on F	orm 990,	Part I\	 V, line 34 bed	ause	ıt had one or	more		
(a) Name, address, and EIN of related organization	(b) Primary activity	Legal don	nicile (state n country)		d) ode section		(e) charity status tion 501(c)(3))	Dı	(f) rect controlling entity	Section (13) co	g) n 512(b) ontrolled tity? No	
(1)PLUMBING-HEATING-COOLING CONTRACTORS NAT'L ASSO- FOUNDATION 180 S WASHINGTON STREET FALLS CHURCH, VA 22046 54-1396371	TO PROVIDE EDUCATIONAL PROGRAMS IN THE PLUMBING AND PIPING INDUSTRY		DC	501(C)(3)		LINE 7				res	No	
(2) PLUMBING-HEATING-COOLING CONTRACTORS NAT'L ASSO - POLITICAL ACTION COMMITTE 180 S WASHINGTON STREET	TO MAKE POLITICAL CONTRIBUTIONS TOWARDS THE ADVANCEMENT OF PLUMBING		VA	527							No	
FALLS CHURCH, VA 22046 52-1304783												
For Paperwork Reduction Act Notice, see the Instructions for Form	990.	Cat	No 50135\					Sch	edule R (Form	990) 20	017	

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predomina income(rela unrelated excluded fr tax unde sections 5 514)	ited, total ii d, rom er	re of I	(g) Share of end-of-year assets	Disprop alloca	tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	ral or aging ner?	(k) Percent owners		
					1				Yes	No		Yes	No			
													\vdash			
Identification of Related Organiza							answ	ered "Yes	" on Fo	orm 99	I 90, Part IV	, lıne	34			
because it had one or more related or (a)	ganizations treated as (b)		(c)	st during th	(d)	^. (e)		(f)	1	(g)	(1	h)				
Name, address, and EIN of related organization	Primary activity	l do (state	Legal omicile or foreign		ct controlling entity (C corp, S corp, or trust)		ype of entity Sha corp, S corp, I		of entity Share		Share of end year assets		of- Perce	ntage ership	(1	(ı) ection 5 13) cont entit
		Co	ountry)											Yes		
														\dashv		
													-	_		
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		1		ı			- 1				1		- 1			

Schedule R (Form 990) 2017		Pa	ge 3
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	П		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1 b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1 d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1 g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1 i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1 j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	10	Yes	
p Reimbursement paid to related organization(s) for expenses	1 p		No
q Reimbursement paid by related organization(s) for expenses	1 q	Yes	

k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
О	Sharing of paid employees with related organization(s)	10	Yes	
р	Reimbursement paid to related organization(s) for expenses	1 p		No
q	Reimbursement paid by related organization(s) for expenses	1 q	Yes	
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1s		No
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			

(a)
Name of related organization

(1)PLUMBING-HEATING-COOLING CONTRACTORS NAT'L ASSO- FOUNDATION

(2)PLUMBING-HEATING-COOLING CONTRACTORS NAT'L ASSO- FOUNDATION

(b) Transaction type (a-s)

0

Q

(c) Amount involved

463,605

98,194

COST

COST

(d) Method of determining amount involved

Schedule R (Form 990) 2017

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

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

was not a related organization. See instructions regarding exclusion for certain investment partnerships																							
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	section 501(c)(3) organizations?								(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership				
			514)	Yes	No	<u> </u>		Yes	No		Yes	No											
				_					_	Schedul	e R (Form	1990)) 2017										

Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017