

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493319042583

Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public

The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection A For the 2012 calendar year, or tax year beginning 01-01-2012 2012, and ending 12-31-2012 D Employer identification number **B** Check if applicable Motor and Equipment Manufacturers Association Address change 13-1068400 Doing Business As Name change Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number 10 Laboratory Drive Terminated (919) 549-4800 City or town, state or country, and ZIP + 4 Research Triangle Park, NC 27709 Amended return Application pending **G** Gross receipts \$ 16,151,349 Name and address of principal officer **H(a)** Is this a group return for Robert E McKenna ┌ Yes 🗸 No affiliates? 10 Laboratory Drive Research Triangle Park, NC 27709 **H(b)** Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) Tax-exempt status ☐ 4947(a)(1) or ☐ 527 H(c) Group exemption number ► **Website: ►** www mema org L Year of formation 1904 M State of legal domicile IL Part I Summary Briefly describe the organization's mission or most significant activities To foster the commercial interests of its members in the motor vehicle supplier industry. See part III, line 1 for additional information Activities & Governance 2 Check this box 📂 if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . . . 14 4 10 4 Number of independent voting members of the governing body (Part VI, line 1b) . 5 0 Total number of individuals employed in calendar year 2012 (Part V, line 2a) . Total number of volunteers (estimate if necessary) 6 80 **7a** Total unrelated business revenue from Part VIII, column (C), line 12 7a 188,583 **b** Net unrelated business taxable income from Form 990-T, line 34 2,090 **Prior Year Current Year** 85,000 0 Contributions and grants (Part VIII, line 1h) . 7,394,910 11,719,608 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 964,032 900,970 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -56,819 -158,599 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 8,302,123 12,546,979 13 56,750 61,436 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 7,480,088 4,798,712 Expenses 5-10)16a Professional fundraising fees (Part IX, column (A), line 11e) . . 0 0 b Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 3,409,058 4,602,564 17 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 8,264,520 12,144,088 19 Revenue less expenses Subtract line 18 from line 12 37,603 402,891 Assets or d Balances **Beginning of Current End of Year** 20 Total assets (Part X, line 16) . 19,957,316 25,951,360 21 Total liabilities (Part X, line 26) 1,402,611 3,487,629 22 Net assets or fund balances Subtract line 21 from line 20 18,554,705 22,463,731 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2013-11-15 Signature of officer Date Sian Here WENDY T EARP CFO Type or print name and title

Firm's name Frant Thornton LLP

Firm's address > 4140 ParkLake Avenue Suite 130

May the IRS discuss this return with the preparer shown above? (see instructions)

Print/Type preparer's name

Paid

Preparer

Use Only

Check Γ self-employed

Firm's EIN 🕨

Date

Preparer's signature

✓ Yes ☐ No

PTIN

Phone no (919) 881-2700

orm 9	990 (20	12)			Page 2
Part		tatement of Program Service A			·
_		heck if Schedule O contains a response t describe the organization's mission	o any question in this Part III .		
eman idvan nclud ind in joverr ndivic	ojectives ufacturi tages to ing the f formatio nments, dual line	s of this association are to foster the coming, sale, service, and use of automotive, he obtained by friendly contacts among rollowing activities - dissemination of gernal material of interest to members - repas well as with regulatory agencies - prosof products both at home and abroad - stone with other organi	neavy duty, off-highway, aircraft, m members for their own welfare and t leral bulletins and reports, articles resentation of member companies motion of international business -	arine and related products, a the advancement of the trade , surveys, studies, pamphlet and liaison with federal, stat service related to manufacti	and to secure the e interests represented, s and other educational e, and local uring and distributing
	the prioi	organization undertake any significant pro Form 990 or 990-EZ?		ch were not listed on	✓ Yes │ No
		organization cease conducting, or make s		rts any program	
	services	describe these changes on Schedule O		· · · · · · ·	⊤Yes ▼ No
4	Describ expense	e the organization's program service accoss Section 501(c)(3) and 501(c)(4) organ expenses, and revenue, if any, for each p	nizations are required to report the		
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	among t network member remanuf on issue associati	ciation promotes the best interests of its members he various automotive aftermarket, remanufacturing and information exchange among the members, o, committees, councils, forums, product line grou acturing and heavy duty industries to the community of interest to the members, developing benchmations and societies to promote information exchange guincreased awareness of the capabilities of fellow	ng, and heavy duty industry participants a ship through a wide range of conferences a ps, and peer groups 3 Promoting public a ity and to the country with statistics on sal rking information and conducting forums o e, the introduction of companies, the prom	nd the government entities that rec and exhibitions (that focus on the r awareness of the importance of the es, employment, taxes, exports, e n specific issues 5 Developing stra otion of relevant research and the	gulate them 2 promoting najor issues of importance to aftermarket, tc 4 Coordinating research ategic alliances with other
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4 c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other (Expen	orogram services (Describe in Schedule C ses \$ including ((Revenue \$)
4-	Total -	roaron consico ovnencos h			

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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Νo
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV^{\square}	9		No
L O	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Νo
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
c	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	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	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	
.2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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 and XII is optional	12b	Yes	
.3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
.4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
.5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
. 6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
.7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
8.	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
.9	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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and 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?			
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, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III			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 IV	28a		No
b	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 direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
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, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
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 11b and 19?	38	Yes	

аI	Statements Regarding Other 1RS Filings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	-	Yes	No
1	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 7			140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1c	Yes	
а	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
	5) (113 / 64411 1 1 1 1 1 1 1 1 1	1		
)	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		
ı	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
1	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
,				
	If "Yes," enter the name of the foreign country \(\blacktriangle \)			
	Dec monactions for mining requirements for Fermi 15 1 50 EE 27 Report of Fermi paint and Financial Freedom to			
ı	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
,	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
	2. 105/ to fine 54 of 55/ and the organization me form 6000 fr. i.	5c		
1	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
)	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		
ı	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	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		
			-	
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
ı	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. Did the organization make any taxable distributions under section 49662	0-		
	Did the organization make any taxable distributions under section 4966?	9a Ob		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter Instruction foce and constal contributions included on Port VIII. line 12			
	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	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			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
)	Enter the amount of reserves the organization is required to maintain by the states			
	in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	ļ		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h	1	

Se	ection A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax		Yes	No
Iu	year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
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	Yes	
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	Yes	
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	Yes	
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	
	Each committee with authority to act on behalf of the governing body?	8b		No
9	9		No	
Sa	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		ıe Cod	
<u> </u>	Tellon B. Fondies (This Section & requests information about policies not required by the Internal K	CVCIII	Yes	No.
				140
L0a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	140
	Did the organization have local chapters, branches, or affiliates?	10a 10b		140
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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	10b	Yes	140
b l1a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		Yes	NO
b l1a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes Yes	NO
b 11a b 12a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a	Yes Yes Yes	NO
b L1a b L2a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b	Yes Yes Yes Yes	
b l1a b l2a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10b 11a 12a 12b	Yes Yes Yes Yes Yes Yes	
b .1a b .2a b c	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy?	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes	
b L1a b L2a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b	Yes Yes Yes Yes Yes Yes	
b .1a b .2a b c	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 4	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 4	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes Yes	
b 11a b 12a b c 13 14 15 a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes	No
b.11a b.12a b c.13.14 1.5 a b.16a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes	
b.11a b.12a b c.13.14 1.5 a b.16a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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	10b 11a 12a 12b 12c 13 14 15a 15b	Yes	

Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of

State the name, physical address, and telephone number of the person who possesses the books and records of the organization

interest policy, and financial statements available to the public during the tax year

►WENDY TEARP 10 LABORATORY DRIVE RTP, NC (919)406-8806

Form	990	(2012)
------	-----	--------

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0 in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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 organization nor any related organization compensated any current officer, director, or trustee

	1									
(A) Name and Title	(B) A verage hours per week (list any hours for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1039-MI3C)	MISC)	organization and related organizations
See Additional Data Table										
	•	•	•							Form 990 (2012)

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

	(A) Name and Title	(B) A verage hours per week (list any hours	more t	tion (han d n is l	one I both	box, an r/tru	heck unless officer stee)	;	(D) Reportabl compensat from the organization	table Reportable sation compensation the from related tion (W- organizations (V		compensation W- from the		
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MI:	50)			relati relati organiza	ed
												-		
1b	Sub-Total							<u></u>						
c	Total from continuation sheet	s to Part VII, S	ection A	٠.				 -						
d	Total (add lines 1b and 1c) .							Þ		0	4,282,1	.74		570,537
2	Total number of individuals (in \$100,000 of reportable compe						d abov	e) w	ho received m	ore th	an			
		insucion nom ch		124 (10	, III C									
_	Dod the community of last constant	<i>- 66</i>				1							Yes	No
3	Did the organization list any fo on line 1a? <i>If "Yes," complete S</i>					. кеу	• •	yee, •	, or mignest co	mpens •	• • • •	3		No
4									_	V				
5	Did any person listed on line 1	a receive or acc	crue cor	npen	• satı	• on fr	om an	• unr	related organiz	ation	or individual for	4	Yes	
	services rendered to the organ											5		No
Se	ection B. Independent Co	ntractors												
1	Complete this table for your five compensation from the organization												tax vear	
		(A)			.51		_ u. unu	, c	samg with		(B)	1	(C)
	Fox LLP , 1050 Connecticut Ave NW								Lega		cription of services		Comper	438,004
UNITI	ED PROPERTIES LLC , PO BOX 10810								OFF	ICE SPA	CE LESSOR			479,411

LINCOLN PROPERTY COMPANY , 1030 15TH STREET NW SUITE 250 WES WASHINGTON DC 20005

\$100,000 of compensation from the organization $\triangleright 3$

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

273,215

OFFICE SPACE LESSOR

Part V	••	Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII									
		CHECK II SCHEDUIE O CONTAL	ns a respon	se to any question	(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 campaigns	. 1a					<u> </u>			
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	. 1b								
<u>B</u> C	c	Fundraising events	1c								
ffs, F_A	d	Related organizations .		85,000							
ja	e	Government grants (contributions									
Sin					ļ						
iji je	f	All other contributions, gifts, gran similar amounts not included abo	ts, and 1f ve								
≘ ≅	g	Noncash contributions included in 1a-1f \$	lines								
no el	h	Total. Add lines 1a-1f .		🛌	85,000						
				Business Code							
enue	2a	TRADE SHOWS		900099	4,243,978	4,243,978					
.e.	b	MEMBERSHIP DUES		900099	4,816,746	4,816,746					
- S	c	MEETING REVENUE		900099	2,054,899	2,054,899					
Program Serwce Revenue	d	ADVERTISING REVENUE		511120	188,583		188,583				
<u> </u>	е	REIMBURSED EXPENSES	[900099	221,348	221,348					
ୁ ଆୟ	f	All other program service r	evenue		194,054	194,054					
Ě	g	Total. Add lines 2a-2f .		🛌	11,719,608						
	3	Investment income (includ			769,928			769,928			
	4	and other similar amounts) Income from investment of tax-e		F	0			· ·			
	5	Royalties		🕨	0						
		(ı) Rea		(II) Personal							
	_	Gross rents Less rental	80,515 80,515								
	b	expenses									
	С	Rental income or (loss)	0	0							
	d	Net rental income or (loss)			0						
	7a		,447,552	(II) O ther							
		assets other than inventory									
	b		,316,080	430							
	c	sales expenses Gain or (loss)	131,472	-430							
	d	Net gain or (loss)			131,042			131,042			
enne	8a	Gross income from fundrais events (not including \$ of contributions reported or									
Other Revenue		See Part IV, line 18	a								
‡	b	Less direct expenses .									
٠	c 9a	Net income or (loss) from for Gross income from gaming See Part IV, line 19	activities	events 🛌	0						
	-		a								
	b c	Less direct expenses . Net income or (loss) from g	L	uties	0						
		Gross sales of inventory, le			<u> </u>						
		returns and allowances .		40.746							
	L	loce cost of manda and	a	48,746							
		Less cost of goods sold . Net income or (loss) from s		207,345 entory	-158,599			-158,599			
}		Miscellaneous Revenue		Business Code	·			· ·			
	11a										
	b										
	c										
	d	All other revenue	[
	e	Total. Add lines 11a-11d		· · · •	0						
	12	Total revenue. See Instruc	tions		12,546,979	11,531,025	188,583	742,371			

	990 (2012)				Page :
	Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must complete all columns All			Jaka asluman (A.)	
ectio				• • •	
	Check if Schedule O contains a response to any question in this Pa		(B)	(c)	 (D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	61.426	·	, g	
2	Grants and other assistance to individuals in the United States See Part IV, line 22	61,436			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	4,721,643			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	1,951,611			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	68,893			
9	Other employee benefits	434,145			
.0	Payroll taxes	303,796			
1	Fees for services (non-employees)				
- а	Management	0			
b	Legal	310,232			
_	-	74,724	 		
٠	Accounting	<u> </u>			
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	105,298			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	469,718			
.2	Advertising and promotion	27,802			
.3	Office expenses	285,641			
4	Information technology	130,760			
5	Royalties	0			
.6	Occupancy	851,559			
7	Travel	351,082			
.8	Payments of travel or entertainment expenses for any federal, state, or local public officials	331,082			
9	Conferences, conventions, and meetings	1,135,728			
0	Interest	1,133,728			
1	Payments to affiliates	0			
2					
	Depreciation, depletion, and amortization	256,114			
3	Insurance	51,501			
4	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	COUNCIL EXPENSES	330,406			
b	DUES & SUBSCRIPTIONS	103,368			
c	BAD DEBT	109,303			
d	STAFF DEVELOPMENT	9,128			
e	All other expenses	200			
25	Total functional expenses. Add lines 1 through 24e	12,144,088			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				

Part X Balance Sheet

1 Cash-mon-interest-beaning Reginning of year End of year End of year End of year Cash-mon-interest-beaning 402,125 1 1,342,437 2 2 3 3 3 3 3 3 3 3	Par	t X	Balance Sheet Check if Schedule O contains a response to any question in this Part X			
1 Cash—mon-interest-bearing 492,175 1 1,342,437 2 Sevings and temporary cash investments 0 2 0 3 Pledges and grants receivable, net 0 3 0 4 Accounts receivable, net 0 2,101,190 4 1,361,043 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 0 5 0 6 Loans and other receivables from other disqualified persons (as defined under section 4958(1)(1), persons described in section 4958(1)(3), persons described control training and section 4958(1)(3), persons described in section 4958(1)(3), persons described in section 4958(1)(3), persons described section 4958(1)(3), persons described in section 4958(1)(3), persons described section 4958(1)(3), persons described in section 4958(1)(3), persons described section 4958(1)(3), persons 4958(1)(4), persons 4958(1)(4				(A)		· ·
1		1	Cash—non-interest-bearing		1	
A Recounts receivable, net 2.101.102 4 1.301.003		2	Savings and temporary cash investments	0	2	0
Solution Comparison Comp		3	Pledges and grants receivable, net	0	3	0
## Sendule L		4	Accounts receivable, net	2,101,192	4	1,391,043
1		5	employees, and highest compensated employees Complete Part II of			
9 Prepard expenses and deferred charges 75,070 9 233,224	Assets	6	4958(f)(1)), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary		5	0
9 Prepard expenses and deferred charges 75,070 9 233,224						0
9 Prepaid expenses and deferred charges 75,070 9 233,224 10a		7	Notes and loans receivable, net	0	7	0
10a		8	Inventories for sale or use	0	8	0
Part VI of Schedule D 10a 1,441,001 10b 980,880 974,114 10c 880,111 11c 1,111 11,111,111 11,111,111 11,111,1		9		75,070	9	233,224
11 Investments—publicly traded securities 12,537,111 11 18,187,130 12 10,195,130 12 1,195,130 13 13 1,220,381 13 13 2,220,381 13 13 2,220,381 13 13 2,220,381 14 10,140,130 15 10,141,130 14 10 15 10,141,130 15 10,141,130 15 10,141,130 15 10,141,130 15 10,141,130 15 10,141,130 15 10,141,130 15 10,141,130 15 10,141,130 15 10,141,130 15 10,141,130 10,141,130 17 10,141,130 17 10,141,130 17 10,141,130 17 10,141,130 17 10,141,130 17 10,141,130 17 1,141,130		10a				
12 Investments—other securities See Part IV, line 11 1,656,000 12 1,657,801 13 1,057,801 13 1,057,801 13 1,057,801 14 1,057,301 15 1,057,301 15 1,057,301 15 1,057,301 15 1,057,301 15 1,057,301 15 1,057,301 16 25,951,300 16 25,951,300 17 25,951,300 18 27 27,97,301 18 27 27,97,301 28 27 27,97,301 28 2		b	Less accumulated depreciation 10b 980,890	974,114	10c	860,111
13		11	Investments—publicly traded securities	12,537,111	11	18, 187, 130
14		12	Investments—other securities See Part IV, line 11	1,595,090	12	1,657,801
15		13	Investments—program-related See Part IV, line 11	2,123,381	13	2,220,381
16 Total assets. Add lines 1 through 15 (must equal line 34) 19,957,316 16 25,951,360 25,951,360 36 25,951,360 37 38 36 36,951,360 38 36 38 38		14	Intangible assets	0	14	0
17		15	Other assets See Part IV, line 11	59,233	15	59,233
18 Grants payable		16	Total assets. Add lines 1 through 15 (must equal line 34)	19,957,316	16	25,951,360
Page 19 Deferred revenue		17	Accounts payable and accrued expenses	1,414,984	17	1,996,712
Tax-exempt bond liabilities		18	Grants payable	0	18	0
21 Escrow or custodial account liability Complete Part IV of Schedule D		19	Deferred revenue	724,937	19	2,190,835
Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		20	Tax-exempt bond liabilities	0	20	0
Unsecured notes and loans payable to unrelated third parties		21	Escrow or custodial account liability $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	0	21	0
Unsecured notes and loans payable to unrelated third parties	ilitie	22				
Unsecured notes and loans payable to unrelated third parties	<u>ge</u>		persons Complete Part II of Schedule L	0	22	0
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 D		23	Secured mortgages and notes payable to unrelated third parties	0	23	0
and other liabilities not included on lines 17-24) Complete Part X of Schedule D		24	Unsecured notes and loans payable to unrelated third parties	0	24	0
Total liabilities. Add lines 17 through 25		25	and other liabilities not included on lines 17-24) Complete Part X of Schedule	727 240	25	600.048
Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34. 18,554,705 27 22,463,731 28 Temporarily restricted net assets		26				
lines 27 through 29, and lines 33 and 34. 18,554,705 27 22,463,731 28 Temporarily restricted net assets	<u></u>	26		1,402,011	26	3,407,029
complete lines 30 through 34. 30 Capital stock or trust principal, or current funds			lines 27 through 29, and lines 33 and 34.			
complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	<u>a</u>	27	Unrestricted net assets	18,554,705	27	22,463,731
complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	<u>В</u>	28	Temporarily restricted net assets	0	28	0
complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	Ξ	29	Permanently restricted net assets	0	29	0
30 Capital stock or trust principal, or current funds	or Fu					
33 Total net assets or fund balances		30	Capital stock or trust principal, or current funds		30	
33 Total net assets or fund balances	Ř	31	Paid-in or capital surplus, or land, building or equipment fund		31	
33 Total net assets or fund balances 18,554,705 33 22,463,731 34 Total liabilities and net assets/fund balances 19,957,316 34 25,951,360		32	Retained earnings, endowment, accumulated income, or other funds		32	
34 Total liabilities and net assets/fund balances	<u>₹</u>	33	Total net assets or fund balances	18,554,705	33	22,463,731
	_	34	Total liabilities and net assets/fund balances	19,957,316	34	25,951,360

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				F
1	Total revenue (must equal Part VIII, column (A), line 12)	1		12,5	546,979
2	Total expenses (must equal Part IX, column (A), line 25)	2		12,1	144,088
3	Revenue less expenses Subtract line 2 from line 1	3		4	102,891
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		18,5	554,705
5	Net unrealized gains (losses) on investments	5		1,2	216,215
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		2,2	289,920
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	LO		22,4	163,731
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe a separate basis, consolidated basis, or both	d on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both	te			
	☐ Separate basis ☐ Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight caudit, review, or compilation of its financial statements and selection of an independent accountant?	of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	uired	3b		

Software ID: Software Version:

EIN: 13-1068400

Name: Motor and Equipment Manufacturers Association

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

Form 990, Part VII - Compensation of Compensated Employees, and Independent	officers, Dir ident Contra	ectors	s, i ri	ıst€	es,	, кеу	, EN	npioyees, Highe '	st	1
(A) Name and Title	(B) Average hours per week (list any	dıre	than	onot one son i er an trust	box s bo d a tee)	, th	Ι	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related
	hours for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations
JOSEPH MCALEESE CHAIRMAN	2 0	х		х				0	0	0
JOHN COREY VICE CHAIR	2 0 1 0	х		х				0	0	0
DOUGLAS GRIMM VICE CHAIR	2 0 1 0	х		х				0	0	0
ROBERT E MCKENNA PRESIDENT & CEO, MEMA	35 0 5 0	х		х				0	558,549	40,842
MICHAEL CARDONE JR AT LARGE	1 0	х						0	0	0
JEFF BREKKE DIRECTOR	1 0	х						0	0	0
PAT CAVANAUGH DIRECTOR	1 0	х						0	0	0
CHARLEY JOHNSON DIRECTOR	1 0	х						0	0	0
WILLIAM KOZYRA DIRECTOR	1 0	х						0	0	0
JIM ORCHARD DIRECTOR	1 0	х						0	0	0
JACK SHAFFER DIRECTOR	1 0	х						0	0	0
TOM WARD DIRECTOR	1 0	х						0	0	0
TERRY MCCORMACK IMMEDIATE PAST CHAIR	1 0	х						0	0	0
JIM MCELYA PAST CHAIR	1 0	х						0	0	0
WENDY T EARP SVP, CFO, TREAS,SEC, MEMA	34 0 6 0			х				0	177,913	14,946
STEVE HANDSCHUH COO, MEMA	40 0			х				0	364,740	40,331
JACK CAMERON VICE PRESIDENT, AASA	40 0				х			0	194,840	30,198
TIM KRAUS VICE PRESIDENT, MEMA	40 0				Х			0	213,579	40,548
WILLIAM LONG VICE PRESIDENT, MEMA	40 0				х			0	178,325	9,273
LACY WILSON SENIOR VP GOV'T AFFAIRS, MEMA	40 0				х			0	298,613	18,589
JOHN CHALIFOUX VICE PRESIDENT, MERA	40 0				х			0	214,997	40,946
NEIL DE KOKER VICE PRESIDENT, MEMA	40 0				х			0	486,310	40,762
CHRIS GARDNER VICE PRESIDENT, AASA	40 0				х			0	182,475	34,206
PAUL MACCARTHY VICE PRESIDENT, AASA	40 0				х			0	180,207	34,503
DAVID ANDREA VICE PRESIDENT, OESA	40 0				×			0	223,414	15,009

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

40 0

40 0

VICE PRESIDENT, OESA

VICE PRESIDENT, OESA

VICE PRESIDENT, MEMA

MICHAEL SHAPIRO

DANIEL HOUTON

(A) Name and Title	(B) A verage hours per week (list	unles:	thar	o not n one son i er an	e box is bo nd a	th		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	any hours for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related organizations
MARGARET BAXTER VICE PRESIDENT, OESA	40 0				х			0	206,936	39,988
GLENN STEVENS VICE PRESIDENT, OESA	40 0				x			0	188,042	34,110
JO ANNE FARR VP HUMAN RESOURCES/ADMIN, MEMA	34 0 6 0					х		0	120,355	19,833
CATHERINE BOLAND VICE PRESIDENT, MEMA	40 0					x		0	115,860	41,178
GREG JANICKI	40 0					×		0	139.337	36,618

Χ

Χ

139,337

134,881

102,801

0

0

0

36,618

30,218

8,439

DLN: 93493319042583

OMB No 1545-0047

Inspection

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

Political Campaign and Lobbying Activities

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

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" 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, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** Motor and Equipment Manufacturers Association 13-1068400 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV 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 function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4 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 **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2012					Page 2
Pa	art II-A Complete if the organization	is exempt under	section 501(c)(3) and fil	ed Form 5768	(election
_	under section 501(h)). Check ► if the filing organization belongs to a	an affiliated group (and	lict in Part IV os	ach affiliated are	un mambar's nam	o addross EIN
	expenses, and share of excess lobb	ying expenditures)		_	up member s nam	e, address, LTN
<u>B</u>	Check Frifthe filing organization checked box	x A and "limited contro	ıl" provisions apı	oly		
	Limits on Lobbying E (The term "expenditures" means an		l .)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	O ther exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1c	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on li	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	0,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,	.000		
	Over \$17,000,000	\$1,000,000				
	Grassroots nontaxable amount (enter 25% of lin	e 1f)				
_	Subtract line 1g from line 1a If zero or less, ente	•		-		
i	Subtract line 1f from line 1c If zero or less, ente			-		
_	If there is an amount other than zero on either lin		organization file	Form 4720 rep	ortina	1
-	section 4911 tax for this year?					┌ Yes ┌ No
_	4-Voor Av	veraging Period U	Inder Section	F01/b)		
	(Some organizations that made a scolumns below. See the	section 501(h) el	ection do not	have to cor		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		1
	Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontavable amount					

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N filed Form 5768 (election under section 501(h)).	ЮТ			, 4	gc c
_	1	(a	1)		(b)	
For e activ	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying ity.	Yes	No	4	moun	t
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	•				
а	Volunteers?					
b	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?					
e	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?					
j	Total Add 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			1		
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	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).	01(c))(5), d	or se	ection	า
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1		No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		<u>_</u>	2		No
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		Νo
	t III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "I line 3, is answered "Yes."	No" O			t III-	Α,
1	Dues, assessments and similar amounts from members	1			3,681	.16
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a			530	93,0
b	Carryover from last year	2b				
C	Total	2c				93,0
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3			404	2 9, ا
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			126	,01
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, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

art II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier Reference Explanation

DLN: 93493319042583

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Open to Public Inspection

	ne of the organization		Emp	oloyer ident if icat	tion numbe	er
ioto	or and Equipment Manufacturers Association		13-	1068400		
aı	organizations Maintaining Donor Advorganization answered "Yes" to Form 990				. Comple	te if the
		(a) Donor advised funds		(b) Funds and o	ther accou	ınts
	Total number at end of year					
	Aggregate contributions to (during year)					
	Aggregate grants from (during year)					
	Aggregate value at end of year					
	Did the organization inform all donors and donor advise funds are the organization's property, subject to the or		or adv	ısed	┌ Yes	┌ No
	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the beneficonferring impermissible private benefit?				┌ Yes	┌ No
ľ	t III Conservation Easements. Complete if	the organization answered "Yes" to	o Forn	n 990, Part IV	, line 7.	
	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	or education) Preservation of an Preservation of a c	ertifie	d historic struct	ure	
	easement on the last day of the tax year	qualified conservation contribution in t		1		V
	Total number of conservation easements		20	Held at the	Ena or the	Year
	Total acreage restricted by conservation easements	•	2a 2b			
	Number of conservation easements on a certified history	oric structure included in (a)				
	Number of conservation easements on a certified inscending the conservation easements included in (c) accommodate the conservation of the conservation easements on a certified inscending the conservation easements included in (c) accommodate the conservation easements in cluded in (c) accommodate the conservation easements in cluded in (c) accommodate the conservation easements in conservation easements easements in conservation easements easements easements easements easements easements	` '	2c 2d			
	Number of conservation easements modified, transferr	ء ed, released, extinguished, or terminate	d by th	ne organization o	during	
	the tax year ▶					
	Number of states where property subject to conservat	ion assement is located by				
	Does the organization have a written policy regarding tenforcement of the conservation easements it holds?		— dling of	f violations, and	┌ Yes	☐ No
	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation easen	nents (during the year		
	A mount of expenses incurred in monitoring, inspecting	g, and enforcing conservation easements	durın	g the year		
	Does each conservation easement reported on line 2 (and section $170(h)(4)(B)(II)$?	d) above satisfy the requirements of sec	tion 1	70(h)(4)(B)(ı)	┌ Yes	┌ No
	In Part XIII, describe how the organization reports collibation balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easements.	e footnote to the organization's financial ents	stater	ments that desc	rıbes	
1	Organizations Maintaining Collection Complete if the organization answered "Y		or Ot	her Similar <i>I</i>	Assets.	
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide, in Part XIII, the text of the footnote to	ts held for public exhibition, education,	or rese	earch in furthera		
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide the following amounts relating to thes	ts held for public exhibition, education,				ıc
	(i) Revenues included in Form 990, Part VIII, line 1			► \$		
	(ii) Assets included in Form 990, Part X			► \$		
	If the organization received or held works of art, histor following amounts required to be reported under SFAS		r finan			
	Revenues included in Form 990, Part VIII, line 1			F -\$_		
	Assets included in Form 990, Part X			-		
				- +		

Par	Organizations Maintaining Co	<u>llections of Ar</u>	t, His	stori	<u>cai i</u>	<u>reasu</u>	res, or O	tne	r Similar As	ssets (c	<u>ontinued)</u>
3	Using the organization's acquisition, access collection items (check all that apply)	on, and other reco	rds, cl	heck	any of	the follo	owing that a	are a	significant use	e of its	
а	Public exhibition		d	Γ	Loan	or excl	nange progr	ams			
b	Scholarly research		e	Г	Othe	r					
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expl	aın ho	w the	y furth	er the o	rganızatıor	ı's ex	empt purpose	ın	
5	During the year, did the organization solicit o	or receive donation	s of aı	rt, his	torica	l treasu	res or othe	rsım	ılar		
	assets to be sold to raise funds rather than t	o be maintained as	part	of the	organ	ızatıon':	s collectior	۱?		☐ Yes	┌ No
Par	Part IV, line 9, or reported an an						n answere	d "Y	es" to Form !	990,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					utions o	or other ass	ets r	ot	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	e follo	wing	able		_				
									Aı	nount	
с	Beginning balance						-	1c			
d	Additions during the year						F	1d			
е	Distributions during the year						-	1e			
f	Ending balance						L	1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, Iır	ne 21?	>						☐ Yes	☐ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	e expla	anatı	n has	been pr	rovided in P	art >	III		Γ
Pa	rt V Endowment Funds. Complete										
4 -	Daniman of warmhalana	(a)Current year	(b)Prior	year	b (c) Tv	vo years back	((d)	hree years back	(e)Four y	ears back
1a	Beginning of year balance							 			
b	Contributions							+			
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curi	ent vear end balan	ice (lir	ne 1 a	colun	nn (a)) h	neld as				
– a	Board designated or quasi-endowment	ene year ena baran			, corum	(u)) i	icia as				
b	Permanent endowment										
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c show	•									
3a	Are there endowment funds not in the posses organization by	ssion of the organiz	zatıon	that	are hel	d and a	dmınıstere	d for	the	Yes	No
	(i) unrelated organizations								3a		
	(ii) related organizations								3a	(ii)	
b	If "Yes" to 3a(II), are the related organization								3	b	
4	Describe in Part XIII the intended uses of th					10					
Par	t VI Land, Buildings, and Equipme Description of property	e nt. See Form 99	90, Pa		, line) Cost c		(b)Cost or	other	(c) Accumulate	-d (d) E	ook value
	Description of property					stment)	basis (oth		depreciation		OOK Value
1a	Land										
b	Buildings			L							
С	Leasehold improvements						5	9,810	40,	813	18,997
d	Equipment						68	1,373	595,	232	86,141
ее	Other						1,09	9,818	344,	845	754,973
Tota	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colu	umn (B), line	10(c).)			🕨		860,111

Part VII Investments—Other Securities. Se		
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives		Cost of end-of-year market value
(2)Closely-held equity interests		
(3)Other		
A) PRIVATE INVESTMENT FUND	1,657,801	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	1,657,801	
Part VIII Investments—Program Related.		
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) becompared of investment type	(2) 2001. Value	Cost or end-of-year market value
(1) INVESTMENT-MKT SERVICES CO	2,220,381	С
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	> 2,220,381	
Part IX Other Assets. See Form 990, Part X		
(a) Des		(b) Book value
		
Total. (Column (b) must equal Form 990, Part X, col.(B) line	: 15.)	
Part X Other Liabilities. See Form 990, Par		
1 (a) Description of liability	(b) Book value	
Federal income taxes	0	
SHORT TERM DEFERRED GAIN	198,957	
LONG TERM DEFERRED GAIN	-1,193,743	
ACCRUED RENT LIABILITY	94,868	
DEFERRED COMPENSATION	200,000	
DELENKED COMMENSATION	200,000	
	+	
-		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	-699,918	
2. Fin 48 (ASC 740) Footnote In Part XIII, provide the	text of the footnote to the organiza	ation's financial statements that reports the

Identifier

XLE Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Re	eturn
Total revenue, gains, and other support per audited financial statements	1	
Amounts included on line 1 but not on Form 990, Part VIII, line 12		
Net unrealized gains on investments		
Donated services and use of facilities		
Recoveries of prior year grants		
Other (Describe in Part XIII) 2d		
Add lines 2a through 2d	2e	
Subtract line 2e from line 1	3	
Amounts included on Form 990, Part VIII, line 12, but not on line 1		
Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
Other (Describe in Part XIII)		
Add lines 4a and 4b	4c	
Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
Total expenses and losses per audited financial statements	1	
Amounts included on line 1 but not on Form 990, Part IX, line 25		
Donated services and use of facilities 2a		
Prior year adjustments		
Other losses		
Other (Describe in Part XIII)		
Add lines 2a through 2d	2e	
Subtract line 2e from line 1	3	
Amounts included on Form 990, Part IX, line 25, but not on line 1:		
Investment expenses not included on Form 990, Part VIII, line 7b 4a		
Other (Describe in Part XIII)		
Add lines 4a and 4b	4c	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains on investments	Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains on investments

Return Reference

Explanation

DLN: 93493319042583

OMB No 1545-0047

Open to Public Inspection

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

Statement of Activities Outside the United States

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

Employer identification number

1	rand Equipment Manufacturers A	accessts an			1	
IUEC	or and Equipment Manufacturers A	ASSUCIALION			13-1068400	
Pa	General Informatio "Yes" to Form 990, Pa	n on Activition	es Outside tl	ne United States. Co		ation answered
1	For grantmakers. Does the assistance, the grantees' eligible the grants or assistance?	organization m gibility for the (iaintain record grants or assis	stance, and the selecti	on criteria used to awa	
2	For grantmakers. Describe in the United States.	n Part V the or	ganızatıon's p	rocedures for monitori	ng the use of grant fu	nds outside
3	Activites per Region (The follow	ving Part I, line 3	3 table can be d	uplicated if additional spa	ace is needed)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
	Central America and the Caribbean			Investments		1,657,801
	Europe (Including Iceland and Greenland)		1	Program Services	Monitor Euro auto ind	36,344
	Sub-total		1			1,694,145
ь	Total from continuation sheets		l	1	I	

to Part I

c Totals (add lines 3a and 3b)

1,694,145

Part I	Grants Part IV,	and Other As line 15, for any	sistance to Organ y recipient who rece	izations or Entiti Ived more than \$5,	es Outside the Ur 000. Part II can be	nited States. Comp duplicated if addition	olete if the organizational space is needed	tion answered "Yes' l.	' to Form 990,
	Name of anization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
_									
_									
_									
_									
_									
_									
_									
_									
_									
_									
_									
_									
2 Er ta	iter total nu x-exempt b	mber of recipie y the IRS, or fo	ent organizations list or which the grantee	ed above that are in or counsel has pro	recognized as charit ovided a section 501	ties by the foreign c 1(c)(3) equivalency	ountry, recognized letter	as 	
3 Er	nter total nu	mber of other	organizations or ent	cities					
								Schedule F	(Form 990) 2012

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
		+	1		,		1
		+ +		'	+		+
		+		'	+		+
		+	<u> </u>		 		+
	 		 		 	 	+
					<u> </u>		
					<u> </u>	<u> </u>	
							<u> </u>
			1				
		+ + +			,		1
		+ + +			+		
	 	+			+		+
			1		-		+
	 		 		 	 	
			 		<u> </u>	 	
						1	

Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Yes	굣	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Γ	Yes	ত	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	<u> ~</u>	Yes	Γ	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Γ	Yes	্	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Г	Yes	দ	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).	Г	Yes	V	Νo

Schedule F (Form 990) 2012

Part V	Supplementa	al Information
Part v	Supplementa	ai intormatio

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	ReturnReference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I (Form 990)

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

OMB No 1545-0047

13-1068400

2012

DLN: 93493319042583

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Motor and Equipment Manufacturers Association

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

Attach to Form 990

Open to Public
Inspection
Employer identification number

Part I General Inform	nation on Grants	and Assistance					
 Does the organization mainstrain the selection criteria used Describe in Part IV the organization 	to award the grants o	orassistance?					▽ Yes ┌
	<u> </u>	Governments and			. Complete if the org	janization answered	l "Yes" to
Form 990, Part I'	V, line 21, for any	recipient that receive	d more than \$5,000	. Part II can be dup	olicated if additional s	pace is needed.	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) NATIONAL AUTOMOTIVE SERVICE TASK FORCE 2220 CR210 W UNIT 108- 435 ST JOHNS, FL 32259	76-0837727	501(c)6	16,080				Automotive Study Financial Hardship General support FUND A STUDY
(2) THE AFTERMARKET FOUNDATION PO BOX 864520 ORLANDO, FL 32886	62-1759489	501(c)3	10,000				FINANCIAL HARDSHIP
(3) AMERICAN TORT REFORM ASSOCIATION 1101 CONNECTICUT AVE NW WASHINGTON, DC 20036	52-1464785	501(c)6	11,500				Legislator Awareness Program
(4) COMMERCIAL VEHICLE SAFETY ALLIANCE 6303 IVY LANE SUITE 310 GREENBELT, MD 20770	91-1212247	501(c)6	10,000				Automotive Study
2 Enter total number of sect3 Enter total number of othe						.	1

rt III	Grants and Other Assistance to Individuals in the United States	. Complete if the organization answered	"Yes" to Form 990, Part IV, line	<u>22.</u>
	Part III can be duplicated if additional space is needed.			

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV	Supplemental Informa	tion
---------	----------------------	------

Complete this part to provide the information required in Part I. line 2. Part III. column (b), and any other additional information

	Return Reference	Explanation
Procedure for Monitoring Use of Grant Funds Inside U S	l '	MEMA ensures research studies it provides grants for are conducted in accordance with signed contracts

Schedule I (Form 990) 2012

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493319042583

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Compensation Information

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

	ame of the organization		Employer identificati	on nur	nber	
МО	otor and Equipment Manufacturers Association		13-1068400			
Pa	art I Questions Regarding Compensation		13 1000400			
	Questions Regulating compensation				Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or f 990, Part VII, Section A, line 1a Complete Part III to provide any relevant informa				1.05	1.0
	First-class or charter travel Housing allowance or r	esidence for	personal use			
	□ Travel for companions □ Payments for business	use of perso	onal residence			
	▼ Tax idemnification and gross-up payments	ues or initiat	ion fees			
	□ Discretionary spending account □ Personal services (e g)	, maıd, chau	ffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written police reimbursement or provision of all of the expenses described above? If "No," comple			1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expense directors, trustees, and the CEO/Executive Director, regarding the items checked i		all officers,	2	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the coorganization's CEO/Executive Director Check all that apply Do not check any box used by a related organization to establish compensation of the CEO/Executive Director	es for metho ector, but ex	ds			
	✓ Compensation committee ✓ Written employment co					
	☐ Independent compensation consultant ☐ Compensation survey	-				
	Form 990 of other organizations Approval by the board	or compensa	ition committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line $1a$ with or a related organization	n respect to t	he filing organization			
а	Receive a severance payment or change-of-control payment?			4a	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plar	17		4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangemen	ıt?		4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts fo		n Part III			
5	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pa	v or accrue	nnv.			
3	compensation contingent on the revenues of	ly of accide a	ally			
а	The organization?			5a		
Ь	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, line 1a, did the organization pacompensation contingent on the net earnings of	y 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, line 1a, did the organization propayments not described in lines 5 and 6? If "Yes," describe in Part III	ovide any no	n-fixed	7		
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a co	ntract that w	/as			

subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

ın Part III

section 53 4958-6(c)?

8

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

For each individual whose compensation must be reported 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)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2012

Part III Supplemental Information

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

The complete and part for any additional micrimation						
Identifier	Return Reference	Explanation				
Tax indemnification and gross-up payments	Schedule J, Part I, Line 1a	William Long received a taxable benefit of \$10,021 in tax gross ups due to relocation costs				
Health or social club dues or initiation fees	Schedule J, Part I, Line 1a	The MEMA Management Services Group, a related organization, pays for a club membership that is primarily for MEMA's President to conduct business MEMA reimburses The MEMA Management Services Group monthly for these club dues. In addition, monthly club dues are reimbursed to the OESA Divisional President, and included in his taxable benefits.				
Severance or change of control	Schedule J, Part I, Line 4a	Jack Cameron received \$21,312 as severance pay during 2012				
Supplemental nonqualified retirement plan		Robert McKenna participated in a frozen (As of 12/31/2009) supplemental nonqualified retirement plan during the year No amounts were paid into the plan by this or any related organization during the year and he did not receive any distributions out of the plan during the year Cornelius DeKoker participated in a supplemental nonqualified retirement plan during the year No amounts were paid into the plan by this or any related organization during the year and he did not receive any distributions out of the plan during the year				

Schedule J (Form 990) 2012

Return to Form

Software ID: Software Version:

EIN: 13-1068400

Name: Motor and Equipment Manufacturers Association

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Form 990, Schedule J,	<u>, Part 1</u>	1 - Officers, Direc	tors, Trustees, Ke	y Employees, and	Highest Compens	Jateu Employees		<u> </u>
(A) Name	1	(B) Breakdown of	fW-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form
		(i) Base Compensation	(ii) Bonus & Incentive compensation	(iii) O ther compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
ROBERT E MCKENNA	(1) (11)	370,487	0 167,900	0 20,162	0 15,000	0 25,842	0 2 599,391	. o
JACK CAMERON	(I) (II)		0 45,787	0 21,312	0 7,946	0 22,252	0 225,038	0 0
WENDY T EARP	(ı) (ıı))) 145,604	0	0	0	0	0	0
STEVE HANDSCHUH	(1) (11)		0	0	0	0	0	0
TIM KRAUS	(1) (11)		0	0	0	0	0	0
WILLIAM LONG	(I) (II)		0	0	0	0	0	0
LACY WILSON	(I) (II)		0	0	0	0	0	0
JOHN CHALIFOUX	(I) (II)		0	0	0	0	0	0
NEIL DE KOKER	(ı) (ıı)		0	0	0	0	0	0
CHRIS GARDNER	(ı) (ıı)		0 42,246	0	0	0	0 216,681	. 0
PAUL MACCARTHY	(I) (II)		0 25,000	0 207	0 9,671	0 24,832	0 214,710	0
CATHERINE BOLAND	(ı) (ıı)		0 11,960	0 330	_	0 34,071	0 . 157,038	0
DAVID ANDREA	(I) (II)		0 47,586	0 1,314	ı	0 4,506	' I	0 0
MARGARET BAXTER	(I) (II)) 0) 159,964	0 46,144	0 828	- 1	0 29,803	0 3 246,924	0 0
GREG JANICKI	(I) (II)		0 15,210	0 272	- 1	0 28,603	0 175,955	0 0
MICHAEL SHAPIRO	(I) (II)		0 13,488	0 173		0 26,355	0 165,099	0 0
GLENN STEVENS	(I) (II)		0 33,619	0 346	- 1	0 26,862	0 222,152	0 0

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493319042583

Schedule L

(Form 990 or 990-EZ)

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization Motor and Equipment Manufacturers Association 13-1068400 Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (a) Name of disqualified person (b) Relationship between disqualified (c) Description of transaction (d) Corrected? person and organization Yes No 2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (b) Relationship (c) Purpose (d) Loan to (e)Original (f)Balance (i)Written (a) Name of (h) **(g)** In interested with organization of loan or from the principal due default? Approved agreement? person organization? amount by board or committee? Τо From Yes No Yes No Yes No Total \$ Part III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested (c) A mount of assistance (d) Type of assistance (b) Relationship between (e) Purpose of assistance person interested person and the organization

Part IV Business Transactions Involving Interested Persons
--

Complete if the organization			e 28a, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) MEMA Financial Services Group	See Part V	221,348	See Part V		No
(2) MEMA Management Services Group	See Part V	7,480,088	See Part V		No

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
TRANSACTIONS WITH INTERESTED PERSONS		b) Relationship the following five directors and/or officers of this organization were also directors and/or officers during all or part of 2012 of the above noted companies Robert McKenna, John Corey, Douglas Grimm, Joseph McAleese, Wendy Earp d) Description of Transactions Reimbursement of Expenses for certain services and payroll

Schedule L (Form 990 or 990-EZ) 2012

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493319042583

OMB No 1545-0047

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization
Motor and Equipment Manufacturers Association

Employer identification number

13-1068400

ldentifier	Return Reference	Explanation
Significant New Program Services	Form 990, Part III, Line 2	Effective January 1, 2012, Original Equipment Suppliers Association, Inc. (OESA) became an operating market segment association of MEMA. OESA's purpose is to promote the best interests of its members by coordinating constructive dialogue, cooperative research and strategic information exchange between the various supplier industry participants, and with the original equipment manufacturers and the government entities that regulate the business

ldentifier	Return Reference	Explanation
Delegation of Authority	Form 990, Part VI	The Executive Committee has the authority to act on behalf of the Board

ldentifier	Return Reference	Explanation
Business Relationships	Form 990, Part VI, Line 2	During all or part of 2012, two of this organization's officers, Robert McKenna and Wendy Earp, and three of this organization's directors, Joseph McAleese, John Corey and Douglas Grimm, were also officers and directors, respectively, of the MEMA Marketing Services Company, Inc., a corporation wholly owned by Motor and Equipment Manufacturers Association. Robert McKenna and Wendy Earp are employees of the MEMA Management Services Group, Inc., a corporation wholly owned by the MEMA Marketing Services Company, Inc. The same two officers and three directors are officers and directors, respectively, of The Educational and Research Foundation of MEMA, an organization related to this organization. One of the officers (Robert McKenna) was also on the board of Original Equipment Suppliers Association (OESA), an organization related to this organization. Another officer (Wendy Earp) was also an officer of OESA. In addition, board members John Corey, Douglas Grimm, William Kozyra, James McElya and James Orchard were also on the board of OESA. Robert McKenna and Wendy Earp have a business relationship with Steve Handschuh, Tim Kraus, Lacy Wilson, Jack Cameron, Chris Gardner, John Chalifoux, Paul McCarthy, William Long, Neil De Koker, David Andrea, Margaret Baxter and Glenn Stevens.

ldentifier	Return Reference	Explanation
Significant Changes to Governing Documents	· '	Effective 1/1/12, Original Equipment Suppliers Association (tax ID 38-3490170), an organization that was related to MEMA, formally became an operating market segment association of MEMA

ldentifier	Return Reference	Explanation
Members or Stockholders	Form 990, Part VI, Line 6	MEMA members consist of companies of good repute and sound financial condition with at least one facility in North America, actually engaged in the manufacture, production, remanufacturing or formulation of products or services integral to the manufacture of products for the automotive, heavy duty, off-highway, aircraft, marine, or related industries

ldentifier	Return Reference	Explanation
Members or Stockholders Who May ⊟ect		Of the fifteen maximum board members of MEMA, up to eight of those positions are elected by the four market segment boards (two positions elected by each AASA, HDMA, OESA and up to 2 by MERA)

ldentifier	Return Reference	Explanation
Contemporaneous Documentation - Committees	Form 990, Part VI, Line 8b	The committee's meetings are not formally documented at the time the meetings are held Meetings are discussed at board meetings and this discussion is documented in the board minutes

ldentifier	Return Reference	Explanation
Form 990 Review Process	Form 990, Part VI, Line 11b	The form 990 is provided to all board members prior to filing via email. The form is reviewed in detail by the director of accounting, CFO/Secretary and president prior to filing. Any questions are addressed and resolved prior to filing. If changes are necessary to the Form 990 then those items will be circulated to the board members so that they have the Final 990.

ldentifier	Return Reference	Explanation
Conflict of Interest Policy Monitoring & Enforcement	Form 990, Part VI, Line 12c	The policy is reviewed and signed annually by any staff member with the title manager or above. Any volunteer with decision making authority, board member and officer is to review and sign annually. They are to sign a statement which affirms such person 1) has received a copy of the conflicts of interest policy, 2) has read and understands the policy, 3) has agreed to comply with the policy, 4) understands that MEMA is a nonprofit corporation and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes.

ldentifier	Return Reference	Explanation
Process for Determining Compensation	Form 990, Part VI, Line 15a & 15b	The compensation committee with oversight from the MEMA executive committee is responsible for 1) evaluating the performance of the president and awarding an appropriate compensation package, 2) approving any employment, retention and severance agreement with the president, 3) with the approval of the board of directors, obtaining benchmark compensation data from an outside consultant, and 4) overseeing the president's evaluation and compensation decisions with respect to the association's senior staff

ldentifier	Return Reference	Explanation
How Documents are Made Available to the Public	1	MEMA does not make its governing documents, conflict of interest policy or financial statements available to the public

ldentifier	Return Reference	Explanation
Other Changes in Net Assets	Form 990, Part XI, Line 5	Deferred Gain on Bldg Sale \$198,959 OESA Retained Earnings \$2,090,961

DLN: 93493319042583

2012

OMB No 1545-0047

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

(Form 990)

SCHEDULE R

Employer identification number Name of the organization Motor and Equipment Manufacturers Association 13-1068400 Identification of Disregarded Entities (Complete of the organization answered "Yes" to Form 990, Part IV, line 33.) (f) (e) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section (13) co	
						Yes	No
(1) Educational & Research Found of MEMA	Research	NJ	501(c)(3)	11a	NA	Yes	
10 Laboratory Drive							
RTP, NC 27709 22-2463502							
(2) ORIGINAL EQUIPMENT SUPPLIERS ASSOCIATION	TRADE ASSOC	DC	501(c)(6)	N/A	NA		No
10 Laboratory Drive							
RTP, NC 27709 38-3490170							
-						+	

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

	ac ac a p		ading	and tak your	•,							
(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		(h Disprop allocat	ortionate cions?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	eral or aging ener?	(k) Percentage ownership
				·			Yes	No		Yes	No	
(1) AAPEX Show	Trade Show	NV	NA	Related	3,750,917	566,962		No	0	Yes		40 000 %
Sands Expo Center Las Vegas, NV 89109 36-4257968												
(2) PAACE Automechanika Mexico LLC	Trade Show	GA	NA	Related	66,598	170,454		No	0		No	16 667 %
1600 Parkwood Circle Atlanta, GA 30338 20-8927572												
Don't TV Identification of Polated Organizations Taxable	Cor		0 0 T	ot (Complete	if the oran	nization ar	25,110,5	ad "V	os" to Form	000) Do	r+ T\/

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity entity (C corp, S corp, or trust)			(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section (b)(i contro entil	on 512 (13) rolled
				<u> </u>		 ′	\int	Yes	No
(1) The MEMA Marketing Service Companies	Holding Co	1	NA	C Corp	-117,703	1,756,359	100 000 %		No
10 Laboratory Drive RTP, NC 27709 22-2290049		DE			ĺ'	!			_ !
(2) The MEMA Financial Services Group	Credit Report		MEMA MKT SV	C Corp	-111,473	407,893	100 000 %		No
10 Laboratory Drive RTP, NC 27709 22-2290046		DE			ĺ				
(3) The MEMA Management Services Group	Assoc Mngt		MEMA MKT SV	C Corp	-49,164	2,125,515	100 000 %		No
10 Laboratory Drive RTP, NC 27709 13-2670086		NJ							
(4) The Motivation Group	Inactive		MEMA MKT SV	C Corp	-62	5,542	100 000 %		No
10 Laboratory Drive RTP, NC 27709 22-2053314		NJ							
	7			7					

hedule R (Form 990) 2012			Page :	3_
Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line	34, 35b, or 36.)			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Y	es N	0
L During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a		N	0
b Gift, grant, or capital contribution to related organization(s)	1b	Y	es	
c Gift, grant, or capital contribution from related organization(s)	1c	Y	es	
d Loans or loan guarantees to or for related organization(s)	1d		N	0
e Loans or loan guarantees by related organization(s)	1e	:	N	<u> </u>
f Dividends from related organization(s)	1f		N	0
g Sale of assets to related organization(s)	19		N	<u>-</u>
h Purchase of assets from related organization(s)	1h		N	0
i Exchange of assets with related organization(s)	1i		N	0
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Y	es	
k Lease of facilities, equipment, or other assets from related organization(s)	1k		N	0
I Performance of services or membership or fundraising solicitations for related organization(s)	11		N	<u> </u>
m Performance of services or membership or fundraising solicitations by related organization(s)	1n	n	N	<u> </u>
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	1 Y	es	
• Sharing of paid employees with related organization(s)	10	Y	es	
p Reimbursement paid to related organization(s) for expenses	1р	Y	es	
q Reimbursement paid by related organization(s) for expenses	1q	Y.	es	_
r Other transfer of cash or property to related organization(s)	1r		N	0
s Other transfer of cash or property from related organization(s)	1s	Y	es	_

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MEMA Financial Services Group	q	221,348	Cost
(2) MEMA Management Services Group	p	7,480,088	Cost
(3) MEMA Marketing Services Companies	b	97,000	Cost
(4) MEMA Financial Services Group	J	65,248	Cost
(5) Educational & Research Foundation of MEMA	С	85,000	Cash grant
(6) Original Equipment Suppliers Association	S	2,090,961	Net asset value

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross)

revenue) that was not a related organization See instructions re	garding exclu	sion for ce		nent	partnerships				•	,		Ī	
(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 section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	end-of-year	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	

Software ID: Software Version:

EIN: 13-1068400

Name: Motor and Equipment Manufacturers Association

Schedule R (Form 990) 2012

Page **5**

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation						
	PART III- RELATED PARTNERSHIP	While MEMA's share of the profit and loss of the AAPEX Show is 40%, MEMA is a 50% owner/partner with regard to the show's operations and management						
> Form 99	-> Form 990, Schedule R, Part V - Transactions With Related Organizations							

(b) (c) (d) Name of other organization Transaction Amount Involved Method of determining type(a-s) amount involved 221,348 Cost MEMA Financial Services Group q 7,480,088 Cost MEMA Management Services Group р 97,000 Cost MEMA Marketing Services Companies b MEMA Financial Services Group 65,248 Cost J 85,000 Cash grant Educational & Research Foundation of MEMA С 2,090,961 Net asset value Original Equipment Suppliers Association s