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# Form **990**

Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

benefit trust or private foundation)

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

OMB No 1545-0047

2012

Open to Public Inspection

7	\	For the	2012 cale	endar year, or tax year	beginning	October 1	, 2012, a	and ending	Septe	mber 30	, 20 13			
E	3	Check If	applicable	C Name of organization [	llinois Manufac	turing Excellen	ce Center			D Employ	er identification n	umber		
	] .	Address change Doing Business As								37-1368934				
[	7	Name ch	nange	Number and street (or F	O box if mail is i	not delivered to stre	et address)	Room/surt	9	E Telephone number				
		Initial ret	um	1501 West Bradley Av	venue						309-677-3765			
	<b></b>	Terminat	ted	City, town or post office	e, state, and ZIP c	ode								
[		Amende	d return	Peoria, IL 61625						<b>G</b> Gross re	eceipts \$	7,075,204		
Ε	3										for affiliates?    Yes	No		
		•		(Same as C above)		-					ncluded? Tes			
ī		Tax-exe	mpt status	<b>✓</b> 501(c)(3)	501(c) (	) ◀ (insert no )	4947(a)(1) or	527			a list (see instruction			
_		Website		w.imec.org					H(c) Group	o exemptioi	n number 🕨			
F	<u> </u>	Form of o		✓ Corporation ☐ Trust	Association [	Other ▶	L Ye	ar of formation	n 1996	M State	of legal domicile	IL		
1		art I	Summ			<u> </u>								
•		1		escribe the organizati	on's mission (	or most signific	ant activities	: To oper	ate for educ	ational a	nd charitable p	urposes		
		•		se the productivity and										
	ည္		to merca.	se the productivity and	a global compe	Mutchess of me			097 10:00		9,10,0,0,0	2100		
	Ē										••••			
	Activities & Governance	2	Check th	ns box ▶☐ if the org	anization disc	ontinued its op	erations or d	isposed of	more than	1 25% of	its net assets.			
	ဗ္	3		of voting members of		-		-		1 -		15		
	න් ග	4		of independent voting	-					<u> </u>		15		
	ij.	5		mber of individuals er	-	-						40		
	Ę	6		mber of volunteers (e						6		<del></del>		
	ĕ	7a		related business reve		* .				7a		<u>o</u>		
		b		lated business taxab		-				7b		0		
	_		ivet dille	lated business taxab	ic income non	11 01111 330 1,		<del>-                                    </del>	Prior Y		Current Y			
% C014		8	Contribu	itions and grants (Par	t VIII line 1h\					4,326,484		4,765,214		
	Revenue	9		service revenue (Par			· · · · ·	· · ·  -				2,304,844		
	Ver	10	_	ent income (Part VIII,		00-3-4-20d 7d	<u> </u>	· · ⊢	!	2,313,243 6 212				
NO.	æ		Otherre	venue (Part VIII, colur	coluinin (A), iii.	653,4; and 70	2 224 116	⊦		6,313		<u>5,146</u>		
$\leq$		11	Total rov	enue—add lines 8 thr	ough 1d (must	egijal Dart VIII	column((A) li	ne 12)		0	<del> </del>	7.075.004		
-		12 13		ind similar amounts p			1 1 1	11.0 12)		6,646,040	1	7,075,204		
SOARE		14	Danatita	paid to or for membe	alu (Parlix, C	JULIA (A), IIII es	(120) - ] = :	· ·		4,346,98 <u>6</u>		<u>4,154,601</u>		
씤			Colorias	other compensation,	ers (Parties, Co	state (Dart IV and	مورد (۵) لمورد	5 10)		0		44.004		
氢	ses	15						3-10) <del> </del>		55,927		41,001		
<b></b>	ë	16a		onal fundraising fees				``		0				
	꿃	_ b		ndraising expenses (P				<u>.</u>						
الوك	_	17		penses (Part IX, colu			•	<u> </u>		2,567,209		2,673,335		
		18		penses. Add lines 13-	•			· —		6,970,122		6,868,937		
-		19	Revenue	e less expenses. Subt	ract line 18 tro	om line 12 .	<u></u>		eginning of C	(324,082)	<del></del>	206,267		
	is or		<b>-</b>	. (5 . 1 )				₽			-			
•	Assets ( Balanc	20		sets (Part X, line 16)				· ·		<u>3,078,875</u>		3,426,342		
	탏	21		oilities (Part X, line 26				· ·	-	509,950		651,150		
•	ZŒ	22		ets or fund balances.	Subtract line 2	21 from line 20	<del></del>			2,568,92 <u>5</u>	<u> </u>	<u>2,775,192</u>		
ı		rt II		ture Block										
				ury, I declare that I have ex plete Declaration of prepare							my knowledge and	d belief, it is		
-	uu	, 001100	T A	Total Decimation of prepare	ST (OUTO) CHAIN OUTO		TOTAL CALL	non propurer	indo diriy ranori	,0090		<del></del>		
	n: -			nature of officer	<u> </u>									
	Sig		Sign	lature of officer	6.				Da	ate	0 2011			
	He	re	<u> </u>	Zavid Bouley	Preside	<u>-+                                    </u>				May	9,2014			
-			<del>1,4</del>	e or print name and title	l <sub>B</sub> .	arorlo cianati		[n-		1	IDTIAL			
1	Pa	id	Print/Ty	ype preparer's name	Prep	parer's signature		Dat	e	Check				
		epare	r							self-em	ployed			
		e Onl	1	name ►					Fin	n's EIN ▶				
			Firm's a	address >	<del></del>				Ph	one no		F-1		
<u> </u>	Ma	the IF	RS discus	s this return with the	preparer show	vn above? (see	instructions)	<u> </u>	· · ·	· · ·	<u> </u>	s No		

	11 (2012)		Page Z
Part	Statement of Program Service Accomplishments		
1	Check if Schedule O contains a response to any question in this Part III .  Briefly describe the organization's mission:	· · · · · · · · · · · · · · · · · · ·	<u>. [/]</u>
'	To operate for educational and charitable purposes to increase the productivity and global	compatitiveness of manufacturing	
	and tooksology related firms and related industries that impact such automatics	competitiveness of manufacturing	
		·····	
2			_
	prior Form 990 or 990-EZ?	· · · · · · · · □Yes [	∐ No
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it of	andusts any program	
3	services?		7 No
	If "Yes," describe these changes on Schedule O.	· · · · · · · · · · · · · · · · · · ·	<u> </u>
4		argest program services, as measu	red by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the an		
	the total expenses, and revenue, if any, for each program service reported.		
4a	·		
	The Illinois Manufacturing Excellence Center (IMEC) is a not-for-profit organization dedicat		nt and
	financial assistance as well as consulting and training services to manufacturing and tech		
	industries that impact such enterprises. Activities during the period include service to 471 technical assistance projects, 388 other completed informal assistance engagements, and	· · · · · · · · · · · · · · · · · · ·	
	than 12,000 smaller manufacturers and manufacturing-related enterprises.		
4b	b (Code:) (Expenses \$including grants of \$	\/Devenue f	<del></del>
40			
	•••••		
4c	c (Code:) (Expenses \$ including grants of \$	) (Revenue \$	)
	•••••		
			<b>-</b>
		······································	
4 -1	Other program con reco (December in Cab - 1:11- O.)		
4d	d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$	1	
40	La Total program service expenses	· · · · · · · · · · · · · · · · · · ·	

Part	IV Checklist of Required Schedules			- 0
•			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	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	
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		1
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	1	
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		1
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		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		/
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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	-	<i>*</i>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			_
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
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		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
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		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	1	•
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		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
Ь	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		<b>√</b>
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		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<b>√</b>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<b>▼</b>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.			
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	18		<b>✓</b>
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		<b>✓</b>
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		✓
-			ı	

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Part	Checklist of Required Schedules (continued)		V	T 84-
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	No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		/
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	The state of the s	24d 25a		1
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		1
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		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		/
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28b 28c	<b>√</b>	<b>✓</b>
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		<b>✓</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	_	1
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		1
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? <i>If "Yes," complete Schedule R, Part I </i>	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		<b>✓</b>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R</i> ,			
38	Part VI	37	<b>✓</b>	<b>✓</b>

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V	· <u>·</u>		V
4-			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	ļ		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
C	reportable gaming (gambling) winnings to prize winners?	1c	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	<del>  [C</del>	<b>-</b>	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 40			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	-
_	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)		<u> </u>	_
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
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		✓
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 5b	-	<b>✓</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<b>V</b>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	<u> </u>		<u> </u>
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	<u> </u>		, <del></del>
	and services provided to the payor?	7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			
d		7c		<b>✓</b>
e	If "Yes," indicate the number of Forms 8282 filed during the year	7e		1
- f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	- 7f		<b>V</b>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
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	ļ		
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
_b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	-	
10 a	Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	ł		
11	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	1		
	against amounts due or received from them.)			
12a	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 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>	<u> </u>	ļ
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	<u> </u>
b	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
J	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	1
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h	<del>                                     </del>	<del>                                     </del>

Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below	w and		Page C
rait	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule 0			
	Check if Schedule O contains a response to any question in this Part VI			. 🔽
Secti	on 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 1a	15		
	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.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent .   Did any officer, director, trustee, or key employee have a family relationship or a business relationship wi	15 th		
-	any other officer, director, trustee, or key employee?	" 2	<del>                                     </del>	1
3	Did the organization delegate control over management duties customarily performed by or under the dire		<del>                                     </del>	<del>                                     </del>
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	1	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Did the organization have members or stockholders?	6	<u> </u>	<b>/</b>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoi			١,
	one or more members of the governing body?		├	<b>├</b>
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) member stockholders, or persons other than the governing body?			✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		<del>                                     </del>	1
	the year by the following:	·•		
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	1	
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	✓	<u>.                                    </u>
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Re	<u>renue C</u>		
100	Did the expensive have lead charters branches or effiliates?	10a	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?		<del> </del>	<b>-</b>
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	о, 10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form		+	<u> </u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		<u> </u>	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflict	? 12b	1	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes		١.	
	describe in Schedule O how this was done	12c	<del>                                     </del>	
13	Did the organization have a written whistleblower policy?	13	<b>✓</b>	
14 15	Did the organization have a written document retention and destruction policy?	14	✓	ļ
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	<b> </b>	1	-
b	Other officers or key employees of the organization	15b	+	1
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		T .	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nt		
	with a taxable entity during the year?	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the cranication's exempt status with respect to such arrangements?		<del> </del>	لــــا
Soct:	organization's exempt status with respect to such arrangements?	16b	<u> </u>	Ц
<u>Secti</u>				
18	List the states with which a copy of this Form 990 is required to be filed lillinois.  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sec	tion 501	(c)(3)	only
	available for public inspection. Indicate how you made these available. Check all that apply.		,-,,-,-	. J. 119)
	☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict	ct of inte	rest p	oolicy,
	and financial statements available to the public during the tax year.		_	-
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rds of the	е	
	Organization: Readley University Controller's Office, 1501 W. Bradley Avenue, Peoria, II, 61625, 309-677,3490			

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization no	r any relate	d org	anız	atic	on c	ompe	nsa	ted any currer	t officer, director	r, or trustee.
(A)	(B)			Pos	C) sition			(D)	(E)	(F)
Name and Title	Average					than one than the state of the		Reportable	Reportable	Estimated
	hours per					or/trust	tee)	compensation from	compensation from related	amount of other
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Jim Haley										
Director	.6	✓		$oxed{oxed}$				0	0	0
(2) Jennifer Kalas										
Director	.6	✓		i				o	0	0
(3) Scott Kelley										
Director	.6	✓						0	0	0
(4) Daryl Lindemann										
Director	.6	✓						0	0	. 0
(5) Ash Luthra										
Director	.6	✓						o	0	0
(6) Larry Meeske										
Director	.6	✓						0	0	0
(7) Patrick Murzyn										
Director	.6	✓						0	0	0
(8) Fred Pipin										
Director	.6	✓						o	0	0
(9) Andy Rector										
Director	.6	✓						o	0	
(10) Joe Shiver										
Director	.6	✓					l	o	0	0
(11) Vince Tappel										-
Director	.6	✓						o	0	0
(12) Jeff Townsend										
Director	.6	✓	L	L	L			<u> </u>	0	
(13) Gerry Wappelhorst										
Director	.6	✓			<u> </u>			o	o	0
(14) Ed Wolbert										
Director	.6	✓		L			<u> </u>	0	o	0

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees	s, ar	nd F	lighes	st C	ompensated E	mployees (cor	itinue	d)		
					•	C)								
	(B)	(B) Position (do not check more the						(D)	(E)		(	(F)		
Name and title		Average	box,	unles	s pe	rson	is both	an	Reportable	Reportable			mated ount of	
		hours per week (list any				1	or/trust		compensation from	compensation from related	""		ther	
		hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	흌	Form	the	organizations	_		ensatio	n
		related organizations	rect	tutio	ĕ	를 기취	est o	e	organization (W-2/1099-MISC)	(W-2/1099-MISC	"		n the uzation	
		below dotted	우뿔	nal		ğ	<sup>©</sup> S						related	
		line)	ste	trus		🛭	Pen					organ	ızatıons	5
			"	tee			Highest compensated employee							
(15) Cr	aig Zoberis		<del>                                     </del>				<del>  "</del>							
	irector	.6	✓					ĺ	0		0			C
(16) Da	n Schueller													
C	hairman	.8			✓				0		0			
(17) Ri	chard Louis													
	st Vice Chair	.8			✓		<u> </u>		0		0			
	ad Albrecht		ļ		١.									
	ecretary/Treasurer	.8			<b>/</b>				0		0			
	avid Boulay				,									_
(20)	resident	40		_	<b>-</b>	$\vdash$		├-	1112		0			
(20)			ł								İ			
(21)		<u> </u>		$\vdash$				$\vdash$			+			
3/			1											
(22)														
(23)														
45.43			ļ	ļ	ļ.,	<u>.                                    </u>	ļ	ļ	ļ		+			
(24)			ł						1					
(25)				$\vdash$				┢			+			
(23)			ł											
1b	Sub-total		·	•				┢	1112		0			(
С	Total from continuation sheets to Part	VII, Sectio	n A					<b>•</b>	0		0			(
d	Total (add lines 1b and 1c)							▶	1112		0			C
2	Total number of individuals (including but		d to th	ose	list	ted	above	e) w	ho received m	ore than \$100	,000 c	of		
	reportable compensation from the organi	zation ▶ 0												
•	Did the assessment on list any former of	f		4							-44		Yes	No
3	Did the organization list any <b>former</b> of employee on line 1a? <i>If</i> "Yes," complete 3							emp	ployee, or nigr	iest compens	мео			
4	For any individual listed on line 1a, is the									· · · · ·	· · +ha	3		✓_
7	organization and related organizations													
	individual							-, 				4		1
5	Did any person listed on line 1a receive of	r accrue co	ompe	nsat	tion	froi	m any	un/	related organiz	ation or indivi	dual			
	for services rendered to the organization											5		1
Section	on B. Independent Contractors													
1	Complete this table for your five highest of	•		•										
	compensation from the organization. Repyear.	ort compe	nsatio	on fo	or th	ne c	alend	lar y	ear ending wit	h or within the	orga	ınızatıc	n's ta	£Χ
	(A) Name and business add	ress							(B) Description of s	ervices	С	(C) ompens	ation	
Bradle	y University, 1501 W. Bradley Avenue, Peoria	a, IL 61625					-	Em	nployment/Acco	ounting		-		5,579
	ronous Management, 51 Seaside Avenue, Mi		460						nsulting/Trainir					4,712
	Carolina MEP, 817 Calhoun Street, Columbia								nsulting					0,059
	Total number of independent controls	المالمون وي			<u></u>	٨. معروا	- A A		اد ادمادا ممم	21(2) :::52				
2	Total number of independent contractor received more than \$100,000 of compens							רו) נ	nose listed add	ove) wno				

Pan	VIII						
		Check if Schedule O contains a r	esponse to any ques	tion in this Part V (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
र इ	1a	Federated campaigns	1a 0				, , , , , , , , , , , , , , , , , , ,
E Z	Ь	Membership dues	1b 0				
Q E	c	Fundraising events	1c 0				
ifts ar A	d	Related organizations	1d 0				
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contributions)	1e 4,765,214	i			
io Si	f	All other contributions, gifts, grants,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
音音		and similar amounts not included above	1f 0				
E O	g	Noncash contributions included in lines 1a-	If S o				
g g	h	Total. Add lines 1a-1f	•	4,765,214			
			Business Code		-		
Ven	2a	Client Projects	541900	2,304,844	2,304,844	0	_ 0
æ	b						
<u>.</u> 2	С				•		
Sen	d						•
Ē	е						
Program Service Revenue	f	All other program service revenue		0	0	0	0
<u> </u>	g	Total. Add lines 2a-2f	🕨	2,304,844			
	3	Investment income (including		İ			
		and other similar amounts)		5,146	0	0	5,146
	4	Income from investment of tax-exem		0	0	0	0
	5	Royalties		0	0	0	0
			(ii) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	C	Rental income or (loss)					
	_d	` <del>'</del>		0	0	0	0
	7a	Gross amount from sales of (i) Securities assets other than inventory	es (ii) Other				
		Less: cost or other basis					
	b	and sales expenses .			1		
	_	· • • • • • • • • • • • • • • • • • • •			İ		
	C	Gain or (loss)					
	d	iver gain or (ioss)	· <u>· · · · • </u>	0	0	0	0
enne	8a	Gross income from fundraising events (not including \$					
Other Rev		of contributions reported on line 10 See Part IV, line 18					
Ĕ	b b	Less: direct expenses					
0	1	Net income or (loss) from fundrai		0		0	
		Gross income from gaming activit		-			
		See Part IV, line 19		i			
	ь	Less: direct expenses					
		Net income or (loss) from gaming		0	0	0	0
	10a	Gross sales of inventory, le	ess				
		returns and allowances	a				
	ь	Less. cost of goods sold	b				
	c	Net income or (loss) from sales o		0	0	0	C
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue		0	0	0	O
	е	Total. Add lines 11a-11d		0			
	12	Total revenue. See instructions.	▶	7.075.204	2 204 844		E 146

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	ll other organization	s must complete col	umn (A).
	Check if Schedule O contains a respon	se to any question	in this Part IX		
	ot include amounts reported on lines 6b, 7b, b, 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	4,154,601	4,154,601		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	o	0.		
4 5	Benefits paid to or for members	0	0		
6	trustees, and key employees	0	0	0	
7	persons described in section 4958(c)(3)(B) Other salaries and wages	0 38,087	0 36,968	0 1,119	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	o	0	(
9 10	Other employee benefits	0 2,914	0 2,828	0 86	(
11 a	Fees for services (non-employees):  Management	0	o	0	
b	Legal	157	0	157	
C	Accounting	16,200	1,000	15,200	
d	Lobbying	48,000	48,000		
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column	0	0	0	
9	(A) amount, list line 11g expenses on Schedule O.)	0	0	0	
12 13	Advertising and promotion	6,467	6,467	0	
14	Office expenses	120,235	80,995	- 39,240	
15	Royalties	0	0	0	
16	Occupancy	27,684	2,860	24,824	
17	Travel	230,568	222,628	7,940	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	
19	Conferences, conventions, and meetings .	43,854	43,475	379	0
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	
22	Depreciation, depletion, and amortization .	0	0	0	
23 24	Insurance	23,305	0	23,305	C
а	Contractual Services	2,111,406	1,587,895	523,511	
b	Allocation of Line 1 Mgmt & Gen Expenses	0	(63,269)	63,269	0
d					
е	All other expenses Misc.	45,459	42,082	3,377	
25 26	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the organization reported in column (B) joint costs	6,868,937	6,166,530	702,407	0
	from a combined educational campaign and fundraising solicitation. Check here   ☐ if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year Cash-non-interest-bearing . . . . . . . . . . . . 1 1,760,664 1,756,346 2 Savings and temporary cash investments . . . . . 2 0 Pledges and grants receivable, net . . . . 3 3 1,165,229 1,268,334 4 Accounts receivable, net 4 150,740 399,536 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 0 0 Loans and other receivables from other disqualified persons (as defined under section 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 organizations (see instructions). Complete Part II of Schedule L. . . . . . . . . . . . 6 **Assets** 0 0 Notes and loans receivable, net . . . . . . . . . . . . . . . 7 0 0 Inventories for sale or use . . . . . . 8 8 0 0 Prepaid expenses and deferred charges 9 2,242 2,126 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation . . . . 10b 10c 0 0 11 Investments—publicly traded securities 11 0 0 12 Investments-other securities. See Part IV, line 11 . 12 0 0 Investments-program-related. See Part IV, line 11 . . . 13 0 13 0 14 0 14 0 15 0 15 0 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 3,078,875 3,426,342 17 Accounts payable and accrued expenses . . . 170,378 17 266,957 18 339,572 18 384,193 19 19 0 0 20 0 20 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 0 21 0 Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . . . 22 ol 0 23 Secured mortgages and notes payable to unrelated third parties . . 0 23 0 24 Unsecured notes and loans payable to unrelated third parties . . . 0 24 0 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . . . . . . . . . 25 n 0 26 Total liabilities. Add lines 17 through 25 26 509,950 651,150 Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and Balances complete lines 27 through 29, and lines 33 and 34. 27 27 2,568,925 2,775,192 Temporarily restricted net assets . . . . . . . . . . . . . 28 28 ol 0 29 or Fund 29 ol Organizations that do not follow SFAS 117 (ASC 958), check here ightharpoonup and complete lines 30 through 34. Capital stock or trust principal, or current funds . . . . . . . . . 30 Net Assets 30 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 31 32 Retained earnings, endowment, accumulated income, or other funds . 32 33 33 2,568,925 2,775,192

Total liabilities and net assets/fund balances . . .

3.078.875

ronn 9:	30(2012)				Page	12
Part	XI Reconciliation of Net Assets					_
	Check if Schedule O contains a response to any question in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			,075,	204
2	Total expenses (must equal Part IX, column (A), line 25)	2			5,868,	
3	Revenue less expenses. Subtract line 2 from line 1	3			206,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2	2,568,	
5	Net unrealized gains (losses) on investments	5			<del>`</del>	0
6	Donated services and use of facilities	6				0
7	Investment expenses	7				o
8	Prior period adjustments	8		•		0
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		2	2,775,	192
Part	XII Financial Statements and Reporting					_
	Check if Schedule O contains a response to any question in this Part XII					
					$\neg$	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other					
	If the organization changed its method of accounting from a prior year or checked "Other," exp	olaın	in			
	Schedule O.					
<b>2</b> a	Were the organization's financial statements compiled or reviewed by an independent accountant?			a 🗸		
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	olled	or 🗀			$\neg$
	reviewed on a separate basis, consolidated basis, or both		1			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		. 2	b√	/	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on	a			
	separate basis, consolidated basis, or both:					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov					
	of the audit, review, or compilation of its financial statements and selection of an independent accou	ntant	?   2	c /	<b>,</b>	
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın	ın 🗀			$\neg$
	Schedule O.				ı	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set					
	the Single Audit Act and OMB Circular A-133?			a 🗸	<i>•</i>	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under		ne 🗀			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such at			ь   ✓	,   <sup>-</sup>	
			· ·	orm 9	<b>90</b> (2	012)
					(-	,

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

#### **Public Charity Status and Public Support**

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

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number Illinois Manufacturing Excellence Corporation Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II c Type III-Functionally integrated **d** ☐ Type III–Non-functionally integrated e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No (iii) below, the governing body of the supported organization? . . . . . 11g(i) 11g(iı) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s). (iii) Type of organization (i) Name of supported (ii) EIN (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of monetary in col (i) listed in your the organization in organization (described on lines 1-9 organization in col support governing document? col (i) of your (i) organized in the above or IRC section US? support? (see instructions)) Yes Yes No No Yes No (A) (B) (C) (D) (E)

Total

Schedule A (Form 990 or 990-EZ) 2012 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 2,176,041 2,295,396 3,525,205 4,326,484 4,765,214 17,088,340 revenues levied for the organization's benefit and either paid to or expended on its behalf . . . 0 o 0

3	The value of services or facilities furnished by a governmental unit to the		:						
	organization without charge	0	0	0	0	0	0		
4	Total. Add lines 1 through 3	2,176,041	2,295,396	3,525,205	4,326,484	4,765,214	17,088,340		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0		
6	Public support. Subtract line 5 from line 4.						17,088,340		
	on B. Total Support								
	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(f) Total		
7	Amounts from line 4	2,176,041	2,295,396	3,525,205	4,326,484	4,765,214	17,088,340		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar								
	sources	(1,461)	37,617	15,724	6,313	5,146	63,339		
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	o	o	0	٥	0		
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)								
44		0	0	0	0	0	0		
11 12	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, etc	(see instructio				12	17,151,679		
13	First five years. If the Form 990 is for the	•					10,160,856 n. 501(c)(3)		
	organization, check this box and stop he	-			•				
Secti	on C. Computation of Public Suppor								
14	Public support percentage for 2012 (line 6			1, column (f))		14	99.63 %		
15	Public support percentage from 2011 Sch					15	98.92 %		
16a	331/3% support test—2012. If the organic								
	box and <b>stop here.</b> The organization qua	-	•	-		45 - 001 04			
b	331/3% support test—2011. If the organ check this box and stop here. The organ					15 15 33 /3%			
17a	· · · · · · · · · · · · · · · · · · ·	•				or 16h and	. ► □		
I/a	10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization ments and in Part IV how the organization ments supported organization	tion meets the leets the "facts	"facts-and-cir -and-circumst	rcumstances" ances" test. Ti	test, check th	ns box and <b>st</b> on n qualifies as a	publicly		
18	Private foundation. If the organization di								
	Instructions								

## Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support	-		<u> </u>		'	
Calen	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees			1	· · · · · · · · · · · · · · · · · · ·		
	received. (Do not include any "unusual grants.")				1		
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513					1	
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total. Add lines 1 through 5						
/a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3		}				
	received from other than disqualified persons that exceed the greater of \$5,000				j		
	or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b		-				
8	Public support (Subtract line 7c from					<u> </u>	
	line 6.)						
Secti	on B. Total Support		·		·	<b></b>	<u> </u>
Calen	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						_
	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975						
_							
-	Add lines 10a and 10b						
11	activities not included in line 10b, whether			1			
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,	<del></del> .					
	and 12.)						
14	First five years. If the Form 990 is for the	e organization	n's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he		<u> </u>	<u>.</u>			▶ 🗆
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2012 (line 8					15	%
16	Public support percentage from 2011 Sch			<u> </u>	<u></u>	16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2012 (						<u>%</u>
18	Investment income percentage from 2011					18	<u>%</u>
19a	331/3% support tests—2012. If the organ 17 is not more than 331/3%, check this box						
<b>L</b>							
Ь	331/29% support tests—2011. If the organize line 18 is not more than 331/29%, check this is	auun ulu not C nox and <b>eton h</b>	neck a box on ere. The organi	iirie 14 Or IIRE l ization qualifies	isa, and line 16 .as a publicly s	o is more than 3	vation
20	Private foundation. If the organization di						
_~		onoon a	III III I I 4,	, .ga, or 190, t		and Joe mould	- L

Рапе	4

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
•••	

#### SCHEDULE C (Form 990 or 990-EZ)

### **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.

20**12** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

• Se	ection 501(c)(3) organizations	that have NOT filed Form 5768 (election	on under section 501	(h)) Complete Part II-B Do r	not complete Part II-A.
If the c	organization answered "Yes	," to Form 990, Part IV, line 5 (Proxy	Tax) or Form 990-E	Z, Part V, line 35c (Proxy T	ax), then
• Se	ection 501(c)(4), (5), or (6) orga	anizations: Complete Part III			
Name	of organization			Employer ider	ntification number
Illinois	Manufacturing Excellence	Center			37-1368934
Part	I-A Complete if the	e organization is exempt und	er section 501(	c) or is a section 527	organization.
1	Provide a description of	the organization's direct and indire	ect political campa	agn activities in Part IV.	
2	Political expenditures .			<b>▶</b> \$	3
3					
Part	I-B Complete if the	e organization is exempt und	er section 501(	c)(3).	
1		excise tax incurred by the organiz			
2	Enter the amount of any	excise tax incurred by organization	n managers under	section 4955 ▶ \$	3
3	If the organization incurre	ed a section 4955 tax, did it file Fo	rm 4720 for this ye	ear?	Yes No
4a	Was a correction made?				Yes 🔲 No
b	If "Yes," describe in Part				
Part		e organization is exempt und			(c)(3).
1	Enter the amount direct	ly expended by the filing organia	zation for section	527 exempt function	
	activities			▶ \$	
2	Enter the amount of the	filing organization's funds contrib	outed to other org	janizations for section	
	•	vities		•	
3	Total exempt function is	expenditures. Add lines 1 and 2	. Enter here and	on Form 1120-POL,	
	line 17b				
4	Did the filing organization	a file Form 1120-POL for this year	?		Yes No
5	Enter the names, address	ses and employer identification nu	mber (EIN) of all se	ection 527 political organi	izations to which the filing
	organization made payme	ents. For each organization listed,	enter the amount	paid from the filing organi	ization's funds. Also enter
		ontributions received that were pro			
	as a separate segregated	fund or a political action committ	ee (PAC). If additio	nal space is needed, prov	ride information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(4) / (4)	(5) / (55)	(6) 2	filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly delivered to a separate
					political organization If
					none, enter -0-
(1)					
			<u>                                      </u>		
(2)		<u> </u>	]		
\ <del>-</del> /					
(3)					
(4)		<u> </u>	]		
_ (5)			]		
, <del>-</del> ,					
(6)	<del></del>	<u> </u>	]		
<b>(-</b> /		1		1	1

Pa	rt II-A Complete if the organization section 501(h)).	is exempt (	under section 5	01(c)(3) and file	d Form 5768 (ele	ction under
A	Check ▶ ☐ If the filing organization belo					oup member's
	name, address, EIN, expens					
<u>B</u> _	Check ► ☐ if the filing organization chec			trol" provisions a	<del>''                                   </del>	
	Limits on Lobbyi				(a) Filing organization's totals	(b) Affiliated group totals
_	(The term "expenditures" mea				organization's totals	
1	a Total lobbying expenditures to influence p	•			-	<del></del>
	b Total lobbying expenditures to influence a	•	• •	g)		
	c Total lobbying expenditures (add lines 1a	-				
					-	
	<ul> <li>Total exempt purpose expenditures (add lift Lobbying nontaxable amount. Enter the</li> </ul>		•		-	
	f Lobbying nontaxable amount. Enter th columns.	e amount i	ioni the lollowing	y table ili botti		
		The labbains		A !		
	If the amount on line 1e, column (a) or (b) is:		nontaxable amoun	t is:		
	Not over \$500,000  Over \$500,000 but not over \$1,000,000		nount on line 1e	over \$500,000		
	Over \$1,000,000 but not over \$1,500,000		s 15% of the excess s 10% of the excess			
	Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$17,000,000		5 5% of the excess of			
	Over \$1,500,000 but not over \$17,000,000	\$1,000,000 pius	5 376 Of the excess o	iver \$1,500,000.		
_	g Grassroots nontaxable amount (enter 25%				<del> </del>	
	h Subtract line 1g from line 1a. If zero or less	-				
	i Subtract line 1f from line 1c. If zero or less	-				
	i If there is an amount other than zero o		1h or line 1i. did	the organization	file Form 4720	
	reporting section 4911 tax for this year?			•		Yes No
	(Some organizations that made columns below. Se	e a section to the earth e	ctions for lines 2	not have to com a through 2f on p	· <u>-</u>	• 
	Lobbying E	xpenditures	During 4-Year A	veraging Period_	т т	
	Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) Total
	La Lobbying nontaxable amount					
	b Lobbying ceiling amount (150% of line 2a, column (e))					
	c Total lobbying expenditures					
	d Grassroots nontaxable amount					
	e Grassroots ceiling amount (150% of line 2d, column (e))					
	f Grassroots lobbying expenditures					

Schedu	la.C (Form 990 or 990-EZ) 2012				Р	age 3
Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Form	5768		
For e	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(á	a)	(	b)	
	iption of the lobbying activity.	Yes	No	Am	ount	
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?	1				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	1				
C	Media advertisements?		✓			
d	Mailings to members, legislators, or the public?		<b>\</b>			
е	Publications, or published or broadcast statements?	<u> </u>	<b>✓</b>			
f	Grants to other organizations for lobbying purposes?	<b>✓</b>			1	<u>7,920</u>
9	Direct contact with legislators, their staffs, government officials, or a legislative body?	<b>✓</b>			5	<u> 2,851</u>
h :	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		1			
1	Other activities?		<b>'</b>			
J 2a	Total. Add lines 1c through 1:  Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	<b></b>	1			0,771 
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?					
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	;)(5), (	or se	ction		·
				1	Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Pan	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "Yes."		Part		ne 3	B, is
1 2	Dues, assessments and similar amounts from members	s of	1			
а	Current year		2a			
b	Carryover from last year		2b			
c	Total	•	2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb	the				•
	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Par	Supplemental Information lete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5;	Part I	)-Δ (af	filiated o	roun	
list); P	art II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.		(Δ.	a.ca g	ГООР	
Lobby	ing activities include:					
Mem	bership dues/lobbying service to the American Small Manufacturers Coalition (ASMC). The Coalition has	a lobi	bying	effort wh	ich	
benefi	ts its members.					
Used	an independent consultant for legislative consulting services, including lobbying activities. The indepe	ndent e	consu	itant take	s	
directi	on from and reports to the president of IMEC.					
				.== <b>=====</b>		
		<b></b>			- <del>-</del>	

Schedule C (Fon	m 990 or 990-EZ) 2012			Page <b>4</b>
Part IV	Supplemental Information (continue)	nued)		
				·
		•••••		
		•••••••••••••••••••••••••		
		•		
	·····	•••••••••••		
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#### **SCHEDULE D** (Form 990)

## **Supplemental Financial Statements**

OMB No 1545-0047

► 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. Department of the Treasury Internal Revenue Service Name of the organization ▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Employer identification number

	Manufacturing Excellence Center		37-1369834
Par		r Advised Funds or Other Similar Fu	inds or Accounts. Complete if the
	organization answered "Yes" to Fo	orm 990, Part IV, line 6.	
	<del>-</del>	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year) .		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and	donor advisors in writing that the assets	held in donor advised
	funds are the organization's property, subject	t to the organization's exclusive legal conf	trol?
6	Did the organization inform all grantees, dor	nors, and donor advisors in writing that gr	rant funds can be used
	only for charitable purposes and not for the		
Par	t II Conservation Easements. Comp	ete if the organization answered "Yes	" to Form 990. Part IV. line 7.
1	Purpose(s) of conservation easements held be		10 1 0 1111 0 0 0 1 1 1 1 1 1 1 1 1 1 1
•		recreation or education) Preservation	of an historically important land area
	Protection of natural habitat		of a certified historic structure
	☐ Preservation of open space	Treservation	of a certified historic structure
2	Complete lines 2a through 2d if the organization	tion held a qualified conservation contribu	tion in the form of a conservation
_	easement on the last day of the tax year.	non neid a qualmed conservation contribu	tion in the form of a conservation
	casement on the last day of the tax year.		Held at the End of the Tax Year
_	Total acceptance of acceptance acceptance		
a			<u>2a</u>
þ	Total acreage restricted by conservation eas		
C	Number of conservation easements on a cer		
d	Number of conservation easements include		I I
_	historic structure listed in the National Regist		
3	Number of conservation easements modified	l, transferred, released, extinguished, or te	erminated by the organization during the
	tax year ▶		
4	Number of states where property subject to		
5	Does the organization have a written poli		·
	violations, and enforcement of the conservat		
6	Staff and volunteer hours devoted to monitor	ring, inspecting, and enforcing conservation	on easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation ea	sements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported	The state of the s	s of section 170(h)(4)(B)
	(i) and section 170(h)(4)(B)(ii)?		· · · · · · · 🗌 Yes 🗌 No
9	In Part XIII, describe how the organization rej	ports conservation easements in its reveni	ue and expense statement, and
	balance sheet, and include, if applicable, the		financial statements that describes the
	organization's accounting for conservation e		
Part		ctions of Art, Historical Treasures, o	
		ered "Yes" to Form 990, Part IV, line 8	
1a	If the organization elected, as permitted und	ler SFAS 116 (ASC 958), not to report in i	its revenue statement and balance sheet
	works of art, historical treasures, or other s	similar assets held for public exhibition,	education, or research in furtherance of
	public service, provide, in Part XIII, the text of	f the footnote to its financial statements th	nat describes these items.
b	If the organization elected, as permitted un	der SFAS 116 (ASC 958), to report in its	s revenue statement and balance shee
	works of art, historical treasures, or other s	similar assets held for public exhibition,	education, or research in furtherance o
	public service, provide the following amounts	s relating to these items:	
	(i) Revenues included in Form 990, Part VIII,	line 1	<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works		
	following amounts required to be reported ur		
а	Revenues included in Form 990, Part VIII, line	• • • •	
	Assets included in Form 990. Part X		\$

Part	II Organizations Maintaining	Collections of	Art, His	torical 1	reasures,	or Ot	her Similar A	sse	ts (con	tinued)
3	Using the organization's acquisition, collection items (check all that apply):		ther reco	rds, chec	k any of the	follov	ving that are a	sıgn	ificant u	se of its
а	☐ Public exhibition		d	☐ Loan	or exchange	prog	rams			
b	Scholarly research									
С	Preservation for future generations	S								
4	Provide a description of the organization		and expl	ain how th	hey further t	he org	janization's exe	empt	purpos	e in Part
	XIII.									
5	During the year, did the organization assets to be sold to raise funds rather								□ Ves	□ No
Part	IV Escrow and Custodial Arra									
· ai	line 9, or reported an amoun				juinzution u		100 100 101	<b>O</b>	. 000, .	artiv,
1a	Is the organization an agent, trustee	. custodian or oth	ner interr	nediary fo	or contribution	ons or	other assets	not	•	
	included on Form 990, Part X?								☐ Yes	. □ No
b	If "Yes," explain the arrangement in P									
_	roo, onplan the arrangement in							Amo	unt	
С	Beginning balance					10	<del> </del>			
d	Additions during the year					10	<del></del>			
e	Distributions during the year					1e				
f	Ending balance					11		-		
2a	Did the organization include an amount								☐ Yes	□ No
	If "Yes," explain the arrangement in P								_	
	V Endowment Funds. Compl									
		(a) Current year	(b) Pr	or year	(c) Two years	back	(d) Three years ba	ck	(e) Four ye	ears back
1a	Beginning of year balance				1					
b	Contributions									
С	Net investment earnings, gains, and									
	losses				ŀ					
d	Grants or scholarships									
е	Other expenditures for facilities and								•	
	programs									
f	Administrative expenses								· · · · · · · · · · · · · · · · · · ·	
g	End of year balance									
2	Provide the estimated percentage of t			ce (line 1g	j, column (a)	) held	as:			
а	Board designated or quasi-endowmer	nt 🕨	%							
b	Permanent endowment ▶									
С	Temporarily restricted endowment ▶									
	The percentages in lines 2a, 2b, and 2									
3a	Are there endowment funds not in the	e possession of t	he organ	ization the	at are held a	and ad	ministered for	the		
	organization by:								$\overline{}$	es No
	(i) unrelated organizations							•	3a(i)	
_	(ii) related organizations							•	3a(ii)	$-\!$
_	If "Yes" to 3a(ii), are the related organ					• •		•	3b	
4	Describe in Part XIII the intended uses									
Part										<del> </del>
	Description of property	(a) Cost or o			or other basis other)		Accumulated epreciation	,	(d) Book	/alue
1a	Land					_				
b	Buildings			<u> </u>						
С	Leasehold improvements									
d	Equipment			<u> </u>						
е	Other	.		<u> </u>						
Total.	Add lines 1a through 1e. (Column (d) r	nust equal Form 9	990, Part	X, columr	n (B), line 10	(c).)	, <b>▶</b> ]	_		

(a) Decorption of exclusive category (cots) or exist-of-year market value  (1) Financial derivatives  (2) Closely-held equity interests  (3) Other  (A)  (B)  (C)  (C)  (C)  (C)  (C)  (C)  (C	Part VII	Investments—Other Securities	. See Form 990, Part X,	line 12.	
(2) Closely-held equity interests (3) Other (A) (6) (6) (7) (7) (8) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10	(		(b) Book value		
(3) Other (A) (B) (B) (C) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B	(1) Financia	Il derivatives			
(G) (G) (G) (G) (G) (G) (G) (G) (G) (G)					
(G) (G) (G) (G) (G) (G) (G) (G) (G) (G)	(3) Other				_
(C) (C) (C) (C) (C) (C) (C) (C) (C) (C)	(A)				_
(b) (c) (c) (d) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e					_
(5) (6) (7) (8) (9) (9) (9) (10) Total. (Column (b) must equal Form 950, Part X, col. (B) line 12, ▶    Part VIII   Investments — Program Related. See Form 990, Part X, line 13. (b) Book value   Cost or end-of-year market value   (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)   Part (Column (b) must equal Form 990, Part X, line 15. (a) Description   (b) Book value   (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10					_
(i) (ii) (iii) (iiii) (iiiiiiiiiiiiiiii					_
(5) (6) (7) (8) (9) (9) (9) (10) (10) (11) (17) (17) (18) (19) (19) (10) (10) (10) (11) (11) (11) (12) (13) (14) (15) (15) (16) (17) (18) (19) (19) (19) (19) (19) (19) (19) (19		•••••			_
(#) (#) (#) (#) (#) (#) (#) (#) (#) (#)					
Total, Column (b) must equal Form 990, Part X, col. (B) Ine 12.)					_
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.					_
Investments - Program Related. See Form 990, Part X, Inne 13.		(h) must equal Form 000. Part V and (P) line 12.)			
(a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g			l See Form 990 Part X	line 13	_
(1) (2) (3) (4) (6) (6) (7) (8) (9) (10) (7) (10) (10) (10) (10) (10) (10) (10) (10	T are viii				_
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	liability for u	ncertain tax positions under FIN 48 (ASC 7	40). Check here if the text of	# / I I I I I B- 12/0	_

Page	4

Part	XI Reconciliation of Revenue per Audited Financial Stateme	ents Wi	h Revenue per	Retu	ım
1	Total revenue, gains, and other support per audited financial statements			1	7,075,204
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a	0		
ь	Donated services and use of facilities	2b	0	1	
С	Recoveries of prior year grants	2c	0	1	}
d	Other (Describe in Part XIII.)	2d	0	1	
е	Add lines 2a through 2d			2e	1 0
3	Subtract line 2e from line 1			3	7,075,204
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1			1,51.0/2-2-1
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0	1	
b	Other (Describe in Part XIII.)	4b	0	1	
C	Add lines <b>4a</b> and <b>4b</b>		<del></del>	4c	1 .
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	7,075,204
Part	XII Reconciliation of Expenses per Audited Financial Statem				
1	<del>- 1</del>			1	6,868,937
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				0,000,001
а	Donated services and use of facilities	2a	0		
b	Prior year adjustments	2b	0	1	
c	Other losses	2c	0	1	
d	Other (Describe in Part XIII.)	2d		1	
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	6,868,937
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i i		- <u>-</u>	0,000,337
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b	Other (Describe in Part XIII.)	4b		1	
				4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			5	6,868,937
	XIII Supplemental Information		<del></del>		1 0,000,337
	lete this part to provide the descriptions required for Part II, lines 3, 5, and , line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b ation.				

Schedule D (Fo		Page 5
Part XIII	Supplemental Information (continued)	
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# **SCHEDULE 1** (Form 990)

Grants and Other Assistance to Organizations,

Governments, and Individuals in the United States

2012

OMB No. 1545-0047

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service		•	complete it the origin	Surgamization answered tes to Form 990.	Form 990.			Open to Fublic Inspection
Name of the organization				-			Emple	Employer identification number
Illinois Manufacturing Excellence Center	xcellence Cen	ter						37-1368934
Part   General	Information	General Information on Grants and Assistance	Assistance					
1 Does the organ the selection cr	ization mainta	Does the organization maintain records to substantiate the are the selection criteria used to award the grants or assistance?	stantiate the amou or assistance?	int of the grants or	assistance, the g	grantees' eligibility for	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	se, and ✓ Yes No
2 Describe in Par	t IV the organ	ization's procedur	es for monitoring	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	nds in the United	States.		
Part II Grants a Part IV, Iii	ind Other As ne 21, for an	Grants and Other Assistance to Governmer Part IV, line 21, for any recipient that received	vernments and received more the	Organizations i	n the United Sill can be duplic	its and Organizations in the United States. Complete if the organization more than \$5,000. Part II can be duplicated if additional space is needed	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	vered "Yes" to Form 990,
1 (a) Name and address of organization or government	of organization nt	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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) Northern Illinois University	niversity			-				
Dekalb, IL 60115		36-6008480	State of IL	1,076,977				client services
(2) University of Illinois	S			,				
Grant/Contract Springfield, IL 62708	eld,IL 62708	37-6000511	State of IL	1,000,117	;			client services
(3) Southern Illinois University	niversity			-				
Carbondale, IL 62901		37-6005961	State of IL	861,784				client services
(4) Illinois State University	rsity	37.6014070	Ctato of II	574 262	,			societos troito
(5) Bradley Hawareity		0704100-75	אמוב חוור	366,176				CHELL SELVICES
Peoria, IL 61625		37-0661494	501(c)3	281,621				client services
(6) Tooling & Manuf. Assoc. (TMA)	SSOC. (TMA)							
Park Ridge, IL 60068		36-1804560	501(c)6	200,000		-		client services
(7) IL Community College Board	ege Board							
Springfield, IL 62701		10-0068401	State of IL	102,750				client services
(8) Calumet Area Industrial Council	strial Council							
Chicago, IL 60628		76-0801824	501(c)6	000'09				client services
(6)								
(10)								
(11)				-	1			
(12)								
2 Enter total num	ber of section	1 501(c)(3) and gov	ernment organizat	Enter total number of section 501(c)(3) and government organizations listed in the Ine 1 table	ne 1 table			9
	ber of other o	Enter total number of other organizations listed in the line 1 table	in the line 1 table					. •
For Paperwork Reduction Act Notice, see the Instructions for Form	on Act Notice,	see the Instruction	s for Form 990.		Ö	Cat. No 50055P		Schedule I (Form 990) (2012)

Schedule I (Form 990) (2012)

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed.	<b>dividuals in the U</b> l Il space is needed.	nited States. Com	plete if the organiz	ation answered "Yes" to	orm 990, Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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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.	te this part to pro	vide the information	required in Part I,	line 2, Part III, column (b	, and any other additional
Part 1, Lin	art 1. Line 2. The organization has subrecipients that assist in providing technical, management and financial assistance as well as consulting and training services to manufacturing and training services to manufacturing and the subsection of the subrecipients submit a monthly expenditure report that identifies their	ssist in providing tec	hnical, management a prises in the State of	nd financial assistance illinois. The subrecipi	as well as consulting and treensults submit a monthly expen	sining services to manufacturing
xpenditur	xpenditures of Illinois Manufacturing Excellence Center (IMEC) funds for a particular month. The subrecipients also sign a certification statement that is part of the monthly expenditure	r (IMEC) funds for a p	articular month. The	subrecipients also sig	a certification statement the	t is part of the monthly expenditure
eport that	eport that states all outlays and unliquidated obligations are for th	s are for the purpose	set forth in the award	e purpose set forth in the award document and all costs are allowable.	s are allowable.	
Additio	Additionally, the IMEC president and/or other leadership staff me		signated subrecipient	staff on a periodic ba	sis and all subrecipients are I	et with designated subrecipient staff on a periodic basis and all subrecipients are required to provide IMEC independent
udits of f	udits of federal funding.					
		1   1   1   1   1   1   1   1   1   1				
						Schedule I (Form 990) (2012)

#### SCHEDULE L (Form 990 or 990-EZ)

**Transactions With Interested Persons** 

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

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspe
Employer identification number

Illinois Manufacturing Excellence Center 37-1368934 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. (d) Corrected? (b) Relationship between disqualified person and 1 (a) Name of disqualified person (c) Description of transaction organization Yes No (1) (2)(3)(4)(5) (6)Enter the amount of tax incurred by the organization managers or disqualified persons during the year Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Part II 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 (g) In default? (a) Name of interested person (c) Purpose of (d) Loan to or (e) Original (f) Balance due (h) Approved (i) Written with organization from the principal amount by board or agreement? organization? committee? From Yes No Yes No To Yes No (1)(2)(3)(4)(5) (6)(7)(8)(9)(10)Total **Grants or Assistance Benefiting Interested Persons** Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested (c) Amount of assistance (e) Purpose of assistance (d) Type of assistance person and the organization (1) (2)(3)(4)(5) (6)(7)(8)(9) (10)

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	reve	aring of zation's nues?
/1\ =		<del>                                     </del>	400.000	<del> </del>	Yes	No ✓
	vid Boulay	Leased Employee	160,000	Compensation		<del>                                     </del>
(2) (3)					_	1
(4)		-			+	+
(5)					+	+-
(6)					-	†
(7)					1 -	
(8)						
(9)					1	
(10)						
Part V	Supplemental Information Complete this part to provide		sponses to questio	ns on Schedule L (see instruction	ons).	
Javid Bo	oulay is employed by Bradley Univ	ersity (IMEC's fiscal agent) and	is leased to IMEC.	sradiey University		
compen	sates Mr. Boulay and IMEC is invo	iced for his compensation throu	igh a contractual arr	angement between the two		
compen	sates wit. Bodiay and livico is invo	iced for this compensation throu	igii a contractual an	angement between the two		
entities.	Other personnel leased to IMEC of	lo not meet the threshold noted	in the instructions.			
Addition	ally, IMEC provides services unde	r contract to board member con	npanies on a fee for	service basis on the same		
terms as	are generally offered to the public	c. There were not any fee for se	rvice transactions th	nat exceeded the		
reporting	threshold for Schedule L, Part IV	during the tax year.				
<b></b>						
			***************************************			<b></b>

#### **SCHEDULE 0** (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

▶ Attach to Form 990 or 990-EZ.

**Open to Public** Inspection

Employer identification number

Illinois Manufacturing Excellence Center	37-1368934
Form 990, Item B	
The organization did change its legal name during the time period covered by this 990 form. The organ	nization's new name is Illinois
Manufacturing Excellence Center (IMEC). The prior name was Illinois Manufacturing Extension Center	Per the instructions, the proper
documentation is included as an attachment to the 990 form.	
Form 990, Part III, 4a	
A significant portion of IMEC's costs are incurred by IMEC's subrecipients that assist the organization	ın transferring manufacturing
technology to Illinois manufacturers. Of the \$4,154,601 in subrecipient expenditures, \$4,091,332 is class	ssified as program service and
\$63,269 is classified as general and administrative.	
Farm 000 Back V 4a	
Form 990, Part V, 1a	
Bradley University serves as the fiscal agent for IMEC. Per the instructions relating to reporting agent	s of the filing organization, the number
reported on line 1a is the number of forms filed by the University for providers of services to IMEC for	calendar year 2012.
Form 990, Part V, 2a	
Bradley University has been granted authority to perform the acts required under Section 3505, Chapte	ers 21, 22, 24 and/or 25 of Subtitle C
of the Internal Revenue Code on behalf of IMEC. Bradley University has also been granted authority to	perform the acts required under
Revenue Procedure 84-33 with regard to backup withholding on behalf of IMEC. Since December 2005	, IMEC has utilized ADP payroll
services only for supplemental compensation for staff contracted to IMEC. IMEC staff's primary comp	ensation is received as employees of
host organizations that are IMEC subrecipients/contractors.	
Form 990, Part VI, 1a and 1b	
At the end of the tax year, there were two board positions that were in the process of being filled. IMEG	C's full board consists of 17 members.
Form 990, Part VI, 4	

Schedule O (Form 990 or 990-EZ) (2012)	Page <b>2</b>
Name of the organization	Employer identification number
Ilinois Manufacturing Excellence Center	37-1368934
-Form 990, Part VI, 9	
Names and addresses of board members that cannot be reached at IMEC's mailing address:	
Jim Haley, Illini Wire Works, Inc., 4705 E. Radio Tower Lane, Olney, IL 62450	
Jennifer Kalas, IRMCO, 2117 Greenleaf Street, Evanston, IL 60202	
Scott Kelley, Plano Molding Company, 500 Duvick Avenue, Sandwich, IL 60548	
Daryl Lindemann, Illinois Valley Plastics, 300 N. Cummings Lane, Washington, IL 61571	
Ash Luthra, LSL Industries, Inc., 5535 N. Wolcott Avenue, Chicago, IL 60640	
Larry Meeske, Deere & Company, 3400 80th Street, Moline, IL 61265	
Patrick Murzyn, Caterpillar Global Purchasing, Route 29 and Rench Road, Building AC, Mossville, IL 6155	52
Fred Pipin, 2323 W. Pershing Road, Unit 418, Chicago, IL 60609	
Andy Rector, ACC Electronix, Inc., 420 Wylie Drive, Normal, IL 61761	
Joe Shiver, Hamilton Sundstrand, 4747 Harrison Avenue, Rockford, IL 61108	
Vince Tappel, The Boeing Company, P.O. Box 516, MCS106-4400, St. Louis, MO 63166	
Jeff Townsend, Eclipse, Inc., 1665 Elmwood Road, Rockford, IL 61103	
Gerry Wappelhorst, 1021 Hillcrest Drive, Washington, IL 61571	
Ed Wolbert, Transco Products, Inc., 55 E. Jackson Boulevard, Suite 2100, Chicago, IL 60604	
Craig Zoberis, Fusion Systems, Inc., 7035 High Grove Boulevard, Burr Ridge, IL 60527	
Dan Schueller, Brad Foote Gear Works, Inc., 3250 S. Central Avenue, Cicero, IL 60804	
Richard Louis, Turner Electric Corporation, 131 Enterprise Drive, Edwardsville, IL 62025	
Brad Albrecht, Budnick Converting, Inc., P.O. Box 197, Columbia, IL 62236	
Form 990, Part VI, 11b	
The form is prepared by IMEC's fiscal agent in collaboration with the IMEC president and vice-president f	or finance. A draft is reviewed by
he fiscal agent's assistant controller and the IMEC president and vice-president for finance. When the fi	nal draft is completed, it is
distributed to board members for their review prior to submission.	

Schedule O (Form 990 or 990-EZ) (2012)	Page 3
Name of the organization	Employer identification number
Illinois Manufacturing Excellence Center	37-1368934
Form 990, Part VI, 12c	
IMEC's Conflict of Interest Policy is published in IMEC's Operations Manual. Employees are required to an	nually acknowledge their receipt
of the policy as well as their understanding of and agreement to comply with the policy. When IMEC beco	mes aware of a potential conflict
of interest, the organization follows the process as described in its policy. The conflict of interest policy in	n the Board by-laws (section 2.10)
provides additional guidance for Board Directors. Specifically, the by-laws address topics including that I	Directors and their companies may
not receive special consideration for IMEC services, that conflicts should be disclosed and made a matter	of record, and Directors should not
vote on any matter of conflict.	
Form 990, Part VI, 15a and 15b	
Compensation for IMEC's president is established by IMEC's board of directors' personnel committee and	approved by the full board.
The board reviews data gathered from comparable organizations in setting salary. IMEC's president estab	lishes the salaries for other
employees. In setting salary level, the president utilizes board input as well as independent salary survey	data for comparable job
responsibilities.	
•••••	
Form 990, Part VI, 19	
IMEC's governing documents, conflict of interest policy and financial statements are made available to the	public upon request.
Form 990, Part IX, 24b	
A significant portion of IMEC's costs are incurred by IMEC's subrecipients that assist the organization in t	ransferring manufacturing
technology to Illinois manufacturers. Of the \$4,154,601 in subrecipient expenditures, \$4,091,332 is classified	ed as program service and
\$63,269 is classified as general and administrative.	



## To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

ILLINOIS MANUFACTURING EXCELLENCE CENTER, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 26, 1996, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication # 1312202378

Authenticate at http://www.cyberdriveillinois.com

In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this

day of

MAY

A.D.

SECRETARY OF STATE