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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

2012

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 INTER-INDUSTRY CONFERENCE ON AUTO COLLISION REPAIR Address change 36-3117579 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 5125 TRILLIUM BLVD Terminated (847) 590-1198 City or town, state or country, and ZIP + 4 HOFFMAN ESTATES, IL 60192 Amended return Application pending **G** Gross receipts \$ 34,792,930 Name and address of principal officer **H(a)** Is this a group return for JOHN VAN ALSTYNE ┌ Yes 🗸 No affiliates? 5125 TRILLIUM BLVD HOFFMAN ESTATES, IL 60192 **H(b)** Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) 「 501(c)(3) **▼** ☐ 4947(a)(1) or ☐ 527 Tax-exempt status 501(c) (6) ◀ (insert no) H(c) Group exemption number ▶ Website: ► WWW I-CAR COM K Form of organization
✓ Corporation
☐ Trust
☐ Association
☐ Other ► L Year of formation 1979 M State of legal domicile IL Part I Summary Briefly describe the organization's mission or most significant activities I-CAR DEVELOPS AND DELIVERS TECHNICAL TRAINING PROGRAMS TO PROFESSIONALS IN ALL AREAS OF THE COLLISION INDUSTRY IN ADDITION, I-CAR PROVIDES A COMMUNICATION FORUM FOR ANYONE INTERESTED IN PROPER COLLISION REPAIR Activities & Governance 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) . . Number of independent voting members of the governing body (Part VI, line 1b) 22 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 576 1,629 6 Total number of volunteers (estimate if necessary) . 7a Total unrelated business revenue from Part VIII, column (C), line 12 . 7a 410,942 **b** Net unrelated business taxable income from Form 990-T, line 34 **7**b 256,335 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . 120,947 114,200 Program service revenue (Part VIII, line 2g) . 9 21,362,082 26,888,382 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 360,721 464,369 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 13,271 14,333 11 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 21,857,021 27,481,284 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 0 200,000 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 11,922,091 14,271,898 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) $\blacktriangleright 0$ 6,398,291 7,632,994 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 18,320,382 22,104,892 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 3,536,639 5,376,392 (Assets or defined despes) **Beginning of Current End of Year** Year 20 28,573,786 Total assets (Part X, line 16) . 21,996,313 21 Total liabilities (Part X, line 26) 8,002,851 8,446,585 22 Net assets or fund balances Subtract line 21 from line 20 13,993,462 20,127,201 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 2013-08-06 Signature of officer Sign

Preparer's signature

Firm's name FMANN WEITZ & ASSOCIATES LLC

Firm's address ► 111 DEER LAKE ROAD SUITE 125

DEERFIELD, IL 60015 May the IRS discuss this return with the preparer shown above? (see instructions) .

JOHN VAN ALSTYNE PRESIDENT & CEO

Print/Type preparer's name ELLYN SAMSKY

Type or print name and title

Here

Paid

Preparer

Use Only

Check

self-employed

Firm's EIN 🕨 36-3963131

Phone no (847) 267-3400

P00626208

Date

✓ Yes ☐ No

Forn	n 990 (2012)				Page
Par		nt of Program Service And the contract of the contains a response	Accomplishments e to any question in this Part III		
1	Briefly describe t	he organization's mission			
		S TO DELIVER INCREASING	GLY ACCESSIBLE, ON-DEMAND REPAIR INTER-INDUSTRY	AND RELEVANT EDUCATIO	N, KNO WLEDGE,
	Dıd the organizatı	on undertake any significant p	rogram services during the year v	which were not listed on	
	the prior Form 99	or990-EZ?			┌ Yes ┌ No
	If "Yes," describe	these new services on Schedu	ule O		
3	Did the organizati	= :	significant changes in how it cond	ducts, any program	┌ Yes ┌ No
	If "Yes," describe	these changes on Schedule O			
4	expenses Section		complishments for each of its thre anizations are required to report t a program service reported		
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
			FRAINING PROGRAMS TO PROFESSIONALS TRAINING CLASSES AND ONLINE TRAININ		
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	TESTING DURING T	HE YEAR ENDED 12/31/12, I-CAR CO	ONDUCTED 1,340 WELDING QUALIFICATIO	ON TEST EVENTS COMPRISED OF 5,0	62 TEST UNITS
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
			R, MEETINGS AND CONFERENCES, I-CAR N THE COLLISION REPAIR INDUSTRY AND		M ON PROPER COLLISION
	0.11		2.1		
4d	(Expenses \$	ervices (Describe in Schedule including	g grants of \$) (Revenue \$)

Total program service expenses ►

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? *	2	Yes	
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? <i>If</i> "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II"	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
LO	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		No
l 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		No
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		No
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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
.2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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		No
.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		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the 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? <i>If</i> "Yes," complete Schedule F, Parts III and IV	16		No
L 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
L 8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
L 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		No
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		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "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	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
	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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32		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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "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?	20	Yes	

Par				_
	Check if Schedule O contains a response to any question in this Part V		 Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 29		1 65	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	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		140
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
7	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		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds 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		
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand]		
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

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

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

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed ►CA
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►MICHAEL BREY 5125 TRILLIUM BLVD HOFFMAN ESTATES, IL (847) 590-1198

Form	990	(2012
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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	1								
(A) Name and Title	(B) A verage hours per week (list any hours	more t perso and	han o	one l both ector	box, an o	officer stee)		(D) Reportable compensation from the organization (W-	from related corganizations (W- 2/1099- or MISC)	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-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	A verage hours per week (list any hours and a director/trustee) A verage hours per week (list any hours and a director/trustee) A verage hours position (do not check more than one box, unless compensation from the organizations (Worganizations (Worgani				-	(F) Estimated amount of other compensation from the organization and							
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)		rganizati relate organiza	ed
												-		
41								<u> </u>						
1b c	Sub-Total	s to Part VII. S	· · · ection A	٠.	•		_							
d	Total (add lines 1b and 1c) .	· ·			٠.		•	•		2,148,250		0		222,126
2	Total number of individuals (in \$100,000 of reportable compe	_					d abov	e) wl	ho receive	d more th	nan	•		
													Yes	No
3	Did the organization list any fo on line 1a? <i>If "Yes," complete S</i>	•				key	emplo	yee,	or highes	t compen	sated employee			
4	For any individual listed on line					• mne	neatio	• n and	d other cor	mnencati	on from the	3		No
7	organization and related organ											4	Yes	
5	Did any person listed on line 1 services rendered to the organ								_		or individual for	5		No
6-	ction R Indonesiant Co	ntractors												
<u> </u>	ction B. Independent Co Complete this table for your fix		ensated	dınde	eper	dent	contr	acto	rs that rec	eıved mo	re than \$100,000	of		
	compensation from the organiz												tax year (c	
\A/TRICT		ame and business	address								cription of services	_	Comper	sation
	ON & STRAWN 35 W WACKER DR CH COMMUNICATIONS GROUP INC 2929		NORTHBR	.00K I	L 600)62				LEGAL SER'	VICES G AND OTHER SERVIC	ES		207,926 140,110
												-T		

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

\$100,000 of compensation from the organization -2

Total revenue Related or Unr exempt bus	(C) related siness venue	(D) Revenue excluded from tax under sections 512,513,or 514
b Membership dues 1b	410,942	
Total Add lines 2a-2f	410,942	
Total Add lines 2a-2f	410,942	
Total Add lines 2a-2f	410,942	
Total Add lines 2a-2f	410,942	
Total Add lines 2a-2f	410,942	
Business Code	410,942	
3 Investment income (including dividends, interest, and other similar amounts)	410,942	
3 Investment income (including dividends, interest, and other similar amounts)	410,942	
3 Investment income (including dividends, interest, and other similar amounts)	410,942	
3 Investment income (including dividends, interest, and other similar amounts)	410,942	
3 Investment income (including dividends, interest, and other similar amounts)	410,942	
3 Investment income (including dividends, interest, and other similar amounts)	410,942	
3 Investment income (including dividends, interest, and other similar amounts)		198,890
and other similar amounts)		
and other similar amounts)		336,580
5 Royalties		
(ı) Real (ıı) Personal		
6a Gross rents		
b Less rental expenses		
c Rental income or (loss)		
d Net rental income or (loss)		
(i) Securities (ii) Other		
7a Gross amount from sales of 7,439,435		
assets other than inventory		
b Less cost or other basis and 7,311,646		
sales expenses C Gain or (loss) 127,789		
d Net gain or (loss)		127,789
8a Gross income from fundraising		
events (not including s		
of contributions reported on line 1c) See Part IV, line 18		
a see Fait IV, lille 18		
b Less direct expenses b		
c Net income or (loss) from fundraising events		
9a Gross income from gaming activities See Part IV, line 19		
a		
b Less direct expenses b		
c Net income or (loss) from gaming activities		
10a Gross sales of inventory, less returns and allowances .		
b Less cost of goods sold b		
c Net income or (loss) from sales of inventory		
Miscellaneous Revenue Business Code		
11a OTHER 900099 14,333 14,333		<u> </u>
b		
d All other revenue		
e Total. Add lines 11a-11d		
14,333		
27,481,284 26,292,883	410,942	663,259 Form 990 (2012)

Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must complete all columns. All	other organizati	ons must comp	lete column (A)	
	Check if Schedule O contains a response to any question in this Pa				<u>.</u>
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	200,000			
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,592,932			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	10,571,893			
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	146,794			
9	Other employee benefits	932,179			
.0	Payroll taxes	1,028,100			
.1	Fees for services (non-employees)				
а	Management				
b	Legal	224,060			
C	Accounting	38,381			
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	85,593			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	798,247			
2	Advertising and promotion	106,108			
3	Office expenses	1,331,298			
4	Information technology	130,551			
5	Royalties	,			
6	Occupancy	377,122			
7	Travel	715,804			
8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	324,447			
0	Interest	230,620			
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	563,222			
3	Insurance	90,580			
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	INCOME AND FRANCHISE TA	99,617			
b	INSTRUCTION COSTS	1,021,759			
С	R&D FUND	726,661			
d	COURSE/TRAINING DEVELOP	514,234			
e	All other expenses	254,690			
25	Total functional expenses. Add lines 1 through 24e	22,104,892			
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 ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Par	t X	Balance Sheet Check if Schedule O contains a response to any question in this Par	t X			
		encon no concesso o contento a recepcina de contento no contento no contento no contento no contento no contento no contento de contento no contento n		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1,705,550	1	1,462,481
	2	Savings and temporary cash investments		4,618,209	2	6,035,288
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		249,256	4	540,118
	5	Loans and other receivables from current and former officers, direct employees, and highest compensated employees Complete Part II Schedule L	of		5	
Assets	6	Loans and other receivables from other disqualified persons (as defined 4958(f)(1)), persons described in section 4958(c)(3)(B), and contraind sponsoring organizations of section $501(c)(9)$ voluntary employ organizations (see instructions) Complete Part II of Schedule L	ibuting employers		6	
- 82 - 128 - 128	7	Notes and loans receivable, net			7	
Ř	8	Inventories for sale or use		229,141	8	264,266
	9	Prepaid expenses and deferred charges		67,797	9	125,507
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a	12 200 502	,		125,551
	ь	Less accumulated depreciation 10b	6,464,060	6,155,346	10c	5,925,503
	11	Investments—publicly traded securities		8,941,281	11	14,142,990
	12	Investments—other securities See Part IV, line 11		12	<u></u>	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		29,733	15	77,633
	16	Total assets. Add lines 1 through 15 (must equal line 34)		21,996,313	16	28,573,786
-	17	Accounts payable and accrued expenses		2,042,431	17	3,084,955
	18	Grants payable		_,,	18	
	19	Deferred revenue		2,712,349	19	2,250,687
	20	Tax-exempt bond liabilities		_,,,,,,,,,	20	_,
_	21	Escrow or custodial account liability Complete Part IV of Schedule			21	
Liabilities	22	Loans and other payables to current and former officers, directors, t key employees, highest compensated employees, and disqualified				
·즐		persons Complete Part II of Schedule L			22	
=	23	Secured mortgages and notes payable to unrelated third parties .		3,246,400	23	3,106,000
	24	Unsecured notes and loans payable to unrelated third parties .			24	
	25	Other liabilities (including federal income tax, payables to related the and other liabilities not included on lines 17-24) Complete Part X of		1,671	25	4,943
	26	D		8,002,851	26	8,446,585
s e	20	Total liabilities. Add lines 17 through 25		0,002,001	20	0,440,303
Fund Balance	27	Unrestricted net assets		13,993,462	27	20,127,201
<u>8</u>	28	Temporarily restricted net assets			28	
<u>=</u>	29	Permanently restricted net assets			29	_
<u> </u>		Organizations that do not follow SFAS 117 (ASC 958), check here				
		complete lines 30 through 34.	, una			
s or	30	Capital stock or trust principal, or current funds			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31	
Š	32	Retained earnings, endowment, accumulated income, or other funds			32	
	i					
Net '	33	Total net assets or fund balances		13,993,462	33	20,127,201

Par	t XI Reconcilliation of Net Assets			<u> </u>	
	Check if Schedule O contains a response to any question in this Part XI				<u>୮</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		27,4	181,284
2	Total expenses (must equal Part IX, column (A), line 25)	2		22,1	104,892
3	Revenue less expenses Subtract line 2 from line 1	3		5,3	376,392
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		13,9	993,462
5	Net unrealized gains (losses) on investments	5		7	757,347
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			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		20,1	27,201
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. \sqsubset
				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 revie a separate basis, consolidated basis, or both	wed 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 sepa basis, consolidated basis, or both	rate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain it Schedule O	n			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equire	3 b		

DLN: 93493218014593

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

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** INTER-INDUSTRY CONFERENCE ON AUTO COLLISION REPAIR 36-3117579 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 □ No Was a correction made? ☐ Yes 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 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 Notice filed Form 5768 (election under section 501(h)).	ОТ			ı u	<u>g</u> c
For o	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a	1)		(b)	
activ		Yes	No	A	mount	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?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	O ther activities?					
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					
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 505(c)(6).	01(c))(5), o	r se	ction	1
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		⊢	1		Νo
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		⊢	2	Yes	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		Νo
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 505(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "N line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
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).					
	Current year	2a				
b	Carryover from last year	2b				
C	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, 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

Identifier Return Reference

Explanation

DLN: 93493218014593

Inspection

OMB No 1545-0047

Open to Public

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

► 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.

Supplemental Financial Statements

Name of the organization

Employer identification number

NTER-IND	USTRY CONFERENCE ON AUTO COLLISION REPAIR					26	21	17570		
art I	Organizations Maintaining Donor Adv	vised Funds o	or C	 Othe	r Simila			. <u>17579</u> r Account	s. Comple	ete if the
	organization answered "Yes" to Form 990), Part IV, line 6	5.							
		(a) Dono	rad	dvise	d funds		(Ł) Funds and	otheracco	unts
	I number at end of year									
Aggr	egate contributions to (during year)									
Aggr	egate grants from (durıng year)									
Aggr	egate value at end of year									
	the organization inform all donors and donor advisors are the organization's property, subject to the oi						VIS	ed	☐ Yes	┌ No
used	the organization inform all grantees, donors, and d I only for charitable purposes and not for the bene erring impermissible private benefit?							purpose	┌ Yes	┌ No
	Conservation Easements. Complete if	the organization	on a	ansv	vered "Ye	s" to For	m	990. Part I	V. line 7.	-
☐ P ☐ P ☐ Com	pose(s) of conservation easements held by the orgonic reservation of land for public use (e g , recreation or order of natural habitat or organization of open space uplete lines 2a through 2d if the organization held a	n or education)	_	Pre: Pre:	servation o	of a certifi	ed	historic stru	cture	
ease	ement on the last day of the tax year									
							_	Held at th	e End of th	e Year
Tota	I number of conservation easements					2a	_			
	I acreage restricted by conservation easements					2b				
Num	ber of conservation easements on a certified histo	orıc structure ınc	lude	≞d ın	(a)	2c	_			
	ber of conservation easements included in (c) acc oric structure listed in the National Register	quired after 8/17/	06,	, and	not on a	2d				
Num	ber of conservation easements modified, transfer	red, released, ext	ıngu	uıshe	d, or termi	nated by	the	organızatıor	n during	
the t	ax year -									
Num	ber of states where property subject to conservat	ion easement is l	ocat	ited 🖡	F					
	s the organization have a written policy regarding remains remains of the conservation easements it holds?	the periodic moni	torır	ng, ır	ispection,	handling (of v	iolations, an	ıd ┌ Yes	┌ No
Staff ►	fand volunteer hours devoted to monitoring, inspe	ecting, and enforc	ing d	cons	ervation ea	asements	du	ring the year	r	
A mo ► \$	unt of expenses incurred in monitoring, inspecting	g, and enforcing c	onse	erva	cion easem	nents duri	ng t	the year		
	s each conservation easement reported on line 2(section 170(h)(4)(B)(II)?	d) above satisfy t	he r	requi	rements of	fsection 1	170	(h)(4)(B)(ı)	┌ Yes	┌ No
balaı	art XIII, describe how the organization reports co nce sheet, and include, if applicable, the text of th organization's accounting for conservation easeme	e footnote to the								
rt III		ns of Art, Histo	oric	cal	reasure	es, or O	the	er Similar	Assets.	
Tf+L.	Complete if the organization answered "Ye organization elected, as permitted under SFAS 1						+-+-	mont and b	lance char	.+
work	e organization elected, as permitted under SFAS 1 is of art, historical treasures, or other similar asse ice, provide, in Part XIII, the text of the footnote t	ets held for public	exh	hibiti	on, educatı	ion, or res	sear	ch in furthei		
work	e organization elected, as permitted under SFAS 1 s of art, historical treasures, or other similar asse ice, provide the following amounts relating to thes	ets held for public								olic
(i) _R	evenues included in Form 990, Part VIII, line 1							► \$		
(ii) ∆	Assets included in Form 990, Part X							- \$		
	e organization received or held works of art, histor	rical treasures or	oth	nersi	milar asse	ts for fina	nci	algain prov	ude the	
	wing amounts required to be reported under SFAS							3 , p		

Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

	Organizations Maintaining Co											ntinued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	as, cr	теск	•		_		_	ise of	its	
а	Public exhibition		d	Γ	Loan	or exc	hange progi	rams				
b	Scholarly research		e	Γ	Other	-						
c	Preservation for future generations											
4	Provide a description of the organization's co Part XIII	ollections and expla	ın hov	w the	y furthe	r the c	organization	ı's ex	cempt purpos	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								nılar	_	Yes	□ No
Pai	t IV Escrow and Custodial Arrang								es" to Forn			, 140
	Part IV, line 9, or reported an an											
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	ediary	for c	ontrıbu	tions	or other ass	ets	not	Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	ving t	able		_					
							-			Amou	ınt	
с	Beginning balance						-	1c				
d	Additions during the year						-	1d				
e	Distributions during the year						-	1e				
f	Ending balance						L	1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?								Yes	□ No
_ь	If "Yes," explain the arrangement in Part XII											J
Pa	rt V Endowment Funds. Complete			were Prior					t IV, line 1 Three years ba		NEALE	aara baali
1a	Beginning of year balance	(a)Current year	(D	PHOL	уеаі	D (C)1	wo years back	((u)	Tillee years ba	ck (e	r)rour ye	ears back
ь	Contributions							+				
c	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 year end balan	ce (lın	e 1g	, colum	n (a))	held as					
а	Board designated or quasi-endowment ►											
b	Permanent endowment ►											
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c show	uld equal 100%										
3a	Are there endowment funds not in the posses organization by	ssion of the organiz	ation	that	are held	d and a	idministere	d for	the			No.
	(i) unrelated organizations								Г	3a(i)	Yes	No
	(ii) related organizations								H-	Ba(ii)		
b	If "Yes" to 3a(II), are the related organization								[3b		
4	Describe in Part XIII the intended uses of th											
Pai	t VI Land, Buildings, and Equipme	nt. See Form 99	0, Pa	_			4-20		(-) A		(4) D-	- 1 1
	Description of property) Cost or is (inves		(b) Cost or o basis (othe		(c) Accumula depreciatio		(a) Bo	ok value
1a	Land						545	5,984				545,984
b	Buildings		•				7,336	,716	2,450	6,699		4,880,017
C	Leasehold improvements											
	Equipment						4,506	,863	4,00	7,361		499,502
	Other			<u> </u>	<u></u>	10() :			<u> </u>			
Tota	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part ,	x, colu	ımn (B), line	10(c).)	·	•				5,925,503 90) 2012

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	<u>2</u> .	
(a) Description of security or category	(b)Book value	(c) Method	of valuation
(including name of security)		Cost or end-of-	year market value
(1)Financial derivatives			
(2)Closely-held equity interests Other			
Other			
- 1.1 (2) (1) (1) (2) (2) (2) (1) (2) (1) (2) (1)	-		
(-) (-),,, (-) (-)	o Form 000 Part V June :	12	
Part VIII Investments—Program Related. Se (a) Description of investment type	(b) Book value		of valuation
(a) Beschption of investment type	(B) Book Value		year market value
Table (Calcare (b) and a said Fare 000 Bart V and (B) (and 40)	•		
Part IX Other Assets. See Form 990, Part X, col (B) line 13)			
(a) Descri			(b) Book value
	•		• •
Tabal (Caluman (b) march annual Farma 000, Part V, and (D) line 1	. .		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part 1.			
1 (a) Description of liability	(b) Book value		
	(3) 200 10		
Federal income taxes	4.043		
INCOME TAXES PAYABLE	4,943		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	4,943		
2 Fin 48 (ASC 740) Footpote In Part XIII provide the te	yt of the footnote to the organ	nization's financial statem	ante that reports the

Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Ret	urn
1	Total revenue, gains, and other support per audited financial statements	1	28,153,038
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	757,347
3	Subtract line 2e from line 1	3	27,395,691
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 85,593		
b	Other (Describe in Part XIII)		
C	Add lines 4a and 4b	4c	85,593
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	27,481,284
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	eturn
1	Total expenses and losses per audited financial statements	1	22,019,299
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII)............... 2d		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	22,019,299
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 85,593		
b	Other (Describe in Part XIII)............. 4b		
c	Add lines 4a and 4b	4c	85,593
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	22,104,892

Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	THE FINANCIAL STATEMENT EFFECTS OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN ARE RECOGNIZED IN THE FINANCIAL STATEMENTS WHEN IT IS MORE LIKELY THAN NOT, BASED ON THE TECHNICAL MERITS, THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION AS OF DECEMBER 31, 2012, THE CONFERENCE HAD NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS

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

2012

DLN: 93493218014593

Open to Public

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Attach to Form 990

Inspection

Name of the organization						Employer identi	fication number
INTER-INDUSTRY CONFEREN	ICE ON AUTO COLL	ISION REPAIR				36-3117579	
Part I General Inform	nation on Grants	s and Assistance				•	
Does the organization ma the selection criteria used Describe in Part IV the organization	d to award the grants rganızatıon's procedı	or assistance? ures for monitoring the us	e of grant funds in the	United States			
		o Governments and received					d "Yes" to
(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) I-CAR EDUCATION FOUNDATION 5125 TRILLIUM BLVD HOFFMAN ESTATES, IL 60192	36-3768028	501(C)(3)	200,000				50% OF THE FUNDS ARE UNRESTRICTED AND 50% ARE TO BE USED TO PURCHASE PDP CURRICULUM FOR PUBLIC COLLEGES
2 Enter total number of sec	tion 501(c)(3) and g	overnment organizations	listed in the line 1 tabl	e			1
3 Enter total number of other	er organizations liste	d in the line 1 table				•	

 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22
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 Information.

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	· · · · · · - , · · · -	SCHEDULE I, PART I, LINE 2 THE ORGANIZATION MAINTAINS MINUTES OF BOARD MEETINGS DISCUSSING AND APPROVING THE GRANT THE ORGANIZATION WILL REQUEST RECORDS AS NEEDED TO CONFIRM THAT THE FUNDS WERE USED PROPERLY

Schedule I (Form 990) 2012

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

DLN: 93493218014593

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Name of the organization

Any related organization?

Any related organization?

The organization?

ın Part III

7

If "Yes," to line 5a or 5b, describe in Part III

If "Yes," to line 6a or 6b, describe in Part III

compensation contingent on the net earnings of

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

INT	TER-INDUSTRY CONFERENCE ON AUTO COLLISION REPAIR				
		36-3117579			
Pa	art I Questions Regarding Compensation	•			
				Yes	No
La	- · · · · · · · · · · · · · · · · · · ·				
	▼ Tax idemnification and gross-up payments	r social club dues or initiation fees			
	Discretionary spending account Persona	l services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow reimbursement or provision of all of the expenses described above? I		1b	Yes	
2	Did the organization require substantiation prior to reimbursing or all directors, trustees, and the CEO/Executive Director, regarding the it		2	Yes	
3	·	check any boxes for methods			
	Form 990 of other organizations Approva	ll by the board or compensation committee			
ı	During the year, did any person listed in Form 990, Part VII, Section or a related organization	A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control payment?		4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified	retırement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based compensation	on arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applica	ble amounts for each item in Part III			
5	Only 501(c)(3) and 501(c)(4) organizations only must complete lines For persons listed in Form 990, Part VII, Section A, line 1a, did the o				
	compensation contingent on the revenues of				
а	The organization?		5a		

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

payments not described in lines 5 and 6? If "Yes," describe in Part III

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

For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any

For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed

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

Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was

8

5b

6b

7

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	f W-2 and/or 1099-MI:	SC 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

Identifier Return Reference Explanation

Schedule J (Form 990) 2012

Software ID: Software Version:

EIN: 36-3117579

Name: INTER-INDUSTRY CONFERENCE ON AUTO COLLISION REPAIR

Return to Form

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

(A) Name		(B) Breakdown o	of W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
MICHAEL BREY	(I) (II)	·	34,873 0	0 0	3,688 0	16,253 0	168,378	0
JOHN VAN ALSTYNE	(I) (II)		190,362	34,925	7,653 0	16,253 0	488,476	0
GENE LOPEZ	(I) (II)		77,784	0	3,204	16,253 0	197,250	0
JEFFREY PEEVY	(I) (II)		35,375 0	0 0	1,879 0	16,253 0	170,664	0
DAWN FRASE	(I) (II)		38,142	0	5,799 0	16,253 0	209,203	0
WILLIAM STAGE	(I) (II)		39,516	50	5,515 0	16,253 0	199,977	0
ANN GONZALEZ	(I) (II)		13,958	75 0	4,253	0	158,983	0
LORI BARRINGTON	(I) (II)		22,243	0	4,160 0	16,253 0	157,092	0
SHIRLEY PINCUS	(ı) (ıı)		23,978	25	3,584 0	11,615 0	5 152,173 0 0	0
GERMAN MEJIA	(I) (II)		59,614 0	0	4,467 0	16,253 0	163,984	0
DOUG SCHLUETER	(I) (II)		45,642	0	2,103	16,253 0	154,891	0 0

OMB No 1545-0047

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.

2012

Open to Public Inspection

Name of the organization INTER-INDUSTRY CONFERENCE ON AUTO COLLISION REPAIR **Employer identification number**

36-3117579

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	THE CONFERENCE HAS REGULAR MEMBERS
	FORM 990, PART VI, SECTION A, LINE 7A	EACH INDIVIDUAL REGULAR MEMBER AND ONE DULY AUTHORIZED REPRESENTATIVE OF EACH ORGANIZATION WHICH IS A REGULAR MEMBER SHALL BE ENTITLED TO VOTE ON ALL MATTERS SUBMITTED TO A VOTE OF THE MEMBERSHIP, AND SHALL VOTE ONLY IN PERSON MEMBERS ARE ALLOWED TO VOTE ON THE ELECTION OF THE BOARD OF DIRECTORS
	FORM 990, PART VI, SECTION A, LINE 7B	EACH INDIVIDUAL REGULAR MEMBER AND ONE DULY AUTHORIZED REPRESENTATIVE OF EACH ORGANIZATION WHICH IS A REGULAR MEMBER SHALL BE ENTITLED TO VOTE ON ALL MATTERS SUBMITTED TO A VOTE OF THE MEMBERSHIP, AND SHALL VOTE ONLY IN PERSON
	FORM 990, PART VI, SECTION B, LINE 11	PRIOR TO BEING FILED, THE FORM 990 IS REVIEWED BY SENIOR MANAGEMENT IN CONJUNCTION WITH THE AUDIT COMMITTEE. THE AUDIT COMMITTEE THEN PRESENTS THE 990 TO THE I-CAR BOARD OF DIRECTORS FOR REVIEW IN ORDER TO ENSURE ACCURACY AND TIMELY FILING
	FORM 990, PART VI, SECTION B, LINE 12C	THE CONFERENCE REQUIRES ALL EMPLOYEES TO ACKNOWLEDGE THAT THEY RECEIVED THE CONFLICT OF INTEREST POLICY ADDITIONALLY, KEY EMPLOYEES AND BOARD MEMBERS ARE REQUIRED TO COMPLETE A QUESTIONNAIRE REGARDING CONFLICTS OF INTERST ANNUALLY ALL NEW VENDORS ARE REQUIRED TO DISCLOSE IF THEY HAVE ANY RELATIONSHIP TO EMPLOYEES OR BOARD MEMBERS
	FORM 990, PART VI, SECTION B, LINE 15A	THE DIRECTOR OF HUMAN RESOURCE SERVICES GATHERS COMPENSATION DATA FROM REPUTABLE SOURCES, A MINIMUM OF TWO SOURCES IS REQUIRED FOR COMPARISON PURPOSES THE MID-POINT (I E 50TH PERCENTILE) OF EACH DATA POINT IS RECORDED, AND THE MID-POINT DATA IS AVERAGED TO ACHIEVE A STARTING POINT FOR THE ESTABLISHMENT OF THE WAGE RANGE FOR POSITIONS WITHIN I-CAR TO ACHIEVE THE MINIMUM OF THE WAGE RANGE, THE MID-POINT IS REDUCED BY 25% TO ACHIEVE THE MAXIMUM OF THE WAGE RANGE, THE MID-POINT IS INCREASED BY 25% WHERE THE INCUMBENT EMPLOYEE'S SALARY FALLS WITHIN THE WAGE RANGE IS DEPENDENT ON SUCH FACTORS AS EXPERIENCE, TRANSFERABLE SKILLS AND COMPARISON AGAINST OTHERS' SALARIES IN THE SAME OR SIMILAR POSITIONS EXECUTIVE WAGE RANGE DATA FOR ALL POSITIONS OTHER THAN THE PRESIDENT AND CEO IS THEN REVIEWED BY THE PRESIDENT AND CEO WAGE DATA FOR THE PRESIDENT AND CEO IS REVIEWED BY THE EXECUTIVE COMMITTEE OF THE BOARD WAGE RANGES ARE REVIEWED AND ADJUSTED EVERY TWO YEARS WHERE NECESSARY
	FORM 990, PART VI, SECTION C, LINE 19	THE CONFERENCE'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

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

(A) (B) (C) (D)

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	Positio more unless and direct	than s pers office ector/t	o not n one son is er and /trust	e box is bot nd a stee)	x, oth	Former	(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 organizations
JEFFREY PEEVY DIRECTOR OF FIELD OPERATIO	50 00				x			152,532	0	18,132
DAWN FRASE DIRECTOR OF TECHNOLOGY	50 00				x			187,151	0	22,052
WILLIAM STAGE DIR OF MARKETING & DISTRI	50 00				х			178,209	0	21,768
ANN GONZALEZ DIRECTOR OF MARKETING	50 00				х			154,730	0	4,253
LORI BARRINGTON DIR OF PROJECT MANAGEMENT	50 00					х		136,679	0	20,413
SHIRLEY PINCUS DIRECTOR OF HUMAN RESOURCE	50 00					х		136,974	0	15,199
JOYCE KASMER DIR OF BUSINESS DEVELOPME	50 00					х		131,376	0	17,929
GERMAN MEJIA SOUTHEAST REGIONAL MANAGER	50 00					х		143,264	0	20,720
DOUG SCHLUETER NATIONAL MSO MANAGER	50 00					x		136,535	0	18,356

Software ID: **Software Version:**

EIN: 36-3117579

Name: INTER-INDUSTRY CONFERENCE ON AUTO COLLISION

REPAIR

Form 990, Part VII - Compensation of Compensated Employees, and Indepen (A) Name and Title	Average hours per week (list any	Position more unless an dire	(Con (do than s pers office ctor/	o not one one on i er an trust	che box s bo d a tee)	ck , 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 related organizations
	hours for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			
ALBERT MOTTA DIRECTOR	1 40	х						0	0	0
CHRIS EVANS DIRECTOR	1 40	х						0	0	0
BRUCE BARES MEMBER-AT-LARGE	2 40	х		х				0	0	0
ROLLIE BENJAMIN MEMBER-AT-LARGE	2 40	х		х				0	0	0
WILLIAM BROWER VICE CHAIR	2 40	х		х				0	0	0
BRUCE COOLEY DIRECTOR	1 40	х						0	0	0
WILLIAM DEGROCCO DIRECTOR	1 40	х						0	0	0
CHRIS NORTHUP DIRECTOR	1 60	х						0	0	0
DAVID HENDERSON DIRECTOR	1 40	х						0	0	0
ROBERT KEITH TREASURER	2 40	х		х				0	0	0
TOM MORELAND PAST CHAIR	2 40	х		х				0	0	0
DALE TRIPP DIRECTOR	1 40	х						0	0	0
TIMOTHY RICHARDSON DIRECTOR	1 40	х						0	0	0
GREG POTTER DIRECTOR	1 60	х						0	0	0
ELISE QUADROZZI CHAIR	4 30	х		х				0	0	0
JAMES ROACH DIRECTOR	1 90	х						0	0	0
MIKE SCHOONOVER DIRECTOR	1 60	х						0	0	0
JAMES SPEARS DIRECTOR	1 80	х						0	0	0
MARK WOIROL DIRECTOR	1 40	х						0	0	0
DUSTIN WOMBLE SECRETARY	2 40	х		х				0	0	0
JOSEPH LAURENTINO DIRECTOR	2 60	х						0	0	0
EUGENE SCAMBRAY DIRECTOR	1 60	х						0	0	0
MICHAEL BREY CONTROLLER	50 00			х				148,437	0	19,941
JOHN VAN ALSTYNE PRESIDENT AND CEO	50 00			х				464,570	0	23,906
GENE LOPEZ SOUTHWEST REGIONAL MANAGER	50 00				×			177,793	0	19,457