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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

Open to Public Inspection

A Fo	r the 2	2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-	2012		
B Ch	eck ıf ap	oplicable C Name of organization MANUFACTURERS ALLIANCEMAPI INC		D Employer ide	ntification number
☐ Add	ress cha	ange		52-163867	
☐ Na	me chan	Doing Business As MAPI		E Telephone nu	
☐ Init	ıal returi	Number and street (or P O box if mail is not delivered to street address) Roor	n/suite	(703)841-9	
Г Теі	mınated	1600 WILSON BOULEVARD NO 1100		G Gross receipts	\$ 7,151,321
┌ Am	ended re				
┌ App	olication	ARLINGTON, VA 222092594 pending			
		F Name and address of principal officer	H(a) Ic th	▲ is a group returr	for
		STEPHEN V GOLD		ates?	⊤Yes ▼ No
		1600 WILSON BOULEVARD NO 1100 ARLINGTON, VA 222092594	11/15		
			, ,	II affiliates includ	ed? Yes No (see instructions)
I Ta	x-exemp	pt status		up exemption nu	
J W	ebsite:	: ► WWW MAPI NET			
K For	n of orga	janization 🔽 Corporation ☐ Trust ☐ Association ☐ Other ►	L Year of fo	ormation 1933 M	State of legal domicile DE
Pa	rt I	Summary			
Activities & Governance	2 C 3 N 4 N	FOR SENIOR-LEVEL MANUFACTURING EXECUTIVES TO EXCHANGE KINAMAGEMENT PRACTICES MAPI CONTRIBUTES TO THE COMPETITION JNBIASED ECONOMIC RESEARCH, PROFESSIONAL DEVELOPMENT, AMANUFACTURING INFORMATION Check this box If the organization discontinued its operations or disposing the governing body (Part VI, line 1a)	VENESS OF US IND AN INDEPERMENT OF MORE THAN 2	MANUFACTURE NDENT, EXPERT 25% of its net as	RS BY PROVIDING SOURCE OF
⋖		Total number of volunteers (estimate if necessary)	,	6	48
	l	Fotal unrelated business revenue from Part VIII, column (C), line 12	7a	0	
	ЬN	Net unrelated business taxable income from Form 990-T, line 34		7b	0
			Pric	or Year	Current Year
_	8	Contributions and grants (Part VIII, line 1h)		0	0
	9	Program service revenue (Part VIII, line 2g)		6 000 100	
	-	regram connectional (rancourt, money)	•	6,008,109	6,730,746
enue Aet	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		192,911	6,730,746
Revenue	10 11	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A)		192,911	415,875
Revenue	10 11	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	line	192,911	415,875
Revenue	10 11 12	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), 12)	line	192,911 37 6,201,057	415,875
	10 11 12	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), 12)	· line	192,911 37 6,201,057 1,299 0	415,875 0 7,146,621 0
	10 11 12 13 14 15	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), 12)	· line	192,911 37 6,201,057 1,299 0 5,480,024	415,875 0 7,146,621 0
	10 11 12 13 14 15 16a	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), 12)	· line	192,911 37 6,201,057 1,299 0	415,875 0 7,146,621 0
Expenses Revenue	10 11 12 13 14 15 16a b	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), 12)	· line	192,911 37 6,201,057 1,299 0 5,480,024	415,875 0 7,146,621 0 0 5,814,439
	10 11 12 13 14 15 16a b	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), 12)	line . es	192,911 37 6,201,057 1,299 0 5,480,024 0	415,875 0 7,146,621 0 0 5,814,439 0 2,161,795
	10 11 12 13 14 15 16a b	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), 12)	. line	192,911 37 6,201,057 1,299 0 5,480,024 0 1,718,288 7,199,611	415,875 0 7,146,621 0 0 5,814,439 0 2,161,795 7,976,234
Expenses	10 11 12 13 14 15 16a b 17 18	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), 12)	es Beginnin	192,911 37 6,201,057 1,299 0 5,480,024 0 1,718,288 7,199,611 -998,554 g of Current	415,875 0 7,146,621 0 0 5,814,439 0 2,161,795
Expenses	10 11 12 13 14 15 16a b 17 18 19	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), 12)	es Beginnin	192,911 37 6,201,057 1,299 0 5,480,024 0 1,718,288 7,199,611 -998,554 g of Current fear	415,875 0 7,146,621 0 0 5,814,439 0 2,161,795 7,976,234 -829,613 End of Year
Expenses	10 11 12 13 14 15 16a b 17 18 19	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), 12)	es Beginnin	192,911 37 6,201,057 1,299 0 5,480,024 0 1,718,288 7,199,611 -998,554 g of Current fear 17,698,350	415,875 0 7,146,621 0 0 5,814,439 0 2,161,795 7,976,234 -829,613 End of Year 16,522,949
	10 11 12 13 14 15 16a b 17 18 19	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), 12)	es Beginnin	192,911 37 6,201,057 1,299 0 5,480,024 0 1,718,288 7,199,611 -998,554 g of Current /ear 17,698,350 5,995,408	415,875 0 7,146,621 0 0 5,814,439 0 2,161,795 7,976,234 -829,613 End of Year 16,522,949 6,966,557
Net Assets or Expenses Fund Balances	10 11 12 13 14 15 16a b 17 18 19	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), 12)	es Beginnin	192,911 37 6,201,057 1,299 0 5,480,024 0 1,718,288 7,199,611 -998,554 g of Current fear 17,698,350	415,875 0 7,146,621 0 0 5,814,439 0 2,161,795 7,976,234 -829,613 End of Year 16,522,949
Not Assets or Expenses	10 11 12 13 14 15 16a b 17 18 19 20 21 22 t III	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), 12)	Beginnin g schedules and s fficer) is based on	192,911 37 6,201,057 1,299 0 5,480,024 0 1,718,288 7,199,611 -998,554 g of Current fear 17,698,350 5,995,408 11,702,942 statements, and to all information of	415,875 0 7,146,621 0 0 5,814,439 0 2,161,795 7,976,234 -829,613 End of Year 16,522,949 6,966,557 9,556,392
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Par	t III		f Program Service le O contains a respons	Accomplishments e to any question in this P	art III	
1	Brief	fly describe the or	ganızatıon's mıssıon			
					IG BY PROVIDING UNBIASED E OF MANUFACTURING INFO	
2		he organization un rior Form 990 or 9		program services during th	ne year which were not listed on	┌ Yes ┌ No
	If "Y∈	es," describe these	e new services on Sched	ule O		
3	servi	ces?			wit conducts, any program	┌ Yes ┌ No
	If "Y∈	es," describe these	e changes on Schedule C)		
4	expe	nses Section 501	(c)(3) and 501(c)(4) org	ganizations and section 49	f its three largest program servi 947(a)(1) trusts are required to for each program service report	report the amount of
4a	(Cod	е) (Expenses \$	ıncludıng grants o	f \$) (Revenue \$)
	NETV	WORKING OPPORTUNI	TIES FOR SENIOR-LEVEL EXEC		BER-LED BEST PRACTICE CASE STUDIE REAS OF MANUFACTURING MANAGEMEI TUDIES	
4b	(Cod	e) (Expenses \$	ıncludıng grants o	f\$)(Revenue\$	<u> </u>
70	ECOM OUTL SURN AN A	NOMIC AND POLICY AN LOOKS, BIANNUAL MAN VEYING TOP FINANCIA UDIO PRESENTATION	NALYSIS MAPI PRODUCES DO NUFACTURING OUTLOOKS FOR L EXECUTIVES AT MAJOR MAN	ZENS OF ECONOMIC RESEARCH R EUROPE, CHINA, CANADA, AN JUFACTURING FIRMS THE ORG AM OF ECONOMISTS AND ATTOI	I PAPERS EACH YEAR AMONG THESE AI D LATIN AMERICA, AND QUARTERLY BU ANIZATION ALSO PRODUCES A MONTHL RNEYS GENERATE WEEKLY POLICY REV	RE QUARTERLY US INDUSTRIAL SINESS OUTLOOKS THAT INVOLVE Y ECONOMIC OUTLOOK AVAILABLE AS
4c	(Cod	e) (Expenses \$	ıncludıng grants o	f\$)(Revenue\$)
	THE		RESPOND TO MEMBER MANA		ENT TEAMS, CONFERENCES, AND WOR ESS INFORMATION, AND EACH COUNCI	
4d	O th	er program cervic	es (Describe in Schedul	(a O)		
-T-U		er program servici penses \$	·	g grants of \$) (Revenue \$)
4e	Tota	al program service	expenses > \$			

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		Νo
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		N o
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? <i>If</i> "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	Yes	
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
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 $\sqrt{2}$	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	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		No
	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		No
	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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	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.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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, Part I	14b		No
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 U S? If "Yes," complete Schedule F, Part II and IV	15		No
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 U S ? If "Yes," complete Schedule F, Part III and IV	16		No
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? <i>If</i> "Yes," complete Schedule G, Part I	17		No
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		No
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		N o
20a		20a		N o
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1^7 If "Yes," complete Schedule I, Parts I and II	21		No
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		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
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			
		28a		Νo
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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 owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		Νo
b	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		No
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		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

•		,
Part V	St	atements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V \cdot . \cdot . \cdot . \cdot . \cdot . \cdot . $$	•	.୮	
			Yes	No
а	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 15			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendary year and no with any within the year covered by this			
	Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Νo
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b		
a	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 or securities account)?	4a		No
b				110
_	If "Yes," enter the name of the foreign country ►			
3	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
	Does the eventuation have applied and a second that are a second that are the second that are the second to the second that are the second to the second that are the second to the seco	5c	V ~ -	
3	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?	6a	Yes	
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	Yes	
	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 and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		
	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?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h		
	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 organization, have excess			
	business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
)	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 Total (1997)			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
ט	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
) =	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	124		
ט	year			
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. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization			
	allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by			
r	the states in which the organization is licensed to issue qualified health plans Enter the aggregate amount of reserves on hand			
-	13c			
la	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
b	If "Yes " has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O	14b		

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

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

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
	, , , , , , , , , , , , , , , , , , ,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			

- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website V Upon request
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 ROGER HARRISON 1600 WILSON BOULEVARD NO 1100

ARLINGTON, VA 222092594

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, and **current** key employees 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 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 or	ganization nor any re	lated o	rgan	ızatı	ons	compe	ensat	ted any current or fo	rmer officer, direc	tor, or trustee
(A) Name and Title	(B) A verage hours per week (describe	mor unles an	on (d e tha s per offic	(C) on (do not check than one box, sperson is both officer and a ctor/trustee)				(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		MISC)	related organizations
See Additional Data Table										
				\vdash			_			

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) Average hours per week (describe hours	unles an	on (d e thai	n one son er ai	e bo is bo nd a	x, oth)		(D) Reportable compensate from the organization 2/1099-MIS	on (W-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)		(F) Estimated amount of otl compensation from the organization related		
		for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			Hisey		organiza		
See A	dditional Data Table														
												+			
												+			
-												+			
												+			
												+			
												\perp			
												\top			
1b	Sub-Total			<u> </u>		<u> </u>		<u> </u> ►-				+			
С С	Total from continuation sheets	to Part VII, Sec	tion A	· ·	÷.	•		P							
d	Total (add lines 1b and 1c) .							►	2,933	,507		0		140,885	
2	Total number of individuals (incl \$100,000 of reportable compen						above) who	received mor	e tha	n				
													Yes	No	
3	Did the organization list any for on line 1a? <i>If</i> "Yes," complete Sci					eye •	mploy •	ee, c	r highest com	pensa •	ated employee	3		No	
4	For any individual listed on line organization and related organiz	1a, is the sum of	f report	able	com									110	
5	Individual	receive or see		•	• •	fro-	 		lated organization	• tion c	r individual for	4	Yes		
5	Did any person listed on line 1a services rendered to the organiz								_			5		No	
Se	ction B. Independent Con	tractors													
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	n the organizatio													
	Nai	(A) me and business add	dress							Descr	(B) ption of services		(C Comper		
												_			
												\exists			
	Total number of independent cont														

\$100,000 of compensation from the organization $\blacktriangleright 0$

Form 99								Page 9
Part	/*** 1	Statement o	or Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
#\$ #	1a	Federated cam	paigns 1a					
e in	b	Membership du	es 1b					
s, ç	c	Fundraising eve	ents 1c					
<u>#</u> _≅	d		rations 1d					
ξĒ	e	Government grant	s (contributions) 1e					
Contributions, gifts, grants and other similar amounts	f g	sımılar amounts no Noncash contri	ons, gifts, grants, and 1f ot included above ibutions included in					
မှ င	h		s 1a-1f	▶				
				Business Code				
Program Service Revenue	2a	COUNCIL MEMBER	SHIP FEE	900099	3,786,712	3,786,712		
ĕ	b	MEMBERSHIP DUE	S	900099	2,784,974	2,784,974		
9	c	CONFERENCE REG	SISTRATIO	900099	142,410	142,410		
že.	d	PUBLICATIONS & S	SURVEYS	511190	16,650	16,650		
2	e							
Š Š	f	All other progra	am service revenue					
ξ	g	Total. Add lines	s 2a – 2f		6,730,746			
	3		ome (including dividen					
		and other simil	aramounts)	▶ [415,878			415,878
	4		stment of tax-exempt bond	· · · · · · · · · · · · · · · · · · ·				
	5	Royalties						
		Cuasa manta	(ı) Real	(II) Personal				
	6a b	Gross rents Less rental						
		expenses Rental income						
	C	or (loss)						
	d	Net rental inco	me or (loss)					
	7a	Gross amount	(ı) Securities 4,697	(II) O ther				
	'	from sales of assets other	,,,,,,					
	_	than inventory	4.700					
	b	Less cost or other basis and	4,700					
	c	sales expenses Gain or (loss)	-3					
	d	Net gain or (los	s)	▶	-3			-3
ψ	8a	Gross income f						
Other Revenue		\$ of contributions See Part IV, lin	s reported on line 1c)					
Č			a					
i F	ь	Less direct ex	penses b					
ō	C		(loss) from fundraising	events 🟲				
	9a		rom gaming activities ne 19 a					
	b c		penses b	vities				
		Gross sales of returns and allo	ınventory, less					
	ь	Less cost of g	a oods sold b					
	С	Net income or ((loss) from sales of inve	entory 🟲				
		Miscellaneou	s Revenue	Business Code				
	11a							
	b							
	C							
	d		ue					
	e	Total. Add lines	s 11a-11d					
	12	Total revenue.	See Instructions .	▶	7,146,621	6,730,746	0	415,875
	1				,,170,021	3,,30,,70	U	1 713,07

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX

	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21		,	,	
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,256,210			
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	2,371,280			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	647,923			_
9	Other employee benefits	261,425			
10	Payroll taxes	277,601			
11	Fees for services (non-employees)				_
а	Management				
b	Legal	24,118			
С	Accounting	66,044			
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	19,553			
g	Other	241,557			
12	Advertising and promotion	14,742			
13	Office expenses	272,128			
14	Information technology	135,501			
15	Royalties				
16	Occupancy	408,618			
17	Travel	399,685			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	148,768			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	77,831			
23	Insurance	21,151			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	BANK & CREDIT CARD FEES	155,472			
b	PUBLICATION COSTS	67,909			
c	DUES & SUBSCRIPTIONS	44,140			
d	TRAINING & DEVELOPMENT	30,646			
e					
f	All other expenses	33,932			
25	Total functional expenses. Add lines 1 through 24f	7,976,234			
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				orm 990 (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 2,566 2,566 1 1 3.218.766 923.761 2 2 Savings and temporary cash investments 3 3 129.354 4 129.708 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 Schedule L 7 8 9 52.265 9 140.561 Prepaid expenses and deferred charges 10a 954.639 Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 435,093 b Less accumulated depreciation 112,834 **10c** 519,546 14,182,211 11 14,807,161 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 15 17,698,350 16,522,949 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 478,336 17 550,757 17 Accounts payable and accrued expenses . 18 18 19 3,078,382 19 2,869,227 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 21 Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L \ldots . \ldots . \ldots 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 2,438,690 25 3,546,573 D 26 5,995,408 26 6,966,557 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 11,702,942 27 9,556,392 Unrestricted net assets 28 28 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 Total net assets or fund balances 11.702.942 33 9.556.392 34 Total liabilities and net assets/fund balances 17.698.350 34 16.522.949

Pal	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		7.1	.46,621
2	Total expenses (must equal Part IX, column (A), line 25)	2			76,234
3	Revenue less expenses Subtract line 2 from line 1	3		-8	329,613
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		11,7	02,942
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-1,3	316,937
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		9,5	56,392
Pai	TEXII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			৮	
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," explain in			Yes	No
2a	Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of taudit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2 c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	ssued			
	☐ Separate basis ☐ Both consolidated and separated basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the readily or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

DLN: 93493070000043

OMB No 1545-0047

Yes

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities),

- ◆ 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," to 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," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

MANUFACTURERS	ALLIANCEMAPI INC
Part I-A Co	nplete if the organization is exempt under section 501(c) or i

52-1638678

Employer identification number

art I-A	Complete if the organization is ex	cempt under section 501(c) or is a section 527 organization.

- Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV Political expenditures
- - 3 Volunteer hours

Name of the organization

'art I-B	Complete if the organization is exempt under section 501(c)(3).	
I Ente	the amount of any excise tax incurred by the organization under section 4955	▶ - ⊄

- 2 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?
- b If "Yes," describe in Part IV

Did the filing organization file Form 1120-POL for this year?

Part I-C 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 funtion activities
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- 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) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 -

f Grassroots lobbying expenditures

(The term "expenditures" means amounts paid or incurred.) Lia Total lobbying expenditures to influence public opinion (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 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not 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 \$1,000,000 but not over \$1,000,000 \$1,000,000 g Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)	ווטפ	edule C (F	01111 9 9 0 01 9 9 0 - EZ) 2 0 1 1					Page ∠
A Check If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member expenses, and share of excess lobbying expenditures) Check If the filing organization checked box A and "limited control" provisions apply Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Organization Total Incurred (The term "expenditures" means amounts paid or incurred.) Organization Total Incurred (The term "expenditures to influence a legislative body (direct lobbying)	Pa	rt II-A		n is exempt under	section 501(c)(3) and fi	iled Form 5768	(election
expenses, and share of excess lobbying expenditures) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures to influence public opinion (grass roots lobbying) Lobbying expenditures to influence a legislative body (direct lobbying) Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total obtaining purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: Not over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000 but not over \$1,500,	١	Check		an affiliated group (and	lıst ın Part IV ea	ch affiliated gr	oup member's nam	e, address, EIN,
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Total lobbying expenditures to influence public opinion (grass roots lobbying) Total lobbying expenditures (add lines 1 aand 1b) Other exempt purpose expenditures (add lines 1 aand 1b) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line Le, column (a) or (b) is: If the amount on line Le, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S10,000,000 Over \$1,000,000 but not over \$1,000,000 S10,000,000 Fig. Soon over \$1,000,000 Fig. Soon ov			expenses, and share of excess lob	bying expenditures)		_	•	
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(The term "expenditures" means amounts paid or incurred.) Ital Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1225,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but			Limits on Lobbying	Expenditures			(a) Filing	(b) Affiliated
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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 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,7000,000 Over \$1,000,000 but not over \$1,7000,000 S225,000 plus 15% of the excess over \$1,000,000 Over \$1,7000,000 Over \$1,7000,000 F17,000,000 S225,000 plus 5% of the excess over \$1,500,000 Over \$1,7000,000 F17,000,000 S1,000,000 F17,000,000 F17,000,		-			1 \		100013	1 ocars
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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 \$1,000,000 \$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 \$1,000,00		If the an	ount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
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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 \$1,00		Over \$500,	000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
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Jection 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying ceiling amount								
4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete al columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount					organization file	Form 4720 re	portina	
(Some organizations that made a section 501(h) election do not have to complete al columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount							F - 1 - 1 - 1 - 1	┌ Yes ┌ No
Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2009 Lobbying non-taxable amount		(Sor	ne organizations that made a	section 501(h) el	ection do not	have to co		ne five
beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying non-taxable amount b Lobbying ceiling amount			Lobbying Exp	enditures During	4-Year Avera	ging Period	d	
b Lobbying ceiling amount				(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
	2a	Lobbyin	g non-taxable amount					
	b							
c Total lobbying expenditures	c	Total loi	obying expenditures					
d Grassroots non-taxable amount	d	Grassro	ots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))	e							

_	edule C (Form 990 or 990-EZ) 2011					age 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N (election under section 501(h)).	NOT f	iled Fo	orm	5768	3
		(a)		(b		
		Yes	No	'	Amoun	ıt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of		1			
a	Volunteers?			1		
Ь	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	O ther activities? If "Yes," describe in Part IV					
j	Total lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	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?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6).	601(c)(5), (or s	ectio	n
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1		Νo
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2	Yes	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		Νo
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III answered "Yes".				ectio	n
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
C	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	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 expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier | Return Reference | Explanation

DLN: 93493070000043

OMB No 1545-0047

Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Name of the organization

Employer identification number

MAN	FACTURERS ALLIANCEMAPI INC			-
				1638678
Par	Organizations Maintaining Donor A organization answered "Yes" to Form 9		unds	or Accounts. Complete if the
		(a) Donor advised funds		(b) Funds and other accounts
L	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Dıd the organızatıon ınform all donors and donor adv funds are the organızatıon's property, subject to the		nor adv	rsed ┌ Yes ┌ No
5	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the belonferring impermissible private benefit			
Par	Conservation Easements. Complete	of the organization answered "Yes"	to Forn	n 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the of Preservation of land for public use (e g , recreated Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qua	cion or pleasure)	certifie	d historic structure
	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 hi	, ,	2c	
d	Number of conservation easements included in (c) a	acquired after 8/17/06	2d	
3	Number of conservation easements modified, transf the taxable year 🛌	erred, released, extinguished, or terminat	ed by th	ne organization during
4	Number of states where property subject to conserv	ration easement is located 🛌		
5	Does the organization have a written policy regardin enforcement of the conservation easements it holds		ıdlıng of	f violations, and Yes No
5	Staff and volunteer hours devoted to monitoring, ins	pecting and enforcing conservation easer	nents d	uring the year ►
7	Amount of expenses incurred in monitoring, inspect	ing, and enforcing conservation easement	s durın	g the year
	- \$			
8	Does each conservation easement reported on line 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of se	ction	┌ Yes ┌ No
9	In Part XIV, describe how the organization reports on balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the organization's financia		
Part	Organizations Maintaining Collection Complete if the organization answered	ons of Art, Historical Treasures,	or Ot	her Similar Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fi	d for public exhibition, education or resear	ch in fu	
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or research		
	(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, his following amounts required to be reported under SFA		or finan	
а	Revenues included in Form 990, Part VIII, line 1			► \$

b Assets included in Form 990, Part X

the organization's accession and other (check all that apply) ublic exhibition cholarly research reservation for future generations de a description of the organization's constitute of the search of the organization solicities to be sold to raise funds rather than the secretary line 9, or reported an anion organization an agent, trustee, custod ed on Form 990, Part X? s," explain the arrangement in Part XIV ning balance ions during the year butions during the year g balance e organization include an amount on Form	ollections and expla or receive donations to be maintained as ements. Comple nount on Form 99 lian or other interme	d e s of ar part cete if 90, Paediary	t, his of the the art X	Other further the torical treasionganization organization , line 21. ontributions	change progra organization ures or other is collection n answered or other asso	s exer sımıla ? I "Yes	mpt purpose ar s" to Form 9	ın ⊤Yes	┌ No
cholarly research reservation for future generations de a description of the organization's constitute gethe year, did the organization solicities to be sold to raise funds rather than to Escrow and Custodial Arrang Part IV, line 9, or reported an ani organization an agent, trustee, custodied on Form 990, Part X? s," explain the arrangement in Part XIV ning balance ions during the year butions during the year g balance e organization include an amount on Form	or receive donations to be maintained as ements. Comple nount on Form 99 lian or other interme	e of ar part cete if 90, Parediary	t, his of the the art X for c	Other further the torical treasion organization organizatio , line 21. ontributions	organization ures or other i's collection n answered or other asso	s exer sımıla ? I "Yes	er to Form 9	┌ Yes 990, ┌ Yes	
reservation for future generations de a description of the organization's color IV g the year, did the organization solicit of the sold to raise funds rather than the stope sold sold sold sold sold sold sold sold	or receive donations to be maintained as ements. Comple nount on Form 99 lian or other interme	of ar part of ete if 90, Pa ediary	t, his of the the art X for c	ofurther the torical treas organization organization, line 21.	ures or other i's collection n answered or other asse	simila? I "Yes	er to Form 9	┌ Yes 990, ┌ Yes	
de a description of the organization's colly g the year, did the organization solicit of the sold to raise funds rather than to the sold to part IV, line 9, or reported an analogement of sold to part IV, line 9, or reported an analogement of sold to part IV, line 9, or reported an analogement of sold to part IV, line 9, or reported an analogement of sold to part IV, line 9, or reported an analogement of sold to part IV, line 9, or reported an analogement of sold to part IV, line 9, or reported an analogement of sold to part IV, line 9, or reported an analogement of sold to part IV, line 9, or reported an analogement of sold to part IV, line 9, or reported an analogement of sold to part IV, line 9, or reported an analogement IV, line 9, or reported	or receive donations to be maintained as ements. Comple nount on Form 99 lian or other interme	of ar part of ete if 90, Pa ediary	t, his of the the art X for c	torical treasi organization organizatio , line 21. ontributions	ures or other i's collection n answered or other asse	simila? I "Yes	er to Form 9	┌ Yes 990, ┌ Yes	
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Part IV, line 9, or reported an an organization an agent, trustee, custod ed on Form 990, Part X? s," explain the arrangement in Part XIV ning balance lons during the year butions during the year g balance e organization include an amount on Formation 100 parts of the property of the	nount on Form 99	90, Pa ediary	for c	, line 21.	or other ass	ets no	t	┌ Yes	∏ No
ed on Form 990, Part X? s," explain the arrangement in Part XI\ ning balance ions during the year butions during the year g balance e organization include an amount on Fo					F				□ No
ning balance ions during the year butions during the year g balance e organization include an amount on Fo	/ and complete the	follow	∕ing ta	able	E	1c	Ar	nount	
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butions during the year g balance e organization include an amount on Fo						1d			
g balance e organization include an amount on Fo					⊢	1e			
e organization include an amount on Fo					<u> </u>	1f			
-					┌ Yes	 Г No			
	•	e 21 /) Yes) NO
s," explain the arrangement in Part XIV				d IIVaall ta	Fa 000	Do at 1	IV line 10		
Endowment Funds. Complete I								(e)Four	Years Back
ning of year balance	(a) carrette real	(5)	<i>y</i>	(6)	To real back	(4)	ice rears back	(C) our	Tears Back
tment earnings or losses									
_									
nistrative expenses									
fyear balance									
le the estimated percentage of the yea	r end balance held	as		•					
designated or quasi-endowment 🕨									
nent endowment 🕨									
endowment ▶									
	ssion of the organiz	atıon 1	that a	re held and	admınıstered	for th	е	Yes	s No
							3a		+
							3a(ii)	
s" to 3a(II), are the related organization	ns listed as require	d on S	ched	ule R? .			3	b	
Land, Buildings, and Equipme	ent. See Form 99	0, Pa	rt X	line 10.		- 1		-	
Description of property							(c) Accumulate depreciation	d (d)	Book value
gs									
old improvements					244,	274	15,7	12	228,562
ent		•			494,	543	262,4	44	232,099
<u></u>	<u></u>				215,	822	156,9	37	58,885
ınes 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colui	nn (B)), line	10(c).)			. ▶		519,546
	Endowment Funds. Complete in ining of year balance	Endowment Funds. Complete if the organization (a)Current Year inling of year balance	Endowment Funds. Complete if the organization and (a)Current Year (b) (a)Current Year (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	Endowment Funds. Complete if the organization answere (a)Current Year (b)Pnor Year ining of year balance	Endowment Funds. Complete if the organization answered "Yes" to (a)Current Year (b)Prior Year (c)Turning of year balance (c) the initial of year balance (c) the year end balance held as (designated or quasi-endowment initial of year balance (c) the initial of year balance (c) the initial of year balance (c) the year end balance held as (designated or quasi-endowment initial of year balance (c) the year and balance held as (designated or quasi-endowment initial of year balance (c) the year end balance held as (designated or quasi-endowment initial of year balance (c) the year end balance held as (designated or quasi-endowment initial of year balance (c) the year end balance held as (designated or quasi-endowment initial of year balance (designated or year balance (des	Endowment Funds. Complete if the organization answered "Yes" to Form 990, (a)Current Year (b)Pnor Year (c)Two Years Back ining of year balance	Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part in Ing of year balance (a)Current Year (b)Pnor Year (c)Two Years Back (d)The ining of year balance (b) the ining of year balance (b) the ining of year balance (b) the ining of year balance (c) the year balance (c) the ining of year balance (c) the year end balance held as the estimated percentage of the year end balance held as the estimated percentage of the year end balance held as the endowment had a doministered for the initiation by related organizations (b) the organization that are held and administered for the initiation by related organizations (b) the organization shall be in Part XIV the intended uses of the organization's endowment funds Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (investment) (b) Cost or other basis (other) (c) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a)Current Year (b)Prior Year (c)Two Years Back (d)Three Years Back in Department of the Complete in Part XIV the intended uses of the organization's endowment funds Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (c) Prior Year (b) Prior Year (c) Two Years Back (d) Three Years (d) Thre	Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current Year (b) Phor Year (c) Two Years Back (d) Three Years Back (e) Four Pounting of year balance

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	2.
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests Other		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See] 12
<u> </u>		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, III		
(a) Descrip		(b) Book value
Total (Column (h) should agust Form 000, Part V, cal (P) line 1	(E.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability		
- ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	(b) A mount	
Federal Income Taxes		
DEFERRED RENT PAYABLE	43,223	
ACCRUED POSTRETIREMENT EXPENSES	261,093	
ACCRUED PENSION COSTS	3,054,470	
DEFERRED TENANT ALLOWANCE	187,787	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	3,546,573	
· · · · · · · · · · · · · · · · · · ·	5,570,575	

	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	165	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	7,146,621
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	7,976,234
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-829,613
4	Net unrealized gains (losses) on investments	4	215,237
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-1,532,174
9	Total adjustments (net) Add lines 4 - 8	9	-1,316,937
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-2,146,550
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Retur	'n
1	Total revenue, gains, and other support per audited financial statements	1	7,361,858
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	215,237
3	Subtract line 2e from line 1	3	7,146,621
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	7,146,621
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Ret	
1	Total expenses and losses per audited financial statements	1	9,508,408
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV)	1	
e	Add lines 2a through 2d	2e	1,532,174
3	Subtract line 2e from line 1	3	7,976,234
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		
b	Other (Describe in Part XIV)]	
C	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	7,976,234

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48		DURING THE YEAR ENDED JUNE 30, 2012, MANAGEMENT DID NOT IDENTIFY ANY UNCERTAIN INCOME TAX POSITIONS THE ALLIANCE'S INCOME TAX RETURNS ARE GENERALLY SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE FOR THREE YEARS AFTER THEY ARE FILED
PART XI, LINE 8 - OTHER ADJUSTMENTS		OTHER COMPREHENSIVE INCOME - PENSION ADJUSTMENT -1,532,174
PART XIII, LINE 2D - OTHER ADJUSTMENTS		OTHER COMPREHENSIVE INCOME - PENSION ADJUSTMENT 1,532,174

DLN: 93493070000043

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Compensation Information

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

MAI	NOFACTORERS ALLIANCEMAPT INC		52-1638678			
Pa	rt I Questions Regarding Compensation	1	·			
					Yes	Νo
1a	Check the appropriate box(es) if the organization provided Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the orgenmoursement orprovision of all the expenses descr			1b		
2	Did the organization require substantiation prior to reofficers, directors, trustees, and the CEO/Executive			2		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the contract of the		У			
	Compensation committee	ļ	Written employment contract			
	Independent compensation consultant Form 990 of other organizations	<u>ন</u> ঘ	Compensation survey or study Approval by the board or compensation committee			
	Politi 990 of other organizations	10	Approval by the board of compensation committee			
4	During the year, did any person listed in Form 990, For a related organization	Part VI	I, Section A, line $1a$ with respect to the filing organization			
а	Receive a severance payment or change-of-control [paymer	nt?	4a		No
b	Participate in, or receive payment from, a supplemen	ntal nor	nqualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-ba	sed co	mpensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and pro	ovide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mu					
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a	, did the organization pay or accrue any			
а	The organization?			5a		
b	Any related organization?			5b		
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	lıne 1a	, did the organization pay or accrue any			
а	The organization?			6a		
b	Any related organization?			6b		
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," d			7		
8	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in in Part III		·	8		
9	If "Yes" to line 8, did the organization also follow the	rebutt	able presumption procedure described in Regulations			

section 53 4958-6(c)?

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

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

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name	,	(B) Breakdown of	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1)THOMAS DUESTERBERG	(I) (II)	192,000 0	799,462 0	916	9,800	3,548 0	1,005,726	
(2) STEPHEN V GOLD	(1) (11)	205,046	0	407	16,250	15,088 0	236,791	
(3) TRACY HOLLINGSWORTH	(1) (11)	230,867 0	54,720 0	2,336	8,717 0	2,922 0	299,562	
(4) CAMERON MACKEY	(1) (11)	161,121 0	11,444 0	230	5,078 0	10,587 0	7 188,460 0 0	
(5) DANIEL MECKSTROTH	(1) (11)	180,799 0	26,000 0	1,552 0	6,848	12,770 0	227,969	
(6) FREDERICK STOCKER	(1) (11)	230,937 0	54,720 0	2,336	6,785 0	2,922 0	297,700	
(7) RAE ANN JOHNSON	(1) (11)	117,944 0	18,253 0	214	4,536 0	10,014 0	150,961	
(8) LESLIE MILLER	(1) (11)	158,002 0	21,000 0	2,174	6,929 0	10,614 0	198,719 0 0	
(9) DONALD NORMAN	(1) (11)	161,673 0	21,000	4,299 0	7,439	5,654 0	200,065	
(10) JONATHAN WALDMAN	(I) (II)	124,353	15,000	570	5,619	6,384 0	151,926	
			<u> </u>	<u> </u>			<u> </u>	
	!		<u> </u>	<u> </u>	 		!	
			 '	 		 	<u> </u>	

Schedule J (Form 990) 2011 Page **3**

Part III Supplemental Information

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

Identifier Return Reference Explanation

Schedule J (Form 990) 2011

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493070000043

OMB No 1545-0047

Open to Public

. Inspection

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

► Attach to Form 990 or 990-EZ.

Name of the organization MANUFACTURERS ALLIANCEMAPI INC **Employer identification number**

52-1638678

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 1	MAPI'S EXECUTIVE COMMITTEE, COMPRISING 10 MEMBERS OF THE FULL BOARD OF TRUSTEES, MAY EXERCISE ALL THE POWERS AND AUTHORITY OF THE FULL BOARD IN BETWEEN MEETINGS OF THE ENTIRE BOARD MEMBERS OF THE EXECUTIVE COMMITTEE ARE NOMINATED BY THE PRESIDENT AND ELECTED BY THE BOARD OF TRUSTEES FROM AMONGST ITS MEMBERS
	FORM 990, PART VI, SECTION A, LINE 6	MEMBERSHIP IN THE ORGANIZATION IS LIMITED TO EXECUTIVES IN "MEMBER COMPANIES", WHICH ARE ANY PERSONS, CORPORATIONS, FIRMS, PARTNERSHIPS, OR OTHER ENTITIES ENGAGED IN MANUFACTURING AND RELATED BUSINESS SERVICES WITHIN THE INDUSTRY
	FORM 990, PART VI, SECTION B, LINE 11	A COPY OF THE FORM 990 IS SUBMITTED TO THE EXECUTIVE COMMITTEE FOR REVIEW PRIOR TO FILING
	FORM 990, PART VI, SECTION B, LINE 12C	ALL EMPLOYEES ACKNOWLEDGE THE STANDARDS OF CONDUCT POLICY, WHICH ADDRESSES CONFLICTS OF INTEREST, WHEN THEY ARE HIRED IN ADDITION, ALL BOARD MEMBERS AND KEY EMPLOYEES ARE ANNUALLY REQUIRED TO SIGN THEIR ACKNOWLEDGEMENT OF, AND COMPLIANCE WITH, THE POLICY
	FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION OF THE PRESIDENT AND CEO AND OF THE VICE PRESIDENT OFFICERS ARE REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE ON AN ANNUAL BASIS
	FORM 990, PART VI, SECTION C, LINE 19	MAPI'S GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST BASED ON MANAGEMENT'S APPROVAL
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 215,237 OTHER COMPREHENSIVE INCOME - PENSION ADJUSTMENT -1,532,174 TOTAL TO FORM 990, PART XI, LINE 5 -1,316,937
	FORM 990, PART XII, LINE 2C	THE AUDIT OVERSIGHT PROCESS HAS NOT CHANGED FROM PREVIOUS YEARS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data SCHEDULE R Related Or

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.

OMB No 1545-0047

Employer identification number

DLN: 93493070000043

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990)

IANUFACTURERS ALLIANCEMAPI INC						52-16386	578		
Part I Identification of Disregarded Entities (C	omplete	ıf the organızatı	on answered "Ye	s" or	n Form 990, P	•			
(a) Name, address, and EIN of disregarded entity		(b) Primary activity	(c) Legal domicile (st or foreign countr	ate y)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity		
				_					
				\dashv					
Part II Identification of Related Tax-Exempt Or or more related tax-exempt organizations du			ıf the organizatı	on ar	nswered "Yes	 ' on Form 990, I	Part IV, line 34 becau	se it had	one
(a) Name, address, and EIN of related organization	Pr	(b) imary activity	(c) Legal domicile (state or foreign country)	Exem	(d) npt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	Section 5 cont	g) 12(b)(13) rolled ızatıon
(1) INSTITUTE FOR TECHNOLOGICAL ADVANCEMENT INC 1600 WILSON BLVD SUITE 1100 ARLINGTON, VA 222092594 52-1812633			DE	!	501(C)(3)	LINE 11A, I	MANUFACTURERS ALLIANCEMAPI INC	Yes	No No
or Privacy Act and Panenwork Peduction Act Notice see the Inc	tructions	for Form 990	Cat No	5013	25∨		Schodule P (Form 990)	2011

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Dispropritionate allocations?		Disproprtionate		oprtionate Code V—UBI		nal or aging ner?	(k) Percentage ownership
							Yes	No		Yes	No			

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of-year assets	(h) Percentage ownership

Pa	rt V	Transactions With Related Organizations (Complete if the organization answered "Yes	es" on Form 990, Pai	t IV, line 34, 35, 3	5A, or 36.)		
	Note.	Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
1 D	urıng th	e tax year, did the orgranization engage in any of the following transactions with one or more related orga	anızatıons lısted ın Part	s II-IV?			
а	Recei	t of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No
b	Gıft, g	ant, or capital contribution to related organization(s)			1b		No
С	Gıft, g	ant, or capital contribution from related organization(s)			1c		No
d	Loans	or loan guarantees to or for related organization(s)			1d		No
e	Loans	or loan guarantees by related organization(s)			1e		No
f	Sale	assets to related organization(s)			1f		No
g	Purch	se of assets from related organization(s)			1 g		No
h	Excha	nge of assets with related organization(s)			1h		No
i	Lease	of facilities, equipment, or other assets to related organization(s)			1 i		No
j	Lease	of facilities, equipment, or other assets from related organization(s)			1 j		No
k	Perfor	mance of services or membership or fundraising solicitations for related organization(s)			1k		No
ı	Perfor	nance of services or membership or fundraising solicitations by related organization(s)			11		No
m	Sharır	g of facilities, equipment, mailing lists, or other assets with related organization(s)			1m	Yes	
n	Sharıı	g of paid employees with related organization(s)			1n	Yes	
o	Reimb	ursement paid to related organization(s) for expenses			10		No
p	Reimb	ursement paid by related organization(s) for expenses			1 p		No
q	Other	transfer of cash or property to related organization(s)			1 q		No
r	Other	ransfer of cash or property from related organization(s)			1r		No
	Ifthe	nswer to any of the above is "Yes," see the instructions for information on who must complete this line,	including covered relat	onships and transact	ion thresholds		
		(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determing involved		ount
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							

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

(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)	org	(e) Are all partners section 501(c)(3) organizations?		(g) Share of end-of-year assets	(h) Disproprtionate alloc		amount in box 20 of Schedule K-1 (Form 1065)		j) eral or aging ener?	(k) Percentage ownership
			,	Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier Return Reference Explanation

Schedule R (Form 990) 2011

Software ID: Software Version:

EIN: 52-1638678

Name: MANUFACTURERS ALLIANCEMAPI INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) Average hours per		that		y)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation		
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations		
CARLOS M CARDOSO CHAIRMAN	50	Х		Х				0	0	0		
JOHN M STROPKI VICE CHAIRMAN	50	Х		Х				0	0	0		
RANDALL J HOGAN EXEC COMM MEMBER	50	Х						0	0	0		
PAUL W JONES EXEC COMM MEMBER	50	Х						0	0	0		
ROBERT A LIVINGSTON EXEC COMM MEMBER	50	Х						0	0	0		
TIMOTHY M MANGANELLO EXEC COMM MEMBER	50	Х						0	0	0		
GREGORY F MILZCIK EXEC COMM MEMBER	50	Х						0	0	0		
NEAL J KEATING EXEC COMM MEMBER	50	Х						0	0	0		
TODD J TESKE EXEC COMM MEMBER	50	Х						0	0	0		
TIMOTHY H POWERS EXEC COMM MEMBER	50	Х						0	0	0		
TODD A ADAMS TRUSTEE	50	Х						0	0	0		
WILLIAM F ANDREWS TRUSTEE	50	X						0	0	0		
MICHAEL E BATTEN TRUSTEE	50	Х						0	0	0		
JAMES R BOLCH TRUSTEE	50	X						0	0	0		
RONALD D BULLOCK TRUSTEE	50	Х						0	0	0		
THOMAS A BURKE TRUSTEE	50	Х						0	0	0		
KENNETH A CAMP TRUSTEE	50	Х						0	0	0		
ANNE COONEY TRUSTEE	50	Х						0	0	0		
GLENN A EISENBERG TRUSTEE	50	Х						0	0	0		
J SCOTT HALL TRUSTEE	50	Х						0	0	0		
FRANK S HERMANCE TRUSTEE	50	Х						0	0	0		
MICHAEL FHILTON TRUSTEE	50	Х						0	0	0		
RICHARD J HIPPLE TRUSTEE	50	Х						0	0	0		
GREGORY E HYLAND TRUSTEE	50	Х						0	0	0		
FRANK M JAEHNERT TRUSTEE	50	Х						0	0	0		

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

(A) Name and Title	(B) Average hours		(tion that a			ıll		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
POUL JEPPESEN TRUSTEE	50	×						0	0	0
ROY V ARMES TRUSTEE	50	х						0	0	0
HELMUTH LUDWIG	50	X						0	0	0
TRUSTEE RONALD C KEATING	50	X						0	0	0
TRUSTEE DENISE L RAMOS	50	X						0		0
TRUSTEE WILLIAM M LAMBERT	50							0		
TRUSTEE ROGER J WOOD	50							0	0	0
TRUSTEE DONALD D LANE								0		
TRUSTEE BRAD LAWRENCE	50									0
TRUSTEE CAREY B LYKINS	50	Х					_	0	0	0
TRUSTEE	50	X						0	0	0
STEPHEN E MACADAM TRUSTEE	50	Х						0	0	0
KEITH D NOSBUSCH TRUSTEE	50	Х						0	0	0
STEVEN H WUNNING TRUSTEE	50	Х						0	0	0
JOSEPH M PIETRANTONIO TRUSTEE	50	Х						0	0	0
NICHOLAS T PINCHUK TRUSTEE	50	Х						0	0	0
W ROBERT REUM TRUSTEE	50	Х						0	0	0
SVEN RUDER TRUSTEE	50	Х						0	0	0
E SCOTT SANTI TRUSTEE	50	Х						0	0	0
JOHN S STROUP TRUSTEE	50	Х						0	0	0
DANIEL C USTIAN TRUSTEE	50	Х						0	0	0
DONALD E WASHKEWICZ TRUSTEE	50	Х						0	0	0
JOHN H WEBER TRUSTEE	50	Х						0	0	0
ROBERT G ZAFARI TRUSTEE	50	Х						0	0	0
THOMAS DUESTERBERG PRESIDENT/CEO - OUTGOING	35 00	Х		х				992,378	0	9,800
STEPHEN V GOLD PRESIDENT/CEO - INCOMING	35 00	Х		х				205,453	0	28,454

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) Average hours		(tion that a	•		ıII		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other		
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations		
TRACY HOLLINGSWORTH VICE-PRESIDENT - FINANCE	35 00			Х				287,923	0	8,717		
CAMERON MACKEY VICE-PRESIDENT - MARKETING	35 00			Х				172,795	0	13,682		
DANIEL MECKSTROTH VICE-PRESIDENT RESEARCH	35 00			Х				208,351	0	16,868		
FREDERICK STOCKER VICE-PRESIDENT GEN COUNSEL	35 00			Х				287,993	0	6,785		
DAVID AUGLIERA SALES MANAGER	35 00					Х		134,132	0	8,488		
RAE ANN JOHNSON ATTORNEY - COUNCIL DIRECTOR	35 00					Х		136,411	0	12,600		
LESLIE MILLER ATTORNEY - COUNCIL DIRECTOR	35 00					Х		181,176	0	14,993		
DONALD NORMAN ECONOMIST -COUNCIL DIRECTOR	35 00					Х		186,972	0	10,511		
JONATHAN WALDMAN ECONOMIST -COUNCIL DIRECTOR	35 00					х		139,923	0	9,987		