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DLN: 93493321019014

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 private foundations)

► Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2013

Open to Public Inspection

A Fo	r the	2013 ca	lendar year, or tax year beginning	, 01-01-2013 , 2013, and endin	ng 12-31-:	2013						
		applicable	C Name of organization Motor and Equipment Manufacturers	Association			D Emplo	yer id	entification number			
Ad	dress c	hange	Doing Business As				13-10	6840	00			
∏ Na	me cha	ange	Doing Business As									
Inr	tıal retu	ım		aıl ıs not delivered to street address)	Room/suite		E Telepho	ne nu	mber			
Г Те	rmınate	ed	10 Laboratory Drive Suite				(919)	549-	-4800			
☐ Am	nended	return	City or town, state or province, cour Research Triangle Park, NC 27709	ntry, and ZIP or foreign postal code			(313)	3 1 7	4000			
Г Ар	plicatio	n pending	Research Hangle Park, Ne 27709				G Gross re	eceipts	s \$ 27,987,643			
			F Name and address of prin	cipal officer			this a group	retur				
			Steve Handschuh 10 Laboratory Drive			SI	ubordinates?		┌ Yes ┌ No			
			Research Triangle Park, NC	27709		H(b) A	re all subordi	nates				
	v ovor	mnt status		Insert no)			cluded?	a liat	t (222 instructions)			
		npt status		Insert no) 4947(a)(1) or 52		11	no, attacn	a iist	t (see instructions)			
J W	ebsit	e:⊨ ww	w mema org			H(c)	roup exempt	ion ni	umber 🗠			
		rganızatıor	Corporation Trust Association	n Other 🕨		L Year o	of formation 19	04 I	M State of legal domicile IL			
Pa	rt I	Sum	nmary									
			lescribe the organization's missio									
		Informat	er the commerical interests of its	members in the motor vehicule :	supplieri	industry	See part III	, line	1 for additional			
3												
듄												
<u>ē</u>	١.											
Governance	2	Check t	his box দ if the organization dis	scontinued its operations or disp	osed of r	more tha	in 25% of its	net a	issets			
	3	Number	of voting members of the govern	ing body (Part VI, line 1a) .				з	14			
Activities &	1		of independent voting members of					4	10			
\$	5	Total nu	ımber of ındıvıduals employed ın o	calendar year 2013 (Part V, line	2a) .			5	0			
Ą	6	Total nu	ımber of volunteers (estımate ıf n	ecessary)				6	80			
	1		related business revenue from Pa					7a	183,450			
	b	Net unre	elated business taxable income fr	om Form 990-T, line 34				7b	-6,035			
						ı	Prior Year		Current Year			
Q)	8		ributions and grants (Part VIII, line 1h)					000	100,000			
Revenue	9		am service revenue (Part VIII, lii			11,719			12,544,181			
H.	10		tment income (Part VIII, column				900,9	-	2,473,768			
	11		revenue (Part VIII, column (A), revenue—add lines 8 through 11		-		-158,5	99	-366,297			
	12		· · · · · · · · · · · · ·				12,546,9	979	14,751,652			
	13		s and sımılar amounts paıd (Part				61,4	136	50,225			
	14		its paid to or for members (Part I					0	0			
Ø	15	Saları 5–10	es, other compensation, employe	e benefits (Part IX, column (A),	lines		7,480,0	088	8,534,844			
Expenses	16a		sional fundraising fees (Part IX, column (A), line 11e)					0	0			
₹	ь		undraising expenses (Part IX, column (D)									
ш	17		expenses (Part IX, column (A), l		. . l		4,602,5	564	4,885,967			
	18		expenses Add lines 13-17 (mus				12,144,0		13,471,036			
	19	Rever	nue less expenses Subtract line	18 from line 12			402,8	391	1,280,616			
<u>क</u> इ.स.						Begin	ning of Curre	nt	End of Year			
Not Assets or Fund Balances	20	T - 4 - 1	pecate (Part V. line 4.5)				Year	26.0				
Ass Bs	20		assets (Part X, line 16)		• •		25,951,3 3,487,6		28,944,026			
2 E	21		liabilities (Part X, line 26) ssets or fund balances Subtract				22,463,7		24,861,278			
	rt III		nature Block				22,403,7	71	27,001,270			
			perjury, I declare that I have exa	mined this return, including acc	ompanvii	na sche	dules and sta	teme	nts, and to the best of			
my k	nowle	dge and	belief, it is true, correct, and com									
prepa	arer h	as any k	nowledge									
			***				2014 11 17					
Sigr	1	I B	ature of officer				2014-11-17 Date					
Her		WFN	IDY T EARP CFO									
			e or print name and title									
			Print/Type preparer's name	Preparer's signature	Date		Check If	PTIN				
Pai	d	—	Michele N Melchior Firm's name Frant Thornton LLP		2014		self-employed Firm's EIN ►	PUU4	88037			
Pre	pare		Time 5 name F Grant HIGHROH LLP				. IIII S LIN F					
	On		Firm's address • 4140 ParkLake Avenue Suite 130 Phone						one no (919) 406-8806			

Raleigh, NC 27612

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

✓ Yes No

Par		ent of Program Service A schedule O contains a response	Accomplishments or note to any line in this Part III		
1	Briefly describe	the organization's mission			
THE MAN AIRC AMO THE PAM MEM AGE	OBJECTIVES OF UFACTURE, PRO ERAFT, MARINE AND MEMBERS FO FOLLO WING ACT PHLETS AND OT BER COMPANIES OF THE STORES	THIS ASSOCIATION ARE TO DUCTION REMANUFACTURIN AND RELATED PRODUCTS, AND RETHEIR OWN WELFARE AND FIVITIES - DISSEMINATION HER EDUCATIONAL AND INFO AND LIAISON WITH FEDERATION OF INTERNATIONAL BUDF PRODUCTS BOTH AT HOME	FOSTER THE COMMERCIAL INT IG, SALE, SERVICE, AND USE OF ID TO SECURE THE ADVANTAGE THE ADVANCEMENT OF THE TR OF GENERAL BULLETINS AND ROTMATIONAL MATERIAL OF INT IL, STATE, AND LOCAL GOVERNIJSINESS - SERVICE RELATED TO E AND ABROAD - SERVICE RELARED RELATIONS WITH OTHER ORGA	AUTOMOTIVE, HEAVY DU S TO BE OBTAINED BY FRI ADE INTERESTS REPRESEI EPORTS, ARTICLES, SURVI EREST TO MEMBERS - REI MENTS, AS WELL AS WITH I D MANUFACTURING AND D ITED IN INDUSTRY TRADE	TY, OFF-HIGHWAY, ENDLY CONTACTS NTED, INCLUDING EYS, STUDIES, PRESENTATION OF REGULATORY DISTRIBUTING
2	the prior Form 99	90 or 990-EZ?	rogram services during the year wh		┌ Yes ┌ No
		e these new services on Schedi			
3	services?	tion cease conducting, or make	significant changes in how it condu · · · · · · · · · · · ·	cts, any program	┌ Yes ┌ No
4	expenses Section		omplishments for each of its three anizations are required to report the program service reported		
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	networking and info members), commit remanufacturing ar on issues of interes associations and so	ormation exchange among the membe ttees, councils, forums, product line gro nd heavy duty industries to the commu st to the members, developing benchm ocieties to promote information exchan	ring, and heavy duty industry participants a ership through a wide range of conferences pups, and peer groups 3. Promoting public nity and to the country with statistics on sa arking information and conducting forums of ge, the introduction of companies, the pron w association members to enhance busines	and exhibitions (that focus on the awareness of the importance of the iles, employment, taxes, exports, of on specific issues 5 Developing str notion of relevant research and the	major issues of importance t e aftermarket, etc 4 Coordinating research ategic alliances with other
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)
4d		services (Describe in Schedule	•) (D	\ \
4-	(Expenses \$		grants of \$) (Revenue \$)
4e	i otal program s	service expenses 🟲			

Part IV Chec	klist of	Required	Schedules
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	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I^{\bullet}	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV^{\square}	9		No
LO	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part $X^{f CD}$	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
l2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
.3	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
.4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
. 5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
L 6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
.8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
L 9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

GII	Statements Regarding Other TRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	-	Yes	.) No
3	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 13		1.03	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
•	gaming (gambling) winnings to prize winners?	1c	Yes	
a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
	by this return	1		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
ı	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
1	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		N
)	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			
1	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Yes	
)	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
	Organizations that may receive deductible contributions under section 170(c).		, 03	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		
I	If "Yes," indicate the number of Forms 8282 filed during the year	_		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	70		
	contract?	7e 7f		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<u> </u>		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	۴		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter	90		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
)	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
)	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	Į	ļ	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		Ι

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

Se	ection A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Νο
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal R		io Cod	۵ ۱
<u> 5</u> e	ection B. Policies (This Section B requests information about policies not required by the Internal R	event	ie cou	.)
Se	ection B. Policies (This Section B requests illiormation about policies not required by the Internal R	evend	Yes	No No
	Did the organization have local chapters, branches, or affiliates?	10a		
10a			Yes	
10a b	Did the organization have local chapters, branches, or affiliates?	10a	Yes Yes	
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes Yes	
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a	Yes Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes	
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes	
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes	
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes	No

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►WENDY T EARP 10 LABORATORY DRIVE RTP,NC 27709 (919) 406-8806

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

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours	A verage nours per week (list inny hours A verage Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations	
(1) JOSEPH MCALEESE	2 0	х		х				0	0	0	
CHAIRMAN	1 0	^		^				U	0	0	
(2) JOHN COREY	2 0	Х		х				0	0	0	
VICE CHAIR	1 0										
(3) DOUGLAS GRIMM VICE CHAIR	2 0	x		х				0	0	0	
(4) STEVE HANDSCHUH	1 0 35 0										
PRESIDENT & CEO		x		х				0	414,782	43,279	
(5) MICHAEL CARDONE JR	5 0										
AT LARGE		Х						0	0	0	
(6) JEFF BREKKE	1 0										
DIRECTOR		X						0	0	0	
(7) PAT CAVANAUGH	1 0										
DIRECTOR		X						0	0	O	
(8) CHARLEY JOHNSON	1 0										
DIRECTOR		X						0	0	O	
(9) WILLIAM KOZYRA	1 0										
DIRECTOR		X						0	0	0	
(10) JIM ORCHARD	1 0										
DIRECTOR		X						0	0	0	
(11) JACK SHAFFER	1 0										
DIRECTOR		X						0	0	0	
(12) TOM WARD	1 0								_	_	
DIRECTOR		X						0	0	0	
(13) TERRY MCCORMACK	1 0							_	_	_	
DIRECTOR		Х						0	0	0	
(14) DANIEL SCELI	1 0	х						0	0	0	
DIRECTOR									U		
(15) ROBERT E MCKENNA	35 0	х		х				0	592,143	43,081	
OUTGOING PRESIDENT & CEO	5 0			Ĺ	$ldsymbol{ld}}}}}}$			Ů	392,143	43,001	
(16) WENDY T EARP	34 0			×				0	195,533	16,067	
VP, SECRETARY, TREASURER, CFO	6 0			Ĺ				ŭ	173,333	10,007	
(17) TIM KRAUS	40 0				х			0	229,950	43,654	
VICE PRESIDENT	ı	1			. ^	1		ı VI	227,730	10,007	

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

(A) Name and Title		(B) A verage hours per week (list any hours	more pers	than on is	one bot	note boo	chec x, unle n offic rustee	ess er e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	Estim amount comper from	ated of other isation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organiz and re organiz	lated
	WILLIAM LONG	40 0				х			0	248,706		27,093
	PRESIDENT LACY WILSON	40 0				\vdash						
. ,	DR VP GOV'T AFFAIRS					x			0	306,611		18,936
	JOHN CHALIFOUX	40 0				t						
VICE	PRESIDENT					X			0	231,625		44,056
(21)	NEIL DE KOKER	40 0				x			0	505,411		43,079
VICE	PRESIDENT					^			"	303,411		43,075
(22)	CHRIS GARDNER	40 0					x		0	184,237		38,645
	PRESIDENT, AASA DIVISION					_						
. ,	PAUL MACCARTHY	40 0					х		0	205,205	į	38,646
	PRESIDENT DAVID ANDREA	40 0	1		-	+						
. ,	PRESIDENT, OESA DIVISION						Х		0	232,342		15,444
	MARGARET BAXTER	40 0										
VICE	PRESIDENT, OESA DIVISION						X		0	218,771		43,229
(26)	GLENN STEVENS	40 0					х		0	214,205		37,804
VICE	PRESIDENT, OESA DIVISION								, and the second	211,200		37,00
						-						
							<u> </u>					
1b	Sub-Total			•	•		<u> </u>					
C	Total (and lines the and to)	-		•	•				0	3,779,521		453,013
d						l	- \			3,779,321		433,013
2	Total number of individuals (including l \$100,000 of reportable compensation				ed a	DOVE	e) wnc	rec	elved more than			
											Yes	No
3	Did the organization list any former off on line 1a? <i>If "Yes," complete Schedule</i> .					nplo [.]	yee, o	r hig	ghest compensate	d employee		No
4	For any individual listed on line 1a, is to organization and related organizations individual									om the	Yes	
5	Did any person listed on line 1a receiv services rendered to the organization?		-						_			No
											•	
Se	ection B. Independent Contract	ors										

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A)	(B)	(C)
Name and business address	Description of services	Compensation
Arent Fox LLP, 1050 Connecticut Ave NW WASHINGTON DC 20036	Legal	499,624
United Properties LLC, PO Box 10810 RALEIGH NC 27605	Office Space Lessor	484,205
Lincoln Property Company, 1030 15th Street NW Ste 250 WASHINGTON DC 20005	Office Space Lessor	279,433
Long Lake Crossing LLC, 747 Third Ave 37th Floor NEW YORK NY 10017	Office Space Lessor	118,015

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►4

Contributions, Giffs, Grants and Other Similar Amounts	1aa b
Program Serwce Revenue	222 bb cc dd ee ff gg 3 4 5 6 6 6 6 6 bb
evenue	3 4 5 6 6 6 b c c d d 6 8 6 8 6
Other R	ь 9а ь
	10a
	d e 12

	Check if Schedi	ule O contains a respoi	nse or note to any III	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1a	Federated cam	paigns 1a					
b	Membership du	ies 1b					
c	Fundraising eve	ents 1c					
d	Related organiz	zations 1d					
e	Government grant	s (contributions) 1e					
f	All other contribution	ons, gifts, grants, and 1f ot included above	100,000				
g	Noncash contribution	ons included in lines					
h	Total. Add lines	s 1a-1f		100,000			
+			Business Code				
2a	TRADE SHOWS		900099	3,954,694	3,954,694		
b	MEMBERSHIP DUE		900099	5,217,818	5,217,818		
С	MEETING REVENU	 E	900099	2,678,290	2,678,290		
d	ADVERTISING REV	ENUE	511120	183,450	·	183,450	
e	REIMBURSED EXPE	ENSES	900099	289,491	289,491		
f	All other progra	am service revenue		220,438	220,438		
g	Total. Add lines	s 2a-2f		12,544,181			
3		ome (including dividen					
		aramounts)		1,190,436			1,190,436
4		stment of tax-exempt bond	proceeds	0			
5	Royalties	(ı) Real	(II) Personal				
6a	Gross rents	81,338	(ii) i ciboliai				
b	Less rental	81,338					
c	expenses Rental income	0	0				
d	or (loss) Net rental inco	me or (loss)		0			
		(ı) Securities	(II) O ther				
7a	Gross amount from sales of assets other	14,006,319					
b	than inventory Less cost or other basis and sales expenses	12,722,128	859				
С	Gain or (loss)	1,284,191	-859				
d	Net gain or (los	ss)		1,283,332			1,283,332
8a	Gross income f events (not inc \$	from fundraising luding					
	of contributions See Part IV, lin	s reported on line 1c) ne 18 a					
ь	Less direct ex	penses b					
c	Net income or ((loss) from fundraising	events 🛌	0			
9a		from gaming activities ne 19 a					
b	Less direct ex	penses b					
1		(loss) from gamıng actı	vities	О			
10a	Gross sales of returns and allo		65,369				
ь	less costofa	oods sold b	431,666				
		(loss) from sales of inv		-366,297			-366,297
	Miscellaneous		Business Code				
11a							
b							
С							
d		ue					
e	Total. Add lines	s 11a-11d		0			
12	Total revenue.	See Instructions .	🛌	14,751,652	12,360,731	183,450	2,107,471

	,	
Part IX	Statement of Functional Expenses	
Section 50	1(c)(3) and $501(c)(4)$ organizations must complete all columns	All other organizations must complete column (A)

	Check if Schedule O contains a response or note to any line in this Part IX							
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	50,225	•		· · · · · · · · · · · · · · · · · · ·			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0						
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0						
4	Benefits paid to or for members	0			-			
5	Compensation of current officers, directors, trustees, and key employees	2,876,406						
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0						
7	Other salaries and wages	4,493,081						
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	227,000						
9	Other employee benefits	526,207						
10	Payroll taxes	412,150						
11	Fees for services (non-employees)							
а	Management	0						
b	Legal	308,729						
C	Accounting	70,258						
d	Lobbying	0						
е	Professional fundraising services See Part IV, line 17	0						
f	Investment management fees	111,550						
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	312,072						
12	Advertising and promotion	116,816			-			
13	Office expenses	322,306						
14	Information technology	143,184						
15	Royalties	0						
16	Occupancy	825,975						
17	Travel	419,699						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0						
19	Conferences, conventions, and meetings	1,348,201						
20	Interest	0						
21	Payments to affiliates	0						
22	Depreciation, depletion, and amortization	266,935						
23	Insurance	60,059						
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)							
а		350,206						
b	DUES & SUBSCRIPTIONS	109,782						
c	BAD DEBT	102,179						
d	STAFF DEVELOPMENT	16,269						
e	All other expenses	1,747						
25	Total functional expenses. Add lines 1 through 24e	13,471,036						
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)							

Part X Balance Sheet

Pai	rt X	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	1,342,437	1	574,803
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	1,391,043	4	1,846,242
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		_	
	6	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		5	0
ē			0	6	0
Assets	7	Notes and loans receivable, net	0	7	0
**	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	233,224	9	136,613
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 1,790,630			
	ь	Less accumulated depreciation 10b 1,130,497	860,111	10c	660,133
	11	Investments—publicly traded securities	18,187,130	11	23,359,621
	12	Investments—other securities See Part IV, line 11	1,657,801	12	0
	13	Investments—program-related See Part IV, line 11	2,220,381	13	2,307,381
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	59,233	15	59,233
	16	Total assets. Add lines 1 through 15 (must equal line 34)	25,951,360	16	28,944,026
	17	Accounts payable and accrued expenses	1,996,712	17	2,314,722
	18	Grants payable	0	18	0
	19	Deferred revenue	2,190,835	19	2,581,490
	20	Tax-exempt bond liabilities	0	20	0
Ø	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
Liabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
qе		persons Complete Part II of Schedule L	0	22	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
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule			
		D	-699,918		-813,464
	26	Total liabilities. Add lines 17 through 25	3,487,629	26	4,082,748
Š.		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽 and complete lines 27 through 29, and lines 33 and 34.			
ä	27	Unrestricted net assets	22,463,731	27	24,861,278
<u> </u>	28	Temporarily restricted net assets	0	28	0
=	29	Permanently restricted net assets	0	29	0
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
0	30	Capital stock or trust principal, or current funds		30	
흱	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net /	33	Total net assets or fund balances	22,463,731	33	24,861,278
Ź	34	Total liabilities and net assets/fund balances	25,951,360	34	28,944,026
	1		1 ==,55.,550	- 1	

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				F
1	Total revenue (must equal Part VIII, column (A), line 12)	1		14,7	751,652
2	Total expenses (must equal Part IX, column (A), line 25)	2		134	171,036
3	Revenue less expenses Subtract line 2 from line 1				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3		1,2	280,616
7	Net assets of faile balances at beginning of year (must equal Fait X, file 33, column (A))	4		22,4	163,731
5	Net unrealized gains (losses) on investments	5		g	917,974
6	Donated services and use of facilities	_			
7	Investment expenses	6			
,	Trivestifient expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	9			198,957
	column (B))	10		24,8	361,278
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>. ୮</u>
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed o	n		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	arate			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigl audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of th	1e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain i Schedule O	n			
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	е	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b		

DLN: 93493321019014

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

► See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** Motor and Equipment Manufacturers Association 13-1068400 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 Was a correction made? ☐ Yes ┌ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

Sch	nedule C (Form 990 or 990-EZ) 2013					Page 2
Pä	art II-A Complete if the organization	is exempt under	section 501(c)(3) and file	ed Form 5768	
_	under section 501(h)).		Link in Doub TV an	- h - 66:1: - h - d		a adduces FIN
٠.	Check ► If the filing organization belongs to a expenses, and share of excess lobb		iist in Part IV ea	ch amiliated gro	up members nam	e, address, EIN,
3	Check ► ☐ If the filing organization checked bo		l" provisions app	ly		
	Limits on Lobbying E (The term "expenditures" means ar		l .)		(a) Filing organization's totals	(b) Affiliated group totals
La	Total lobbying expenditures to influence public o	pinion (grass roots lob	bying)			
ь	Total lobbying expenditures to influence a legisl	ative body (direct lobby	yıng)			
c	Total lobbying expenditures (add lines 1a and 1	o)		Γ		
d	O ther exempt purpose expenditures			Γ		
e	Total exempt purpose expenditures (add lines 1	c and 1d)		Γ		
f	Lobbying nontaxable amount Enter the amount is columns	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	000		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of lir	ue 1f)				
h	Subtract line 1g from line 1a If zero or less, ent	er-0-				
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -				
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file	Form 4720 repo	orting	┌ Yes ┌ No
	(Some organizations that made a columns below. See t	he instructions fo	ection do not r lines 2a thro	havè to con ough 2f on p		ne five
	Lobbying Exp	enditures During	4-Year Avera ⊤	ging Period	1	1
	Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a	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))

Grassroots lobbying expenditures

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying		(a)			(b)		
			Yes	No	_	moun	t
1	legislation, including any attempt to influence through the use of	tempt to influence foreign, national, state or local epublic opinion on a legislative matter or referendum,					
а	Volunteers?]		
b	Paid staff or management (include compensation)	ation in expenses reported on lines 1c through 1i)?			1		
C	Media advertisements?						
d	Mailings to members, legislators, or the pub	-			<u> </u>		
e	Publications, or published or broadcast state	<u> </u>					
f	Grants to other organizations for lobbying pu	_					
g	Direct contact with legislators, their staffs,						
h	·	ons, speeches, lectures, or any similar means?					
!	Other activities?	-					
j	Total Add lines 1c through 1i	504/ 3/22	ı				
a		ration to be not described in section 501(c)(3)?			4		
b	If "Yes," enter the amount of any tax incurre						
C	· · · · · · · · · · · · · · · · · · ·	ed by organization managers under section 4912	ı		-		
	If the filing organization incurred a section 4	·	-01/-	\/=\ .			
7 61	t III-A Complete if the organization 501(c)(6).	on is exempt under section 501(c)(4), section 5	OT(C)(5), (or se	ectioi	n
	301(0)(0).					Yes	No
1	Were substantially all (90% or more) dues r	eceived nondeductible by members?			1		Νo
2	Did the organization make only in-house lob				2		Νo
3	Did the organization agree to carry over lobb	oying and political expenditures from the prior year?			3	Yes	
aı		on is exempt under section 501(c)(4), section 5 BOTH Part III-A, lines 1 and 2, are answered "					
	line 3, is answered "Yes."			(- /			,
L	Dues, assessments and similar amounts fro		1			3,96	75,1
2	Section 162(e) nondeductible lobbying and expenses for which the section 527(f) tax w	political expenditures (do not include amounts of political vas paid).	2-			F 2 (0.70
a	Current year		2a				9,70
b	Carryover from last year		2b				6,01
c	Total	(a)(1)(A) make a confidence of manufacture black a control (C)(a) decay	2c				5,71
3 4	If notices were sent and the amount on line	(e)(1)(A) notices of nondeductible section 162(e) dues 2c exceeds the amount on line 3, what portion of the excess the reasonable estimate of nondeductible lobbying and	3			51:	5 ,0 2
	political expenditure next year?		4			150	0 ,6 8
5	Taxable amount of lobbying and political exp	penditures (see instructions)	5				
P	art IV Supplemental Information						
	ovide the descriptions required for Part I-A , lin rt II-B, line 1 Also, complete this part for any	ne 1, Part l-B, line 4, Part l-C, line 5, Part II-A (affiliated grou additional information	ıp lıst),	Part II	-A,I	ne 2,	and
	Return Reference	Explanation					

201104410 3 (1 3111 330 31 330 12) 2013	i age -				
Part IV Supplemental Information	on <i>(continued)</i>				
Return Reference	Explanation				

Schedule D (Form 990) 2013

DLN: 93493321019014

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	me of the organization or and Equipment Manufacturers Association		Emp	oloyer identification number
100	or and Equipment Manufacturers Association		13-	1068400
a)	rt I Organizations Maintaining Donor Adv			
	organization answered "Yes" to Form 990	•		(1) 5
	-	(a) Donor advised funds		(b) Funds and other accounts
	Total number at end of year			
	Aggregate contributions to (during year)			
	Aggregate grants from (during year)			
	Aggregate value at end of year		<u> </u>	
	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or	ganization's exclusive legal control?		□ Yes □ N
	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the beneficonferring impermissible private benefit?	fit of the donor or donor advisor, or for an	y othe	er purpose Yes N
Ī	rt II Conservation Easements. Complete if	the organization answered "Yes" to	Forn	n 990, Part IV, line 7.
	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	or education) Preservation of an Preservation of a c	ertifie	d historic structure
	easement on the last day of the tax year	g quaimed conservation contribution in the	10111	1
	Total number of conservation easements	-	2-	Held at the End of the Year
		-	2a 2b	
	Total acreage restricted by conservation easements Number of conservation easements on a certified history	eric structure included in (a)		
	Number of conservation easements included in (c) acc historic structure listed in the National Register	` '	2c 2d	
	Number of conservation easements modified, transferr	L red released extinguished orterminates	d by th	he organization during
	the tax year -	ea, released, extinguished, or terminates	a b , c.	ne organization daring
	·			
	Number of states where property subject to conservat		_	
	Does the organization have a written policy regarding tenforcement of the conservation easements it holds?	the periodic monitoring, inspection, hand	ling of	f violations, and Yes N
	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation easem	ents c	during the year
	Amount of expenses incurred in monitoring, inspecting	g, and enforcing conservation easements	durin	g the year
	* \$			
	Does each conservation easement reported on line 2(and section 170(h)(4)(B)(II)?	d) above satisfy the requirements of sect	tion 17	70(h)(4)(B)(ı) Yes N
	In Part XIII, describe how the organization reports colbalance sheet, and include, if applicable, the text of the organization's accounting for conservation easeme	e footnote to the organization's financial		
1	Organizations Maintaining Collection Complete if the organization answered "Y		or Ot	her Similar Assets.
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide, in Part XIII, the text of the footnote to	.16 (ASC 958), not to report in its reven its held for public exhibition, education, c	r rese	earch in furtherance of public
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide the following amounts relating to thes	.16 (ASC 958), to report in its revenue s its held for public exhibition, education, o	tatem	nent and balance sheet
	(i) Revenues included in Form 990, Part VIII, line 1			- \$
	(ii) Assets included in Form 990, Part X			► \$
	If the organization received or held works of art, histor following amounts required to be reported under SFAS		r finan	ncial gain, provide the
	Revenues included in Form 990, Part VIII, line 1			► \$
	Assets included in Form 990, Part X			► \$
	· · · · · · · · · · · · · · · · · · ·			* т

Par	TIT Organizations Maintaining Co	<u>llections of Art</u>	<u>, His</u>	tori	cal Tr	<u>easu</u>	<u>res, or O</u>	the	r Similar As	sset	ts (co.	ntınued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds, ch	neck	any of t	he follo	owing that a	are a	significant us	e of	ts	
а	Public exhibition		d	Γ	Loan	or excl	nange progi	rams				
b	Scholarly research		e	Γ	Othe	-						
С	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ın hov	w the	y furthe	er the o	rganızatıor	ı's ex	empt purpose	ın		
5	During the year, did the organization solicit								ıılar	_		_
В-	assets to be sold to raise funds rather than t									<u> </u>		No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						i answere	a Y	es" to Form	990	7	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	diary	forc	ontribu	itions d	or other ass	ets r	not	Г	es/	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	ving t	able		_					
									Aı	mou	nt	
С	Beginning balance							1c				
d	Additions during the year							1d				
е	Distributions during the year							1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	e 21?							Γ,	es (┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	anatı	on has	been p	rovided in I	Part :	XIII			Γ
Pa	rt V Endowment Funds. Complete											
	•	(a)Current year	(b)) Prior	year	b (c) Tv	wo years back	(d)	Three years back	(e)	Four ye	ars back
1a	Beginning of year balance											
b	Contributions							╄				
С	Net investment earnings, gains, and losses											
d	Grants or scholarships							T				
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the cur	rent year end baland	ce (lın	e 1g	, colum	n (a)) h	neld as					
а	Board designated or quasi-endowment 🕨											
ь	Permanent endowment -											
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c sho	uld equal 100%										
3a	Are there endowment funds not in the posses	ssion of the organiza	ation '	that	are hel	d and a	dministere	d for	the			
	organization by (i) unrelated organizations								3-	/ix	Yes	No
	(ii) related organizations			•				•		(i) (ii)		
ь	If "Yes" to 3a(II), are the related organization							٠. '		ь		
4	Describe in Part XIII the intended uses of the	·							<u> </u>			
Par	t VI Land, Buildings, and Equipme	ent. Complete if t	the o	rgar	ıızatıoı	n answ	vered 'Yes	' to	Form 990, P	art 1	V, lır	ie
	11a. See Form 990, Part X, line	10.					T					
	Description of property) Cost or sis (inves		(b) Cost or basis (oth		(c) Accumulate depreciation		(d) Bo	ok value
1a	Land											
b	Buildings											
С	Leasehold improvements						3	4,994	18,	721		16,273
d	Equipment						66	0,555	559,	965		100,590
								5,081	551,	811		543,270
Tota	l. Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part)	X, colu	ımn (B), line	10(c).)			🛌	T		660,133

Part VII Investments—Other Securities. Comp	lete if the organization a	answered 'Yes' to For	m 990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category	(b)Book value	(c) Method of va	
(including name of security)		Cost or end-of-year	market value
(1)Financial derivatives (2)Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990. Part X. col (B) line 12)			
Part VIII Investments—Program Related. Com	<u>l</u> Inlete if the organization] n answered 'Yes' to Fo	orm 990 Part IV line 11c
See Form 990, Part X, line 13.		- answered res to re	orm 550, rare iv, line lie.
(a) Description of investment	(b) Book value	(c) Method of variation	
(1) INVESTMENT-MKT SERVICES CO	2,307,381	Cost or end-of-year	market value
(1) INVESTMENT-MKT SERVICES CO	2,307,381		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	2,307,381		
Part IX Other Assets. Complete if the organization a		, Part IV , line 11d See	
(a) Descript	ion		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)			
Part X Other Liabilities. Complete if the organ Form 990, Part X, line 25.	ization answered 'Yes' to	Form 990, Part IV,	ine 11e or 11f. See
1 (a) Description of liability	(b) Book value		
Federal income taxes	0		
SHORT TERM DEFERRED GAIN	198,957		
LONG TERM DEFERRED GAIN	-1,392,700		
ACCRUED RENT LIABILITY	80,279		
DEFERRED COMPENSATION	300,000		
+			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	-813,464		
2 Liability for uncertain tay positions In Part VIII provide t	-		

Par		evenue per Audited Financial Stat wered 'Yes' to Form 990, Part IV, line 1		ts With Revenue p	er R	eturn Complete If
1	_	er support per audited financial statements			1	
2	A mounts included on line 1 bi	ut not on Form 990, Part VIII, line 12				
а	Net unrealized gains on inves	tments	2a			
b	Donated services and use of t	acılıtıes	2b		1	
c	Recoveries of prior year grant	s	2c		1	
d	Other (Describe in Part XIII))	2d		1	
e	Add lines 2a through 2d		· ·		2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1				
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII))	4b			
c	Add lines 4a and 4b				4c	
5		d 4c. (This must equal Form 990, Part I, line			5	
Par		xpenses per Audited Financial Sta			s per	Return. Complete
1		swered 'Yes' to Form 990, Part IV, line r audited financial statements			1	T
2	·	it not on Form 990, Part IX, line 25	• •		<u> </u>	+
a		acilities	2a	I		
b			2b		1	
c	•		2c			
d			2d		-	
e					2e	
3					3	
4		0, Part IX, line 25, but not on line 1:				
a		uded on Form 990, Part VIII, line 7b	4a	I		
b	·		4b			
С					4c	
5	Total expenses Add lines 3 a	nd 4c. (This must equal Form 990, Part I, lin	e 18)		5	
Par	t XIII Supplemental In					
Part		Part II, lines 3, 5, and 9, Part III, lines 1a , lines 2d and 4b, and Part XII, lines 2d and				ie any additional
	Return Reference	Explanation				
	ity for Uncertain Tax Position 740)	Schedule D, Part X, Line 2 The Company h the financial statements	as no u	ncertain tax positions t	that re	quired disclosure in

•	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

efile GRAPHIC print - DO NOT PROCESS

Motor and Equipment Manufacturers Association

As Filed Data -

DLN: 93493321019014

SCHEDULE F (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Statement of Activities Outside the United States

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

► Attach to Form 990. ► See separate instructions.

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

OMB No 1545-0047

2013

Open to Public Inspection

Employer identification number

					13-1068400	
Pa	rt I General Information "Yes" to Form 990, Par			ne United States. Co	omplete if the organiza	ition answered
1	For grantmakers. Does the o other assistance, the grantee to award the grants or assista	es' eligibility fo	r the grants or	assistance, and the s	selection criteria used	d ┌ Yes ┌ No
2	For grantmakers. Describe in assistance outside the United		ganızatıon's pı	rocedures for monitori	ng the use of its grants	s and other
3	Activites per Region (The follow	ing Part I, line 3	table can be du	iplicated if additional spa	ace is needed)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	Europe (Including Iceland and Greenland)		1	Program Services	Monitor Euro Auto Ind	35,357
(2)						
(3)						
(4)						
(5						
Ł	Sub-total Total from continuation sheets to Part I		1			35,357
	: Totals (add lines 3a and 3b)	I	1			35,357

Pa						ited States. Compl duplicated if additior			to Form 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(:	1)								
(:	2)								
(:	3)								
(4	4)								
2						ies by the foreign co (c)(3) equivalency l			
3	Enter total nur	nber of other or	ganizations or ent	rities					

Schedule F (Form 990) 2013

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be	Part III can be duplicated if additional space is needed.											
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)					
(1)							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
(11)												
(12)												
(13)												
(14)												
(15)												
(16)												
(17)												
(18)												
	1			l .								

Part IV Foreign Forms

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

Schedule F (Form 990) 2013

Additional Data

Software ID: Software Version:

EIN: 13-1068400

Name: Motor and Equipment Manufacturers Association

Schedule F (Form 990) 2013

Page **5**

Part V Supplemental Information

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

Schedule I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990

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

OMB No 1545-0047

Employer identification number

2013

DLN: 93493321019014

Open to Public

Motor and Equipment Manufacti	urers Association					13-1068400	
Part I General Inform	nation on Grants	and Assistance					
 Does the organization ma the selection criteria used Describe in Part IV the or 	d to award the grants or ganization's procedur	or assistance? es for monitoring the use	of grant funds in the l	Jnited States			✓ Yes
Part II Grants and Oth Form 990, Part I	ner Assistance to V, line 21, for any	Governments and recipient that receive	Organizations in d more than \$5,000	the United States . Part II can be dup	. Complete if the org licated if additional s	ganization answered space is needed.	l "Yes" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) NATIONAL AUTOMOTIVE SERVICE TASK FORCE 2220 CR210 W UNIT 108- 435 ST JOHNS,FL 32259	76-0837727	501C6	16,080				Automotive Study Financial Hardship Training Program to Educate Automotive Technicians Recognize Pioneers in the Auto Industry
(2) THE AFTERMARKET FOUNDATION PO BOX 864520 ORLANDO, FL 32886	62-1759489	501C3	11,000				FINANCIAL HARDSHIP
(3) NATIONAL AUTOMOTIVE TECHNICIANS EDUC FDN INC 101 BLUE SEAL DRIVE SE SUITE 101 LEESBURG, VA 20175	36-2957537	501C3	10,000				Training Program
(4) AUTOMOTIVE HALL OF FAME 21400 OAKWOOD BLVD DEARBORN, MI 48124	38-3320345	501C3	7,000				Recognition

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.

Enter total number of other organizations listed in the line 1 table

Grant Funds Inside U S

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

(a)Type of grant or assistan	nce	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance		
Part IV Supplemental 1	Informa	tion. Provide the info	ormation required in Pa	art I, line 2, Part III, col	umn (b), and any other a	dditional information.		
Return Reference	Explana	ition						
Procedure for Monitoring Use of Schedule I, Part I, Line 2 MEMA ensures that grants are only issued to entities whose positive contributions to the industry are universally								

DLN: 93493321019014

OMB No 1545-0047

Schedule J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Motor and Equipment Manufacturers Association **Employer identification number**

13-1068400

Pai	t I Questions Regarding Compensation	n				
					Yes	No
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	<u> </u>	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement or provision of all of the expenses de			1b	Yes	
2	Did the organization require substantiation prior to indirectors, trustees, officers, including the CEO/Exec				V	
	anectors, trastees, omeers, melaanig the GES/EXE	outive D	meetor, regarding the realist effected in line 14	2	Yes	
3	Indicate which, if any, of the following the filing orga organization's CEO/Executive Director Check all the used by a related organization to establish compens	nat apply				
	▼ Compensation committee	굣	Written employment contract			
	☐ Independent compensation consultant	<u> - </u>	Compensation survey or study			
	Form 990 of other organizations	<u>~</u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymen	t?	4a		No
b	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mu	ıst comp	plete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A compensation contingent on the revenues of					
a	The organization?			5a		
b	Any related organization?			5b		
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a	, did the organization pay or accrue any			
а	The organization?			6a		
b	Any related organization?			6b		
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes," of			7		
8	Were any amounts reported in Form 990, Part VII,	oaid or a	ccured pursuant to a contract that was			
	subject to the initial contract exception described in	n Regula	tions section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III			8		
9	If "Yes" to line 8, did the organization also follow the section 53 $4958-6(c)$?	e rebutta	able presumption procedure described in Regulations	9		

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

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

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

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

Schedule J (Form 990) 2013

Part IIII Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

1	
Return Reference	Explanation
ınıtıatıon fees	Schedule J, Part I, Line 1a The MEMA Management Services Group, a related organization, pays for a club membership that is primarily for MEMA's President to conduct business MEMA reimburses The MEMA Management Services Group monthly for these club dues In addition, monthly club dues are reimbursed to the OESA Divisional President and included in hIS taxable benefits
plan	Schedule J, Part I, Line 4b Robert McKenna participated in a frozen (As of 12/31/2009) supplemental nonqualified retirement plan during the year No amounts were paid into the plan by this or any related organization during the year and he did not receive any distributions out of the plan during the year Neil DeKoker participated in a supplemental nonqualified retirement plan during the year No amounts were paid into the plan by this or any related organization during the year and he did not receive any distributions out of the plan during the year

Schedule J (Form 990) 2013

Software ID: Software Version:

EIN: 13-1068400

Name: Motor and Equipment Manufacturers Association

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

Form 990, Schedule J, Pa	<u>rt 1</u>	1 - Officers, Direc	tors, Trustees, Ke	<u> y Employees, and</u>	Highest Compensated Employees						
(A) Name		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form			
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ			
STEVE HANDSCHUH PRESIDENT & CEO	(1) (11)		0 122,304	0 6,494	0 15,300	0 27,979	0 458,061	0			
WENDY T EARP VP, SECRETARY, TREASURER, CFO	(1) (11)		0 35,350	0 785	ı "ı	0 6,347	0 211,600	0			
ROBERT E MCKENNA OUTGOING PRESIDENT & CEO	(I) (II)	0 381,253	190,000	0 20,890	0 15,300	0 27,781	0 635,224	0			
TIM KRAUS VICE PRESIDENT	(1) (11)		0 50,360	0 4,023	1	0 32,494	0 273,604	0			
WILLIAM LONG VICE PRESIDENT	(1) (11)		0	0 3,612	0 0	0 27,093	0 275,799	0			
LACY WILSON SENIOR VP GOV'T AFFAIRS	(1) (11)		0 46,769	0 3,842	0 15,300	0 3,636	0 325,547	0			
JOHN CHALIFOUX VICE PRESIDENT	(I) (II)		0 51,060	0 1,435	I	0 32,994	0 275,681	0			
CHRIS GARDNER VICE PRESIDENT, AASA DIVISION	(1) (11)		0 41,918	0 1,101	0 8,964	0 29,681	0 222,882	0			
PAUL MACCARTHY VICE PRESIDENT	(I) (II)		0 46,758	0 239	·	0 28,697	0 243,851	0			
DAVID ANDREA VICE PRESIDENT, OESA DIVISION	(1) (11)		0 51,289	0 1,355	ı	0 4,626	0 247,786	0			
MARGARET BAXTER VICE PRESIDENT, OESA DIVISION	(1) (11)		0 50,244	0 873	0 10,694	0 32,535	0 262,000	0			
GLENN STEVENS VICE PRESIDENT, OESA DIVISION	(I) (II)		0 47,190	0 850	- 1	0 29,676	0 252,009	0			
NEIL DE KOKER VICE PRESIDENT	(I) (II)		0 172,500	0 26,958	0 15,300	0 27,779	0 548,490	0			

DLN: 93493321019014

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. ▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the or Motor and Equipm			Employer identification number										
D	D C'I	-		504/-)/2	N	- F04/-\/4\			68400	<u> </u>			
	ess Benefit plete if the orga										40h		
	e of disqualifie			ship between		(c) Des						rrected?	
1 (,	7			n and organiz		(-,				·	Yes	No	
												_	
												_	
												_	
												_	
												_	
												_	
	amount of tax 11	ncurred by or	ganızatıon r	managers or o	disqualified pe	rsons durıng t	he yea	r unde	rsectio	n			
4958 .									F \$				
3 Enterthe a	amount of tax, i	ıf any, on lıne	2, above, re	eımbursed by	the organizat	ion			F \$				
Part III Lo	ans to and	or From I	ntereste	d Persons	_								
Со	mplete if the oi janization repo	rganızatıon ar	swered "Ye	s" on Form 9	90-EZ, Part \		Form 9	90, Pa	art IV , l	ıne 26,	or ıf the		
(a) Name of	(b)	(c)	(d) Loan		(e)Original	(f)Balance	(g) In		(h)		(i)W	rıtten	
interested	Relationship	Purpose of		or from the		due	defaul		A pprov	/ed	agree	agreement?	
person	with organization	loan	organizatio	on?	amount				by board				
	organization								or				
									commi	ttee?			
			То	From			Yes	No	Yes	No	Yes	No	
											_		
							-				_		
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							-				_		
				-						+	_		
									1		\neg		
Total Part IIII Gra	ants or Assi	stance Re	nofitting	Intereste	d Persons								
	mplete if the					art IV. line 2	27.						
(a) Name of ir		b) Relationsh			nt of assistanc			istanc	:e (e) Purpo:	se of as	sistance	
perso		nterested per	son and the						'				
		organiza	ation										
													
													
				+									

Part IV Business Transactions: Complete if the organization			ne 28a, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh of organiz reven	f zatıon's
				Yes	No
(1) MEMA Financial Services Group	See Part V	289,491	See Part V		Νo
(2) MEMA Management Services Group	See Part V	8,534,844	See Part V		Νo

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
TRANSACTIONS WITH	SCHEDULE L, PART IV b) Relationship the following six directors and/or officers of this organization
INTERESTED PERSONS	were also directors and/or officers during all or part of 2013 of the above noted companies Robert E
	McKenna, Steve Handschuh, John Corey, Douglas Grimm, Joseph McAleese, Wendy Earp d)
	Description of Transactions Reimbursement of Expenses for certain services and payroll

Schedule L (Form 990 or 990-EZ) 2013

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493321019014

OMB No 1545-0047

2013

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SCHEDULE O (Form 990 or 990-EZ)

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

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
Motor and Equipment Manufacturers Association

13-1068400

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

Return Reference	Explanation
Business Relationships	Form 990, Part VI, Line 2 During all or part of 2013, three of this organization's officers, Steve Handschuh, Wendy T Earp, and Robert E McKenna, and three of this organization's directors, Joseph McAleese, John Corey and Douglas Grimm, were also officers and directors, respectively, of the MEMA Marketing Services Company, Inc., a corporation wholly owned by Motor and Equipment Manufacturers Association. Steve Handschuh, Wendy T Earp, and Robert E McKenna are employees of the MEMA Management Services Group, Inc., a corporation wholly owned by the MEMA Marketing Services Company, Inc. The same three officers and three directors are officers and directors, respectively, of The Educational and Research Foundation of MEMA, an organization related to this organization. Steve Handschuh, Wendy T Earp, and Robert E McKemma have a business relationship with Tim Kraus, Lacy Wilson, John Chalifoux, William Long, and Neil DeKoker

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

Return Reference	Explanation
Members or Stockholders Who May ⊟ect	Form 990, Part VI, Line 7a Of the fifteen maximum board members of MEMA, up to eight of those positions are elected by the four Divisional boards (two positions elected by each AASA, HDMA, OESA and up to 2 by MERA)

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

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

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

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

Return Reference	Explanation
	Form 990, Part VI, Line 19 MEMA does not make its governing documents, conflict of interest policy or financial statements available to the public

Return Reference	Explanation
Other Changes in Net Assets	Form 990, Part XI, Line 9 Deferred Gain on Bldg Sales \$198,957

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

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

DLN: 93493321019014

2013

Employer identification number

Open to Public Inspection

Schedule R (Form 990) 2013

SCHEDULE R (Form 990)

Motor and Equipment Manufacturers Association

Related Organizations and Unrelated Partnerships

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

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

Department of the Treasury Internal Revenue Service

Name of the organization

				13-1068400	1		
Part I Identification of Disregarded Entities Cor	mplete if the organization	answered "Yes" o	n Form 990, Pa	rt IV, line 33.			
(a) Name, address, and EIN (If applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Orgor more related tax-exempt organizations duri	ganizations Complete if ng the tax year.	the organization ai	nswered "Yes" (on Form 990, Part	IV, line 34 because it	: had or	ne
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sect	(e) Public charity stat (if section 501(c)(cus (f) Direct controlling 3)) entity	(13) cor entr	
1) Educational & Research Found of MEMA	Research	NJ	501(c)(3)	509(a)(3)	MEMA	Yes Yes	No
LO Laboratory Drive							
RTP, NC 27709 22-2463502						\perp	
						\perp	
						\perp	
						\perp	

Cat No 50135Y

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

because it had one of more related organizations the	ateu as a p	arulers	mp during	the tax year	•							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disprop allocati	rtionate ions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	agıng	(k) Percentage ownership
				,			Yes	No		Yes	No	
(1) AAPEX Show	Trade Show	NV	МЕМА	Related	3,798,307	926,805		No	0	Yes		40 000 %
Sands Expo Center Las Vegas, NV 89109 36-4257968												
(2) PAACE Automechanika Mexico LLC	Trade Show	GA	МЕМА	Related	54,809	148,500		No	0		No	16 667 %
1600 Parkwood Cırcle Atlanta, GA 30338 20-8927572												
Part TV Identification of Related Organizations Taxable	e as a Cor	norati	on or True	* Complete	if the organ	ization an	SWATA	d "Vo	s" on Form	990	Dar	·+ T\/

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of- year assets	(h) Percentage ownership	Section (b)(contro	(i) Section 512 (b)(13) controlled entity?	
								Yes	No	
(1) The MEMA Marketing Service Companies 10 Laboratory Drive RTP, NC 27709 22-2290049	Holding Co	DE	МЕМА	C Corp	-433,474	2,916,389	100 000 %	Yes		
(2) The MEMA Financial Services Group 10 Laboratory Drive RTP, NC 27709 22-2290046	Credit Report	DE	MEMA MKT SV	C Corp			100 000 %	Yes		
(3) The MEMA Management Services Group 10 Laboratory Drive RTP, NC 27709 13-2670086	Assoc Mngt	NJ	MEMA MKT SV	C Corp			100 000 %	Yes		
(4) The Motivation Group 10 Laboratory Drive RTP, NC 27709 22-2053314	Inactive	NJ	MEMA MKT SV	C Corp			100 000 %	Yes		

(5) EDUCATIONAL & RESEARCH FOUNDATION OF MEMA

Part	t V	Transactions With Related Organizations Complete if the organization a	answered "Yes" on I	Form 990, Part IV, lin	e 34, 35b, or 36.			
	Note.	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1 Dur	ing th	ie tax year, did the orgranization engage in any of the following transactions with one or m	ore related organizatio	ons listed in Parts II-IV?	>			
a F	Recei	pt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No
b (Gıft, g	rant, or capital contribution to related organization(s)				1b	Yes	
c (Gıft, g	rant, or capital contribution from related organization(s)				1 c	Yes	
d l	Loans	or loan guarantees to or for related organization(s)				1d		No
e l	Loans	or loan guarantees by related organization(s)				1e		No
f [Divide	ends from related organization(s)				1f		No
g S	Sale o	f assets to related organization(s)				1 g		No
h i	Purch	ase of assets from related organization(s)				1h		No
i E	xcha	nge of assets with related organization(s)				1 i		No
j L	ease	of facilities, equipment, or other assets to related organization(s)				1j	Yes	
k l	Lease	of facilities, equipment, or other assets from related organization(s)				1k		No
I P	erfor	mance of services or membership or fundraising solicitations for related organization(s)				11		No
m P	erfori	mance of services or membership or fundraising solicitations by related organization(s)				1m		No
n S	harın	g of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes	
o 9	Sharır	ng of paid employees with related organization(s)				10	Yes	
рί	Reımb	oursement paid to related organization(s) for expenses				1 p	Yes	
q i	Reımb	oursement paid by related organization(s) for expenses				1 q	Yes	
r	Other	transfer of cash or property to related organization(s)				1r		No
s	Other	transfer of cash or property from related organization(s)				1s		No
2 I	fthe	answer to any of the above is "Yes," see the instructions for information on who must com	nplete this line, includi	ng covered relationships	and transaction thresho	lds		
		(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining		ınvolved	I
(1) MEM	1A FINA	ANCIAL SERVICES GOUP	q	289,491	l Cost			
(2) MEM	1A MAN	IAGEMENT SERVICES GROUP	р	8,534,844	Cost			
(3) MEM	1A MAR	RETING SERVICES COMPANIES	b	87,000) Cost			
(4) MEM	1A FINA	ANCIAL SERVICES GOUP	J	61,641	Cost		•	

100,000 Cash Grant

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

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

revenue) that was not a related organization. See instructions													
(a) Name, address, and EIN of entity	ntity (b) Primary activity Legal domicile (state or foreign unrelated, organizations? (c) (d) (e) (f) (g) (h) Share of Share of total end-of-year allocations?		(f) (g) Share of Share of total end-of-year		(f) Share of total income	(g) Share of end-of-year assets			(i) Code VPUBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership	
			314)	Yes	No			Yes	No		Yes	No	
]	
												\Box	
	•												

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation							
	PART III-RELATED PARTNERSHIP While MEMA's share of the profit and loss of the AAPEX Show is 40%, MEMA is a 50% owner/partner with regard to the show's operations and management							

Schedule R (Form 990) 2013