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DLN: 93493320006334

# 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

generally cannot redact the information on the form
► Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

Λ Fo	r the	2013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31-	-2013		
		C Name of organization		nployer ide	entification number
	ress ch	hange	5	2-085908	17
⊢ Nar	ne cha	Doing Business As			•
Init	ıal retu	Number and street (or P O box if mail is not delivered to street address) Room/suite	) F.T.	I	
Ten	mınate	7001 Westpark Dr	LIC	lephone nun	
— Am	ended	return City or town, state or province, country, and ZIP or foreign postal code	(7	03)893-	2900
— App	lication	McLean, VA 221024206 n pending	<b>6</b> G	nce receints	\$ 11,846,405
		F Name and address of principal officer	H(a) Is this a g		
		DOUGLAS K WOODS	subordinat		┌ Yes <b>┌</b> No
		7901 Westpark Dr McLean,VA 221024206	<b>H(b)</b> Are all sub	ardinatas	┌ Yes ┌ No
			included?	ordinates	j řesj No
<b>I</b> Tax	k-exem	npt status	If "No," at	tach a list	(see instructions)
J W	ebsite	e: ► www amtonline org	H(c) Group exe	mption nu	ımber ►
<b>K</b> Forn	n of or	rganization	L Year of formatio		1 State of legal domicile VA
Pa		Summary	L rear or formatio	1302	1 State of legal dofficie. VA
		Briefly describe the organization's mission or most significant activities			
		TO PROMOTE THE PROGRESS AND DEVELOPMENT OF HIGH STANDARDS A	ND STIMULATE	THEUS	MACHINE TOOL
a l	:	INDUSTRY			
<u>ခို</u>					
Ē					
Governance	2	Check this box 🔭 if the organization discontinued its operations or disposed of	more than 25% o	fits net a	ssets
<b>က</b> က		Number of voting members of the governing body (Part VI, line 1a)		3	16
Ě		Number of independent voting members of the governing body (Part VI, line 1b)		4	16
Activities &		Total number of individuals employed in calendar year 2013 (Part V, line 2a)		5	79
Q.		Total unrelated business revenue from Part VIII. solumn (C) line 13		6	706 261
		Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34		7a 7b	706,361 62,216
	В	Net difference business taxable income from Form 990-1, line 34	Prior Yea	<del></del>	Current Year
	8	Contributions and grants (Part VIII, line 1h)	Piloriea	0	0
≘	9	Program service revenue (Part VIII, line 2g)	41.7	71,970	5,269,034
Rayenue	10				
<u>2</u>		Investment income (Part VIII, column (A ), lines 3, 4, and 7d )	1,4	77,105	950,963
	11	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		77,105 58,348	· · · · · · · · · · · · · · · · · · ·
	11 12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line	8	58,348	55,906
	12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8	58,348 07,423	55,906 6,275,903
	12 13	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8	58,348 07,423 37,500	55,906 6,275,903 42,500
	12 13 14	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8	58,348 07,423	55,906 6,275,903 42,500
	12 13	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	44,1	58,348 07,423 37,500	55,906 6,275,903 42,500 0
	12 13 14	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	44,1	58,348 07,423 37,500 0	55,906 6,275,903 42,500 0 9,093,993
	13 14 15	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	44,1	58,348 07,423 37,500 0 55,966	55,906 6,275,903 42,500 0 9,093,993
Expenses	12 13 14 15	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,9	58,348 07,423 37,500 0 55,966	55,906 6,275,903 42,500 0 9,093,993
	12 13 14 15 16a b 17 18	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,9 8,9 25,8 34,8	58,348 07,423 37,500 0 55,966 0 16,460 09,926	55,906 6,275,903 42,500 0 9,093,993 0
Expenses	12 13 14 15 16a b	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,9 8,9 25,8 34,8	58,348 07,423 37,500 0 55,966 0 16,460 09,926 97,497	55,906 6,275,903 42,500 0 9,093,993 0 11,113,707 20,250,200
Expenses	12 13 14 15 16a b 17 18	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,9 8,9 25,8 34,8 9,2 Beginning of C	58,348 07,423 37,500 0 55,966 0 16,460 09,926 97,497	55,906 6,275,903 42,500 0 9,093,993 0 11,113,707 20,250,200
Expenses	12 13 14 15 16a b 17 18	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	25,8 34,8 9,2 Beginning of C	58,348 07,423 37,500 0 55,966 0 16,460 09,926 97,497	55,906 6,275,903 42,500 0 9,093,993 0 11,113,707 20,250,200 -13,974,297 End of Year
Expenses	12 13 14 15 16a b 17 18 19	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	25,8 34,8 9,2 Beginning of C Year	58,348 07,423 37,500 0 55,966 0 16,460 09,926 97,497 urrent	55,906 6,275,903 42,500 0 9,093,993 0 11,113,707 20,250,200 -13,974,297 End of Year 34,432,003
Expenses	12 13 14 15 16a b 17 18 19	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,9 8,9 25,8 34,8 9,2 Beginning of C Year 37,6 16,6	58,348 07,423 37,500 0 55,966 0 16,460 09,926 97,497 urrent 91,741	55,906 6,275,903 42,500 0 9,093,993 0 11,113,707 20,250,200 -13,974,297 End of Year 34,432,003 21,300,265
Not Assets or Expenses Fund Balances	12 13 14 15 16a b 17 18 19	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,9 8,9 25,8 34,8 9,2 Beginning of C Year 37,6 16,6	58,348 07,423 37,500 0 55,966 0 16,460 09,926 97,497 urrent 91,741 85,326	55,906 6,275,903 42,500 0 9,093,993 0 11,113,707 20,250,200 -13,974,297 End of Year 34,432,003 21,300,265
A Not Assets or Expenses	12 13 14 15 16a b 17 18 19 20 21 22 11 11 r penarowiec	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,9 8,9 25,8 34,8 9,2 Beginning of C Year 37,6 16,6 21,0	58,348 07,423 37,500 0 55,966 0 16,460 09,926 97,497 urrent 91,741 85,326 06,415	55,906 6,275,903 42,500 0 9,093,993 0 11,113,707 20,250,200 -13,974,297 End of Year 34,432,003 21,300,265 13,131,738
A Not Assets or Expenses	12 13 14 15 16a b 17 18 19 20 21 22 11 11 r penarowiec	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,9 8,9 25,8 34,8 9,2 Beginning of C Year 37,6 16,6 21,0	58,348  07,423  37,500  0  55,966  0  16,460  09,926  97,497  urrent  91,741  85,326  06,415	55,906 6,275,903 42,500 0 9,093,993 0 11,113,707 20,250,200 -13,974,297 End of Year 34,432,003 21,300,265 13,131,738 hts, and to the best of
Signature State of St	12 13 14 15 16a b 17 18 19 20 21 22 1: III r pena	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,9  25,8  34,8  9,2  Beginning of C Year  37,6  16,6  21,0  Ing schedules and n officer) is base	58,348  07,423  37,500  0  55,966  0  16,460  09,926  97,497  urrent  91,741  85,326  06,415	55,906 6,275,903 42,500 0 9,093,993 0 11,113,707 20,250,200 -13,974,297 End of Year 34,432,003 21,300,265 13,131,738 hts, and to the best of
Signature State of St	12 13 14 15 16a b 17 18 19 20 21 22 1: III r pena	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,9 8,9 25,8 34,8 9,2 Beginning of C Year 37,6 16,6 21,0 ing schedules and n officer) is base	58,348  07,423  37,500  0  55,966  0  16,460  09,926  97,497  urrent  91,741  85,326  06,415	55,906 6,275,903 42,500 0 9,093,993 0 11,113,707 20,250,200 -13,974,297 End of Year 34,432,003 21,300,265 13,131,738 hts, and to the best of
A Not Assets or Expenses	12 13 14 15 16a b 17 18 19 20 21 22 1: III r pena	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,9 25,8 34,8 9,2 Beginning of C Year 37,6 16,6 21,0 Ing schedules and n officer) is base	58,348 07,423 37,500 0 55,966 0 16,460 09,926 97,497 urrent 91,741 85,326 06,415	9,093,993  0  11,113,707 20,250,200 -13,974,297  End of Year  34,432,003 21,300,265 13,131,738  hts, and to the best of
Her Assets of Expenses  By de kand Balances  Land Balances	12 13 14 15 16a b 17 18 19 20 21 22 11 11 r penarowled rer ha	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,9  25,8  34,8  9,2  Beginning of C Year  37,6  16,6  21,0  Ing schedules and n officer) is base	58,348  07,423  37,500  0  55,966  0  16,460  09,926  97,497  urrent  91,741  85,326  06,415  distatement on all info	55,906 6,275,903 42,500 0 9,093,993 0 11,113,707 20,250,200 -13,974,297 End of Year 34,432,003 21,300,265 13,131,738 hts, and to the best of ormation of which
Net Assets or Expenses  Land Balances  Land Balances	12 13 14 15 16a b 17 18 19 20 21 22 11 11 r penarowled rer ha	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,9 8,9 25,8 34,8 9,2 Beginning of C Year 37,6 16,6 21,0 Ing schedules and n officer) is based	58,348  07,423  37,500  0  55,966  0  16,460  09,926  97,497  urrent  91,741  85,326  06,415  distatement on all info	55,906 6,275,903 42,500 0 9,093,993 0 11,113,707 20,250,200 -13,974,297 End of Year 34,432,003 21,300,265 13,131,738 hts, and to the best of ormation of which

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Firm's address ► 2010 CORPORATE RIDGE SUITE 400

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

Phone no (703) 827-5246

Form	990 (2013)				Page
Part		t of Program Service A edule O contains a response	Accomplishments or note to any line in this Part III		·
1	Briefly describe the	e organization's mission			
SEE S	SCHEDULE O				
	Did the organization	n undertake any significant p	rogram services during the year whi	ch were not listed on	
	the prior Form 990	or 990-EZ?			┌ Yes ┌ No
	If "Yes," describe t	hese new services on Sched	ule O		
	services?	n cease conducting, or make · · · · · · · · · · · · · · · · · · ·		cts, any program 	⊤Yes 🗸 No
	expenses Section !		complishments for each of its three l anizations are required to report the program service reported		
4a	(Code SEE SCHEDULE O	) (Expenses \$	including grants of \$	) (Revenue \$	)
4b	(Code SEE SCHEDULE O	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4d		vices (Describe in Schedule		\ /Payanua #	<b>\</b>
	(Expenses \$  Total program serv		g grants of \$	) (Revenue \$	)

Part IV	Checklist of	Required	<b>Schedules</b>
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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		Νo
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		
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? <i>If "Yes," complete Schedule C, Part III</i>	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 1	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,"</i> complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9	Yes	
L <b>O</b>	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt[6]{3}$	10		Νo
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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	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		No
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		No
.3	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule $E$	13		No
.4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	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	
L <b>5</b>	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 <b>6</b>	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
L <b>7</b>	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
<b>.8</b>	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
L <b>9</b>	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule $H$	20a		Νo
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants 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? If "Yes," complete Schedule L, Part $I$	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	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? <i>If "Yes," complete Schedule L, Part III</i>	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		1	
		28a		No
D	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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <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? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section $512(b)(13)$ ?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

The Enter the number reported in Box 3 of Form 10-96 Enter -0 - if not applicable . 1a 2.0  b Enter the number of forms W-26 included in line 1a Enter -0 - if not applicable . 1b 0  c Dot the organization congly with backup withholding unless for reported beyone to to endors and reportable gaming (gambling) winnings to prize winners? . 1c Ves Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, fine for the calendar year enong with or within the year cavered 2a 79  Rotes from the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). 1c Ves	.[· N
both the organization comply with backing withholding rules for reportable payments to vendors and reportable gaming (pambing) withings to grave without a gravity of the programment of mylorized without and the programment of the programment	
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Enter the number of employees reported on Form W.3, Transmittal of Wape and Tax Statements, filed for the standary-way ending with or within the year covered by this return.  1 fat least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, If the sum of lines 1 is and 2 a is greater than 250, you may be required to e-file (see instructions)  2 but the organization have unrelated business gross income of \$1,000 or more during the year?  3 but the organization have unrelated business gross income of \$1,000 or more during the year?  3 by Yes  3 trans titled a Form 990-T for this year? If "M" to hire 3b, provide an explanation in Sciencials of years, a financial account in a foreign country (since is a bank account, securines account, or orbifnancial account in a foreign country (since is a bank account, securines account, or orbifnancial accounts)  3 by Yes  4 trans titled a Form 990-T for this year? If "M" to hire 3b, provide an explanation in Sciencials of Yes  4 transition of this prequirements for Form TD F90-221, Report of Foreign Benk and Financial Accounts  3 by Yes  4 transition of this prequirements for Form TD F90-221, Report of Foreign Benk and Financial Accounts  4 by Since organization is party to a prohibited tax shelter transaction?  4 by Since organization aparty to a prohibited tax shelter transaction?  5 by Claim transition of the financial Accounts  4 by Since organization aparty to a prohibited tax shelter transaction?  5 cy Claim transition of the development of the same of the foreign Benk and Financial Accounts  4 by Since organization aparty to a prohibited tax shelter transaction?  5 cy Claim transition of the foreign accounts of the organization file to replace the same of the same organization foreign and the same organization file to replace the same organization file to replace the same organization file to replace the same organization file and the organization medical properties of the same organization file and the organization fi	
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Dot it the organization have unrelated business gross income of \$1,000 or more during the year?  30 If the organization have unrelated business gross income of \$1,000 or more during the year?  31 If 'Yea,' has it filed a Form 990-T for this year? If 'Wo' to line 3b, provide an explanation in Schedule O  32 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 public as a bank account, securities account, or other financial accounts?  33 If 'Yea,' enter the name of the foreign country public as a bank account, securities account, or other financial accounts?  34 If 'Yea,' enter the name of the foreign country public as a bank account, securities account, or other financial accounts accounts?  35 If 'Yea,' enter the name of the foreign country public as a bank account, securities account, or other financial accounts accounts?  36 If 'Yea,' did the organization of a prohibited tax shelter transaction or or a party to a prohibited tax shelter transaction?  36 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?  37 If 'Yea,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  38 If the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and account and the organization and partly for goods and account and the organization and partly for goods and account and the organization and partly accounts and the partly as a contribution and partly for goods and account account and the organization and partly accounts and the partly as a contribution and partly for goods and account accounts and the organization and partly for goods and accounts and	
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g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	
required?	
Form 1098-C?  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?  Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?  Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter  Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources 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?  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  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  The first of t	
the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	
Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?	
Sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?	
a Did the organization make any taxable distributions under section 4966?	-
b Did the organization make a distribution to a donor, donor advisor, or related person?	
Section 501(c)(7) organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12	├
a Initiation fees and capital contributions included on Part VIII, line 12	$\vdash$
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter  a Gross income from members or shareholders	
facilities  Section 501(c)(12) organizations. Enter  a Gross income from members or shareholders	
a Gross income from members or shareholders	
a Gross income from members or shareholders	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	
against amounts due or received from them )	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	
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  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand	
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  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand	
Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	
ın which the organization is licensed to issue qualified health plans	
c Enter the amount of reserves on hand	
a. Did the organization receive any nayments for indoor tanning carvices during the tay year?	
La Dia the organization receive any payments for induor taining services during the tax year	N

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

36	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		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	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
	Did the organization have local chapters, branches, or affiliates?	10a 10b		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		No No
b 11a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	10b		
b 11a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes	
b 11a b 12a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a	Yes	No
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b	Yes	No No
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b		No No
b 11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?	10b 11a 12a 12b 12c 13	Yes	No No
b 11a b 12a c 13 14	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13	Yes	No No
b 11a b 12a c 13 14 15	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	10b 11a 12a 12b 12c 13 14	Yes Yes	No No
b 11a b 12a c 13 14 15	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	Yes Yes Yes	No No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	Yes Yes Yes	No No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes	No No
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes	No No
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participatine 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 organization's exempt status with respect to such arrangements?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes	No No

- Own website Another's website Vupon 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
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►LINDA MONTFORT 7901 WESTPARK DRIVE McLean, VA 221024206 (703)827-5246

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

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

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

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

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	more pers and	than on is	one bot	not box h ar or/tr	offic ustee	ess er e)	(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) Daniel D Janka	1 0	х						0	0	0
Ex-Officio										
(2) Eugene R Haffely Jr	1 0	х						0	0	0
Ex-Officio (3) Timothy B Dining	1 0					-				
Ex-Officio		х		х				0	0	0
(4) Ronald Mager	1 0									
Ex-Officio		Х		Х				0	0	0
(5) R Stephen Flynn	1 0									
Chairman		Х		Х				0	0	0
(6) Kevin Kilgallen	1 0									
1st Vice Chairman		Х		Х				0	0	0
(7) Jerry Rex	1 0									
2nd Vice Chairman / Treasurer		Х		Х				0	0	0
(8) Brian J Papke	1 0									
Secretary		Х		Х				0	0	0
(9) David Burns	1 0									
Director		Х						0	0	0
(10) Thomas R Dillon	1 0									
Director		х						0	0	0
(11) Richard Gilchrist	1 0						t			
Director		х						0	0	0
(12) Ronald Karaisz	1 0									
Director		x						0	0	0
(13) Lee Morris	1 0									
Director		х						0	0	0
(14) Michael Powell	1 0									
Director		×						0	0	0
(15) Carl Reed	1 0									
Director		х						0	0	0
(16) Larry G Schwartz	1 0									
		x						0	0	0
Director (17) Richard L Simons	1 0									
		х						0	0	0
Director										

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	checl x, unle n office rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	amou com	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Ke) employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	orga and	anization I related nizations	
(18) Steven R Stokey	1 0	х						0		0	1	
Director (10) Payalla K Woods	27.5											
(19) Douglas K Woods	37 5			×				299,225		0	18,51	
President (20) Linda G Montfort Asst Treasurer	37 5			х				206,411		0	16,39	
(21) Peter R Eelman  VP - Exhibitions & Comm	37 5				х			273,551		0	20,03	
(22) Jeffery Traver  VP - Business Development	37 5					х		242,476		0	18,51	
(23) Patrick W McGibbon  VP - Industry Intelligence	37 5					х		238,151		0	18,79	
(24) Paul Warndorf  VP - Manufacturing Technology	30 0					х		224,177		0	25,96	
(25) Mario Winterstein Business Development Director	38 0					х		191,946		0	23,49	
(26) Knox Johnstone Business Development Director	38 0					х		189,131		0	23,03	
1b Sub-Total						<u> </u>  ►		<u> </u>				
c Total from continuation sheets to Pa	rt VII, Section A		•			<u> </u>						
						<b>.</b> ⊢⊢		1,865,068	0		164,758	
2 Total number of individuals (including \$100,000 of reportable compensation				ed al	bove	e) who	rec	eived more than				
2 Dulibarra de la companya del companya del companya de la company							'		<b></b>	Ye	s No	
3 Did the organization list any former of on line 1a? If "Yes," complete Schedule			е, ке <sup>.</sup>	y em •	ipio	yee, o	r nig	gnest compensate	ı	3	No	
<b>4</b> For any individual listed on line 1a, is organization and related organizations individual	greater than \$1	50,000	o? If						om the	4 / Ya		

## Section B. Independent Contractors

1 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.

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

services rendered to the organization? If "Yes," complete Schedule J for such person . . . .

(A)	(B)	(C)
Name and business address	Description of services	Compensation
Stephen E Fanning, 107 Falls Way OAKLAND MD 21550	Consulting	275,596
Mary Uhrina, 6402 Arrowhead Court INDIAN HEAD PARK IL 60525	Consulting	124,272
COOLEY GODWARD KRONISH LLP, 101 California St 5th Floor SAN FRANCISCO CA 941115800	LEGAL	407,953
Kıshımoto Gordon Dalaya PC, 1300 Wılson Blvd Suite 250 ROSSLYN VA 22209	BUILDING CONSULTING	237,432
VIRTUAL PHOTONS ELECTRONS LLC, 43893 Loganwood Court ASHBURN VA 20147	CONSULTING	183,232

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶6

Νo

	жеvenue	Progra	Program Service Revenue	Contributions, Gifts, Grants and Other Similar Amounts
1				

ИΠ	Statement o	<b>f Revenue</b> ule O contains a respo	nse or note to any lu	ne in this Part VIII			
				(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	es <b>1b</b>					
c	Fundraising eve	ents <b>1</b> 0					
d	Related organiz	ations 1d					
e	Government grants	s (contributions) <b>1e</b>					
	_		<del></del> !			-	
f	similar amounts no	ons, gifts, grants, and <b>1f</b> ot included above					
g	Noncash contribute	ons included in lines	İ	İ	İ		
h	Total. Add lines	s 1 a - 1 f		0			
<u> </u>	Totall / (ad III) c		<u> </u>				
2a	TRADE SHOWS		Business Code	2 100 402	2 100 102		
b		R FOREIGN SUB REV	511190 900099	2,100,493	2,100,493	442 550	
C	PARTICIPATION FE	_		443,558		443,558	
d	MEMBERSHIP REVE		900099	199,375	1 (01 050	199,375	
	SEMINARS AND ME		561499	1,601,858	1,601,858		
e		-	611710	490,862	490,862	62.420	
f	All other progra	am service revenue		432,888	369,460	63,428	
g	Total. Add lines	s 2a – 2f	🕨	5,269,034			
3		ome (including dividen ar amounts)		754,099			754,099
4		tment of tax-exempt bond		0			
5			▶	0			
		(ı) Real	(II) Personal				
6a	Gross rents	55,002					
b	Less rental expenses						
С	Rental income	55,002	0				
d	or (loss) Net rental incoi	L me or (loss)		55,002			55,002
		(ı) Securities	(II) Other				
7a	Gross amount from sales of assets other than inventory	5,744,141	19,100				
b	Less cost or	F F6F 700	507				
	other basıs and sales expenses	5,565,780	597				
C	Gain or (loss)	178,361	18,503				
d	Net gain or (los			196,864			196,864
8a	Gross income f events (not inc	luding					
	of contributions See Part IV, lin	reported on line 1c) le 18 <b>a</b>					
b	Less direct ex	penses b					
c	Net income or (	(loss) from fundraising	events 🛌	0			
9a	Gross income f See Part IV, lin	rom gaming activities le 19 <b>a</b>					
ь	Less director	penses <b>b</b>					
c		(loss) from gaming acti	vities	0			
	Gross sales of						
1	returns and allo	owances .					
1.		a	4,950				
b		oods sold b	4,125	825	825		
c	Miscellaneous	(loss) from sales of inv	entory	023	023		
11a		TAX DISCOUNT	900099	31			31
ь	SETTLEMENT		900099	48			48
C	<u> </u>	FRUCEEDS		,,,			
d	ΔII other reven	ue					
e e	Total. Add lines		🕨				
				79			
12	Total revenue.	See Instructions .	🕨	6,275,903	4,563,498	706,361	1.006.044

## Part IX Statement of Functional Expenses

Section 501(c)(3	) and $501(c)(4$	) organizations must complete	all columns All other	organizations must a	complete column (A )
) CC (1011	Janu Soricht	, ordanizacions musi combiete	an columns An other	organizacions ingst	combiete condimi (A )

	Check if Schedule O contains a response or note to any line in this of include amounts reported on lines 6b, p, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21			general expenses	evhenses
	'	42,500			
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	2,029,827			
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	4,812,402			
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	659,038			
9	Other employee benefits	1,135,163			
10	Payroll taxes	457,563			
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	539,856			
c	Accounting	85,740			
d	Lobbying	104,457			
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	109,248			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,344,044			
12	Advertising and promotion	225,076			
 13	Office expenses	1,366,729	<del> </del>		
L4	Information technology	316,393	<del> </del>		
L5	Royalties	0			
16	Occupancy	521,910			
17	Travel	786,133			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	4,430,674			
20	Interest	48,822			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	237,583			
23	Insurance	206,369			
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	UNRELATED BUS INCOME TAX	2,386			
b	FOREIGN SUBSIDIARY EXPENSES	374,570			
c	FOREIGN OFFICE EXPENSES	413,717			
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	20,250,200			
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)				

Form 990 (2013)

Part X Balance Sheet

Pal	't X	Balance Sheet Check if Schedule O contains a response or note to any line in	this Pa	art X			
					<b>(A)</b> Beginning of year		( <b>B)</b> End of year
	1	Cash-non-interest-bearing			1,688,807	1	1,343,463
	2	Savings and temporary cash investments			2,220,738	2	865,884
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net			1,804,094	4	515,300
	5	Loans and other receivables from current and former officers, cemployees, and highest compensated employees. Complete Paschedule L	o	5	0		
Assets	6	Loans and other receivables from other disqualified persons (a $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and and sponsoring organizations of section $501(c)(9)$ voluntary e organizations (see instructions) Complete Part II of Schedule	outing employers	0		0	
	7	Notes and loans receivable, net			0	7	0
4	8	Inventories for sale or use			5.284	8	1,158
	9				1,044,436	9	1,208,786
	10a	Da Land, buildings, and equipment cost or other basis Complete				9	1,200,700
		Part VI of Schedule D	10a	5,794,413			
	b	Less accumulated depreciation	10b	· · ·			1,574,440
	11	Investments—publicly traded securities	26,221,687	11	25,009,137		
	12	Investments—other securities See Part IV, line 11	0	12	0		
	13	Investments—program-related See Part IV, line 11	2,968,260	13	3,913,835		
	14	Intangible assets			0	14	0
	15	Other assets See Part IV, line 11			0	15	0
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .			37,691,741	16	34,432,003
	17	Accounts payable and accrued expenses			1,412,082	17	1,008,698
	18	Grants payable	0	18	0		
	19	Deferred revenue			6,310,287	19	13,973,041
	20	Tax-exempt bond liabilities			0	20	0
$\mathcal{L}$	21	Escrow or custodial account liability Complete Part IV of Sch	453,221	21	617,907		
Liabilitie	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disquali		ustees,			
<u> </u>		persons Complete Part II of Schedule L			0	22	0
	23	Secured mortgages and notes payable to unrelated third partie	s.		20,796	23	12,564
	24	Unsecured notes and loans payable to unrelated third parties			1,000,000	24	3,000,000
	25	Other liabilities (including federal income tax, payables to rela and other liabilities not included on lines 17-24) Complete Pa	rt X of		7,488,940	25	2,688,055
	26	Total liabilities. Add lines 17 through 25		· ·	16,685,326	26	21,300,265
<u>"</u>		Organizations that follow SFAS 117 (ASC 958), check here ▶			, ,		
ě		lines 27 through 29, and lines 33 and 34.	•	-			
Fund Balance	27	Unrestricted net assets			21,006,415	27	13,131,738
ထို	28	Temporarily restricted net assets			0	28	0
됟	29	Permanently restricted net assets			0	29	0
or Fui		Organizations that do not follow SFAS 117 (ASC 958), check h complete lines 30 through 34.	ere ►	┌ and			
<u>ر</u> ي ا	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other	funds			32	
Š	33	Total net assets or fund balances			21,006,415	33	13,131,738
2	34	Total liabilities and net assets/fund balances			37,691,741	34	34,432,003
							Form <b>990</b> (2013)

Dar	t XI Reconcilliation of Net Assets				-9
-CI	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		6,2	275,903
2	Total expenses (must equal Part IX, column (A ), line 25)			· · · · ·	•
_	Devenue land commence College Africa land 1	2		20,2	250,200
3	Revenue less expenses Subtract line 2 from line 1	3		-13,9	974,297
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		21 (	006,415
5	Net unrealized gains (losses) on investments	<del>-  </del>			700,415
-		5		2,0	040,822
6	Donated services and use of facilities	6			
7	Investment expenses				
		7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	9		4,0	058,798
10	column (B))	10		13,1	131,738
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 区
				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 review a separate basis, consolidated basis, or both	ved on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	Separate basis 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 oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of the	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	1			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	į	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

DLN: 93493320006334

### 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.

Open to Public 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

	me of the organization EASSOCIATION FOR MANUFACTURING	TECHNOLOGY		Employer ider	ntification number
				52-0859087	
Par	t I-A Complete if the or	ganization is exempt unde	r section 501(	c) or is a section 527	organization.
1	Provide a description of the or	ganızatıon's dırect and ındırect polı	tical campaign ac	tivities in Part IV	
2	Political expenditures			▶	\$
3	Volunteer hours				
Par	t I-B Complete if the or	ganization is exempt unde	r section 501(	c)(3).	
1	Enter the amount of any excise	e tax incurred by the organization u	ınder section 495!	5	\$
2	Enter the amount of any excise	e tax incurred by organization mana	agers under sectio	n 4955 🕨	\$
3	If the organization incurred a s	section 4955 tax, did it file Form 47	720 for this year?		┌ Yes ┌ No
4a	Was a correction made?				┌ Yes ┌ No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt unde	r section 501(	c), except section 50	)1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for	section 527 exem	pt function activities 🕨	\$
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to	other organization	s for section 527 ▶	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter her	e and on Form 112	20-POL, line 17b ►	<b>\$</b>
4	Did the filing organization file <b>I</b>	Form 1120-POL for this year?			⊤ Yes
5	organization made payments l amount of political contribution	nd employer identification number ( For each organization listed, enter t ns received that were promptly and political action committee (PAC)	the amount paid fro directly delivered	om the filing organization's to a separate political orga	funds Also enter the anization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Sch	nedule C (Form 990 or 990-EZ) 2013					Page <b>2</b>
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 <b>.</b> )		(a) Filing organization's totals	( <b>b)</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)				
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 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>(b)</b> 2011	<b>(c)</b> 2012	<b>(d)</b> 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

legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of  Volunteers?  Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?  Mailings to members, legislators, or the public?  Publications, or published or broadcast statements?  Grants to other organizations for lobbying purposes?  Direct contact with legislators, their staffs, government officials, or a legislative body?  Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities?  Total Add lines 1c through 1:  Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  If "Yes," enter the amount of any tax incurred under section 4912  If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Part III-A  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Part III-B  Complete if the organization is exempt under section 501(c)(4), section 5  501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "I	Yes	No	An	mount
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d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "I	01(c			
501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "I	01(c			
<ul> <li>Were substantially all (90% or more) dues received nondeductible by members?</li> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political expenditures from the prior year?</li> <li>Part III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "I</li> </ul>		)(5), c	or sec	ction
<ul> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political expenditures from the prior year?</li> <li>Part III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "I</li> </ul>				Yes No
<ul> <li>Did the organization agree to carry over lobbying and political expenditures from the prior year?</li> <li>Part III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "I</li> </ul>		Γ	1	No
Part III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "I			2	No
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "!			3	No
line 3, is answered "Yes."				
1 Dues, assessments and similar amounts from members	1			1,601,85
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
a Current year	2a			249,27
<b>b</b> Carryover from last year	2b			546,97
c Total	2c			796,25
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3			320,37
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4			475,87
5 Taxable amount of lobbying and political expenditures (see instructions)	5			
Part IV Supplemental Information				
Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group Part II-B, line 1 Also, complete this part for any additional information	p lıst),	Part II	-A, lın	e 2, and
Return Reference Explanation				

201104410 3 (1 01111 3 3 0 01 3 3 0 12 ) 2 0 1 3		i age <del>-i</del>
Part IV Supplemental Information	on <i>(continued)</i>	
Return Reference	Explanation	

Schedule D (Form 990) 2013

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

DLN: 93493320006334

OMB No 1545-0047

**SCHEDULE D** 

(Form 990)

Department of the Treasury

## **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.aov/form990.

Open to Public

mai	Revenue Service This instruct	10113 13 ut <u>www.nrs.gov/rorm/220</u> .			Tilshect	11011
	ne of the organization ASSOCIATION FOR MANUFACTURING TECHNOLOGY			oloyer identifica 0859087	ition numbe	er
aı	organizations Maintaining Donor Adv				. Complet	e if the
	organization answered Tes to Form 950	(a) Donor advised funds		(b) Funds and	other accou	nts
	Total number at end of year					
	Aggregate contributions to (during year)					
	Aggregate grants from (during year)					
	Aggregate value at end of year					
	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or		nor adv	ısed	☐ Yes	┌ No
	Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the beneft conferring impermissible private benefit?				☐ Yes	┌ No
i	t II Conservation Easements. Complete if	the organization answered "Yes"	to Forr	n 990, Part I\	/, line 7.	
	Purpose(s) of conservation easements held by the organization 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 a Preservation of a	certifie	d historic struc	ture	
	easement on the last day of the tax year					
				Held at the	End of the	Year
	Total number of conservation easements		2a			
	Total acreage restricted by conservation easements		2b			
	Number of conservation easements on a certified histor	• •	2c			
	Number of conservation easements included in (c) acq historic structure listed in the National Register		2d			
	Number of conservation easements modified, transferrenthe tax year ▶	ed, released, extinguished, or terminat	ea by tr	ie organization	auring	
	Number of states where property subject to conservati	ion easement is located ►				
	Does the organization have a written policy regarding tenforcement of the conservation easements it holds?	the periodic monitoring, inspection, har	ndling of	f violations, and	☐ Yes	┌ No
	Staff and volunteer hours devoted to monitoring, inspect	cting, and enforcing conservation ease	ments	during the year		
	A mount of expenses incurred in monitoring, inspecting  • \$	g, and enforcing conservation easemen	ts durın	g the year		
	Does each conservation easement reported on line 2 (c) and section $170(h)(4)(B)(H)^{2}$	d) above satisfy the requirements of se	ction 1	70(h)(4)(B)(ı)	┌ Yes	┌ No
	In Part XIII, describe how the organization reports conbalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organization's financia				
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 asse service, provide, in Part XIII, the text of the footnote t	ts held for public exhibition, education	, or rese	earch in furthera		
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide the following amounts relating to these	16 (ASC 958), to report in its revenue its held for public exhibition, education	statem	nent and balanc		ıc
	(i) Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		
	(ii) Assets included in Form 990, Part X					
	If the organization received or held works of art, historic following amounts required to be reported under SFAS					
	Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		
	Assets included in Form 990, Part X			<b>-</b> ¢		
	meradea mir omi poo, i ait A			· · ·		

Part	Organizations Maintaining Collections of	Art, His	stori	cal T	reasu	res, or Oth	<u>1er</u>	Similar Asse	ts (cc	ntınued)
3	Using the organization's acquisition, accession, and other collection items (check all that apply)	records, c	heck	any of	the foll	owing that are	e a s	significant use of	its .	
а	Public exhibition	d	Г	Loan	orexc	hange prograi	ms			
b	Scholarly research	е	Γ	Othe	er					
C	Preservation for future generations									
4	Provide a description of the organization's collections and Part XIII	explain ho	w the	y furth	er the d	organization's	exe	empt purpose in		
5	During the year, did the organization solicit or receive dona assets to be sold to raise funds rather than to be maintained.						ımı		Yes	┌ No
Par	Escrow and Custodial Arrangements. Co Part IV, line 9, or reported an amount on For	mplete if	the	orgar	nizatioi		"Ye	s" to Form 990	J,	
1a	Is the organization an agent, trustee, custodian or other in included on Form 990, Part X?					or other asset	s n		Yes	✓ No
b	If "Yes," explain the arrangement in Part XIII and complet	e the follo	wing	able						
								Amo	unt	
С	Beginning balance					1	c			
d	Additions during the year					10	d			
е	Distributions during the year					10	e			
f	Ending balance					1	f			
2a	Did the organization include an amount on Form 990, Part	X, line 217	)					V	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIII Check here	ıf the expl	anatı	on has	been p	rovided in Pa	rt X	III		ᅜ
Pai	TE V Endowment Funds. Complete if the organize									
	(a)Current ye	ar (b	<b>)</b> Prior	year	<b>b (c)</b> ⊤	wo years back (	( <b>d)</b> ⊤	hree years back (e	Four ye	ears back
1a	Beginning of year balance									
b	Contributions				-					
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
e	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the current year end b	palance (lir	ne 1g	, colun	nn (a))	held as				
а	Board designated or quasi-endowment ►									
b	Permanent endowment ►									
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c should equal 100%	/o								
За	Are there endowment funds not in the possession of the org	ganızatıon	that	are hel	ld and a	ıdmınıstered f	ort	he		
	organization by							[a ()	Yes	No
	(i) unrelated organizations						•	3a(i) 3a(ii)	+	
ь	(ii) related organizations		Sched	· · Jule R?	· ·			3b	+-	<u> </u> 
4	Describe in Part XIII the intended uses of the organization	•					-			<u> </u>
Par	<b>t VI</b> Land, Buildings, and Equipment. Complet 11a. See Form 990, Part X, line 10.	te if the c	rgar	iizatio	n ansv	vered 'Yes'	to F	orm 990, Part	IV, lır	ne
	Description of property			) Cost o	or other stment)	<b>(b)</b> Cost or oth basis (other)		(c) Accumulated depreciation	( <b>d</b> ) Bo	ook value
1a l	_and		1		0	229,6	32			229,632
	Buildings				0	3,901,5	_	2,677,203		1,224,384
	_easehold improvements					39,9	-	39,999		<u> </u>
	Equipment				0	1,623,1	95	1,502,771		120,424
e (	Other				0		0	0		
	I. Add lines 1a through 1e (Column (d) must equal Form 990,		ımn (	B), line	10(c).)	<u> </u>				1,574,440
								Schedule D (	Form 9	90) 2013

			nswered 'Yes' to Form 990, Part IV, line 11b
See Form 990, Pa (a) Description of sec (including name	curity or category	( <b>b)</b> Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 99	90, Part X, col (B) line 12 )		
Part VIII Investments—	Program Related. Con	plete if the organization	answered 'Yes' to Form 990, Part IV, line 11
See Form 990, P	Part X, line 13.		
(a) Description o	finvestment	(b) Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
(1) INVESTMENT IN SUB (CHII	ΝΔ)	1 274 750	F
(2) INVESTMENT IN SUB (CHI)		1,274,759 1,872,756	г 
(3) INVESTMENT IN BRANCH (		22,861	
(4) INVESTMENT IN SUB (BRA)		743,459	
(4) INVESTMENT IN SOB (BRAZ	211)	743,439	Г
<b>7</b>	90. Part X. col (B) line 13 )	2.012.025	
Total. (Column (b) must equal Form 99  Part IX Other Assets. C	30, 1411, 601 (2) 11116 13 )	3,913,835	Part IV, line 11d See Form 990, Part X, line 15
Other Assets. c	(a) Descript		(b) Book value
Part X Other Liabilities	<b>s.</b> Complete if the organ		
Part X Other Liabilities Form 990, Part X	<b>s.</b> Complete if the organ , line 25.	ization answered 'Yes' to	
Part X Other Liabilities Form 990, Part X	<b>s.</b> Complete if the organ		
Part X Other Liabilities Form 990, Part X, 1 (a) Description Federal income taxes	s. Complete if the organi, line 25.	ization answered 'Yes' to	
Part X Other Liabilities Form 990, Part X,  (a) Description Federal income taxes LIABILITY FOR PENSION & PO	s. Complete if the organi, line 25.	(b) Book value	
Part X Other Liabilities Form 990, Part X, (a) Description Federal income taxes LIABILITY FOR PENSION & POBENEFITS	s. Complete if the organi, line 25. Ion of liability  OSTRETIREMENT	(b) Book value  0 2,606,992	
Part X Other Liabilities Form 990, Part X, (a) Description Federal income taxes LIABILITY FOR PENSION & POBENEFITS INVESTMENT BY AMT IN BRAN	s. Complete if the organi, line 25. Ion of liability  OSTRETIREMENT	(b) Book value  0 2,606,992 22,861	
Part X Other Liabilities Form 990, Part X,  (a) Description Federal income taxes LIABILITY FOR PENSION & POBENEFITS INVESTMENT BY AMT IN BRAN	s. Complete if the organi, line 25. Ion of liability  OSTRETIREMENT	(b) Book value  0 2,606,992	
Part X Other Liabilities Form 990, Part X,  (a) Description Federal income taxes LIABILITY FOR PENSION & POBENEFITS INVESTMENT BY AMT IN BRAN	s. Complete if the organi, line 25. Ion of liability  OSTRETIREMENT	(b) Book value  0 2,606,992 22,861	
Part X Other Liabilities Form 990, Part X, 1 (a) Description Federal income taxes LIABILITY FOR PENSION & POBENEFITS INVESTMENT BY AMT IN BRAN	s. Complete if the organi, line 25. Ion of liability  OSTRETIREMENT	(b) Book value  0 2,606,992 22,861	
Part X Other Liabilities Form 990, Part X, 1 (a) Description Federal income taxes LIABILITY FOR PENSION & POBENEFITS INVESTMENT BY AMT IN BRAN	s. Complete if the organi, line 25. Ion of liability  OSTRETIREMENT	(b) Book value  0 2,606,992 22,861	
Part X Other Liabilities Form 990, Part X, 1 (a) Description Federal income taxes LIABILITY FOR PENSION & POBENEFITS INVESTMENT BY AMT IN BRAN	s. Complete if the organi, line 25. Ion of liability  OSTRETIREMENT	(b) Book value  0 2,606,992 22,861	
Form 990, Part X,	s. Complete if the organi, line 25. Ion of liability  OSTRETIREMENT	(b) Book value  0 2,606,992 22,861	
Part X Other Liabilities Form 990, Part X, 1 (a) Description Federal income taxes LIABILITY FOR PENSION & POBENEFITS INVESTMENT BY AMT IN BRAN	s. Complete if the organi, line 25. Ion of liability  OSTRETIREMENT	(b) Book value  0 2,606,992 22,861	
Part X Other Liabilities Form 990, Part X,  (a) Description Federal income taxes LIABILITY FOR PENSION & POBENEFITS INVESTMENT BY AMT IN BRAN	s. Complete if the organi, line 25. Ion of liability  OSTRETIREMENT	(b) Book value  0 2,606,992 22,861	
Part X Other Liabilities Form 990, Part X, 1 (a) Description Federal income taxes LIABILITY FOR PENSION & POBENEFITS INVESTMENT BY AMT IN BRAN	s. Complete if the organi, line 25. Ion of liability  OSTRETIREMENT	(b) Book value  0 2,606,992 22,861	
Part X Other Liabilities Form 990, Part X, 1 (a) Description Federal income taxes LIABILITY FOR PENSION & POBENEFITS INVESTMENT BY AMT IN BRAN	s. Complete if the organi, line 25. Ion of liability  OSTRETIREMENT	(b) Book value  0 2,606,992 22,861	

Part		Revenue per Audited Financial Statements With Rev wered 'Yes' to Form 990, Part IV, line 12a.	enue per R	<b>leturn</b> Complete if
1		er support per audited financial statements	. 1	
2		ut not on Form 990, Part VIII, line 12		
а		tments		
ь	Donated services and use of	facilities 2b		
С	Recoveries of prior year grant	ts		
d		)		
e	Add lines <b>2a</b> through <b>2d</b>		2e	
3	Subtract line 2e from line 1 .		з	
4	A mounts included on Form 99	90, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII	)		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines <b>3</b> an	d <b>4c.</b> (This must equal Form 990, Part I, line 12)	. 5	
Part		xpenses per Audited Financial Statements With Ex	penses per	Return. Complete
		nswered 'Yes' to Form 990, Part IV, line 12a.		
1		er audited financial statements	. 1	
2		ut not on Form 990, Part IX, line 25		
а	Donated services and use of f	facilities		
b	Prior year adjustments	<u>2b</u>		
С	Other losses			
d	Other (Describe in Part XIII)	)		
e	Add lines <b>2a</b> through <b>2d</b>		<u>2</u> e	
3			3	
4		90, Part IX, line 25, but not on line <b>1:</b>		
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b 4a		
b	· ·	)		
С				
5		nd <b>4c.</b> (This must equal Form 990, Part I, line 18)	5	
	Supplemental In			
Part '		r Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1 , lines 2d and 4b, and Part XII, lines 2d and 4b Also complete thi		de any additional
	Return Reference	Explanation		
Escrov	v or Custodial Account Liability	<u>'</u>	d funds in adva row accounts no train and uti	ince to cover their In addition, MTC
Liabilit (ASC	ty for Uncertain Tax Position 740)	Schedule D, Part X, Line 2 The Association is a non-profit corportaxes under Section 501(c)(6) of the Internal Revenue Code Pustate regulations, the Association is exempt from income tax exbusiness activities. Revenue from advertising, affinity programs, is taxable as unrelated business income. The Association had feof \$7,448 in 2013 related to 2012 unrelated business income. I derecognizes tax positions on a "more likely than not" threshold expected to be taken in a tax return. The Association does not b tax positions.	ration, exempt rsuant to the ( cept for incom and particular deral and stat The Association	Code and applicable e taxes on unrelated r services to members e income tax expense on recognizes or to positions taken or

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

Schedule D (Form 990) 2013

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As Filed Data -

DLN: 93493320006334

SCHEDULE F (Form 990)

Department of the Treasury

#### **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

Internal Revenue Service			about concerns (company and its monactions is at minimal gov, romabout					
Name of the o	rganızatıon ATION FOR MANUF <i>A</i>	ACTURING TECHN	IOLOGY		Employer ident	ification number		
THE ASSOCI	ATTON FOR MANOFA	CIONING ILCIN	IOLOGI		52-0859087			
	<b>General Informat</b> Yes" to Form 990, I			ne United States. Co	omplete if the organiz	ation answered		
_		_		to substantiate the a	_	nd		
	• •	• .	-			┌ Yes ┌ No		
	<b>ntmakers.</b> Describence outside the Uni		ganızatıon's pı	rocedures for monitori	ng the use of its grant	s and other		
3 Activite	s per Region (The fol	lowing Part I, line 3	table can be du	iplicated if additional spa	ice is needed )			
	(a) Region	<b>(b)</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) See A	dd'l Data			,				
( 2)								
(3)								
(4)								
(5)								
3a Sub-tot b Total fro to Part	om continuation sheet	7 :s	27			6,283,368		
c Totals (	add lines 3a and 3b)	7	27			6.283.368		

Pa						<b>ited States.</b> 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	duplicated if addit	ional space is ne	eeded.				
(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	<b>(h)</b> 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? 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)	্ন	Yes	Γ	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)	F	Yes	Г	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)	Г	Yes	্য	No
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	।	No
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	<b>▽</b>	Νo

Schedule F (Form 990) 2013

#### **Additional Data**

Software ID: Software Version:

**EIN:** 52-0859087

Name: THE ASSOCIATION FOR MANUFACTURING

**TECHNOLOGY** 

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).

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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 region
East Asia and the Pacific	2	15	Program Services	assist members	815,705
Europe (Including Iceland and Greenland)	1	1	Program Services	assist members	75,522
North America	2	5	Program Services	assist members	108,000

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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 region
South America	1	1	Program Services	assist members	746,459
South Asia	1	5	Program Services	assist members	623,847
East Asia and the Pacific			Investments		1,274,759

Form 990 Schedule F	<u> Part I - Activit</u>	ies Outside T	he United States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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 region
North America			Investments		1,872,756
South Asia			Investments		22,861
South America			Investments		743,459

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THE ASSOCIATION FOR MANUFACTURING TECHNOLOGY

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 <a href="www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No 1545-0047

2013

DLN: 93493320006334

Open to Public Inspection

Employer identification number

52-0859087

Part I General Inform	nation on Grants	and Assistance				•	
<ol> <li>Does the organization ma the selection criteria used</li> <li>Describe in Part IV the or</li> </ol>	d to award the grants	orassistance?					⊮ Yes
		Governments and recipient that receive					l "Yes" to
(a) Name and address of organization or government	<b>(b)</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) Youth Development Foundation PO Box 3000 Leesburg, VA 20177	23-7122568	501(c)(3)	25,000				Support of Precision Support Sustaining Support
(2) Nat Inst for Metalworking Skills 3252 Old Lee Highway Fairfax,VA 22030	52-1933455	501(c)(3)	12,500				Sustaining Support
2 Enter total number of sec	tion 501(c)(3) and go	vernment organizations l	isted in the line 1 table	e			. 2

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

Grant Funds Inside U S

(a) Type of grant or assistance

(f)Description of non-cash assistance

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.	

(d)A mount of

(e)Method of valuation

(c)A mount of

(b) Number of

		recipients	cash grant	non-cash assistance	(book, FMV, appraisal, other)			
Part IV Supplemental In	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.							
Return Reference								
Procedure for Monitoring Use of	Schedule I, Part I, Line 2 AMT gives assistance frequently for special events and other programs. AMT has working relationships with each charitable							

organization and informally monitors the use of funds for assistance through consistent interaction

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DLN: 93493320006334

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 THE ASSOCIATION FOR MANUFACTURING TECHNOLOGY **Employer identification number** 

52-0859087

			32-0639067			
Pa	rt I Questions Regarding Compensat	ion				
					Yes	No
1a			ny of the following to or for a person listed in Form vide any relevant information regarding these items			
	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		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 reimbursement or provision of all of the expenses			1b	Yes	
2	Did the organization require substantiation prior directors, trustees, officers, including the CEO/E			2	Yes	
3		ll that apply ensation of	y Do not check any boxes for methods f the CEO/Executive Director, but explain in Part III			
	Compensation committee	<u> </u>				
	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 99 or a related organization	0, Part VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-cont	rol paymen	nt?	4a		Νo
b	Participate in, or receive payment from, a supple	mental non	qualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity	y-based co	mpensation arrangement?	<b>4</b> c		Νo
	If "Yes" to any of lines 4a-c, list the persons and	d provide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only	must comp	plete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section compensation contingent on the revenues of	n A, line 1a	, did the organization pay or accrue any			
а	The organization?			5a		
b	Any related organization?			5b		
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section compensation contingent on the net earnings of	n A, 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 payments not described in lines 5 and 6? If "Yes			7		
8	Were any amounts reported in Form 990, Part VI subject to the initial contract exception describe in Part III		accured pursuant to a contract that was ations section 53 4958-4(a)(3)? If "Yes," describe	•		
_			.,	8		
9	If "Yes" to line 8, did the organization also follow section 53 4958-6(c)?	the 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)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990
(1)Douglas K Woods President	(i) (ii)		0	3,074 0	15,300 0	3,216	317,741 0	0
(2)Lında G Montfort Asst Treasurer	(i) (ii)		19,000	270 0	13,773 0	2,624	222,808	0
(3)Peter R Eelman VP - Exhibitions & Comm	(i) (ii)		0	774 0	15,300 0	4,735 0	293,586 0	0
(4)Jeffery Traver VP - Business Development	(i) (ii)		23,000	414	15,300 0	3,216	260,992 0	0
(5)Patrick W McGibbon VP - Industry Intelligence	(i) (ii)		20,000	774 0	15,300 0	3,494	256,945 0	0
(6)Paul Warndorf VP - Manufacturing Technology	(i) (ii)	, ,	20,000	2,286 0	15,129 0	10,838	250,144 0	0
(7)Mario Winterstein Business Development Director	(i) (ii)		3,000, 0	2,286	12,858	10,636	215,440	0
(8)Knox Johnstone Business Development Director	(i) (ii)		0	2,286 0	12,403	10,636	212,170	0

Schedule J (Form 990) 2013

#### Part III 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

Return Reference	Explanation
·	Schedule J, Part I, Line 1a Presidential spouse's travel expenses were covered by AMT Presidential Spouse's travel reimbursement was grossed up and reported as compensation to recipient
	Schedule J, Part I, Line 4b Peter Eelman and Patrick McGibbon participate in a supplemental nonqualified retirement plan. The 2013 expense for the plan was \$0 and \$0, respectively

Schedule J (Form 990) 2013

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(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493320006334

OMB No 1545-0047

2013

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## 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 THE ASSOCIATION FOR MANUFACTURING TECHNOLOGY Employer identification number

52-0859087

Return Reference	Explanation
Organization's Mission	Form 990, Part III, Line 1 ARTICLE II OF AMT'S BY LAWS LISTS THE PURPOSES AS "TO PROMOTE THE PROGRESS AND DEVELOPMENT OF HIGH STANDARDS OF MANUFACTURE, MARKETING, TECHNOLOGY, INDUSTRIAL AND PUBLIC RELATIONS, BUSINESS MANAGEMENT AND ETHICS IN THE MACHINE TOOL INDUSTRY OF THE UNITED STATES, TO STIMULATE INTEREST IN AND DEMAND FOR MACHINE TOOLS AND RELATED PRODUCTS, AND TO REPRESENT AND ADVANCE THE COMMON LAW INTERESTS OF THE MACHINE TOOL INDUSTRY BEFORE THE PUBLIC, INDUSTRY AND THE GOVERNMENT "AMT'S MISSION STATEMENT READS "THE ASSOCIATION FOR MANUFACTURING TECHNOLOGY'S MEMBERS WILL BE THE GLOBAL LEADERS IN INNOVATING, PRODUCING AND IMPLEMENTING ADVANCED MANUFACTURING TECHNOLOGY SOLUTIONS IN SUPPORT OF ITS MEMBERS, AMT WILL BE AN ACTIVE PARTNER IN THE ADVANCEMENT OF MANUFACTURING TECHNOLOGY AND IN THE SUCCESS OF OUR MEMBERS' BUSINESSES AS AN ACTIVE PARTNER, AMT WILL FACILITATE NETWORKING, COLLABORATION, MATCH-MAKING, NEW BUSINESS OPPORTUNITIES, AND THE EXCHANGE OF IDEAS"

Return Reference	Explanation
PROGRAM SERVICE ACTIVITY #1	Form 990, Part III, Line 4A In 2013, AMT had pavilions in several foreign shows IMTEX (India), FEIMAFE (Brazil), and CIMT (China) in which members could participate and strengthen their ties in these markets. Other programs in the certified machine tool sales engineer (CMTSE) program is the only nationally recognized program that acknowledges individuals who possess the skills and knowledge needed to perform effectively as machine tool sales engineers. Smartforce has gone forward with a campaign that targets parents, students, educators and administrators to change perceptions among the next generation of young people who seek STEM (science, technology, engineering, and math) education and then careers in manufacturing. We are also working with many other trade associations who are also pursuing this goal of providing the needed manufacturers with qualified employees. MT sales fundamentals is designed for new hires in our industry or for those who are migrating from an application engineering position or a service position to outside sales and is one of our most popular in-person workshops.

Return Reference	Explanation
PROGRAM SERVICE ACTIVITY #2	Form 990, Part III, Line 4B AMT continued its efforts into member outreach, helping member companies find new markets, new customers, and new approaches for marketing their products and services. All three established tech centers (one each in China, Mexico and India) showed growth in 2013 as members pursued international markets. AMT also conducted wiebinars and Business Review Days. The "Key Country Comparison" provided updates of representative business and selling costs in the BRIC's, Poland, Mexico and the United States. There were also opportunities to network and learn from fellow members stateside at events like MFG, the Global Forecasting Conference and the Service and Aftermarket Support Conference. For those who find it difficult to get away to trade shows and conferences, AMT has begun providing more and more webinars and even the chance to see EMO, Germany's largest trade show on IMTS com IMTSTV

Return Reference	Explanation
Members or Stockholders	Form 990, Part VI, Line 6 AMT HAS 3 CATEGORIES OF MEMBERS REGULAR MEMBERS, AFFILIATE MEMBERS, AND START-UP MEMBERS AMT's Regular Members have voting rights Members Companies which have, for one year or more within the United States, manufactured, sold, and warranted the overall operational performance of non-portable, power-driven manufacturing machinery, systems, correlated equipment products, or software used in the processing steps for performing operations on man-made materials to produce discrete durable goods. Start-Up Members: Firms that, for less than one year immediately preceding the date of membership application, produce and sell or lease machine tools or related equipment, products or software in the United States. Start-Up Members do not have voting privileges. Affiliate Members: With the merger with AMTDA, this category has expanded to include distributors who pay dues but do not have voting privileges as well as organizations which have one or more programs structured to aid the advancement of the manufacturing technology industry, usually colleges, universities and other research facilities, they do not pay any dues, nor do they have voting privileges.

Return Reference	Explanation
Members or Stockholders Who May Elect	Form 990, Part VI, Line 7a At least 90 days before the annual meeting, the chairman shall appoint a nominating committee comprised of the three most recent past chairmen of the Association that remain actively employed by or have retired from a Member. The nominating committee shall propose nominees for any vacancies in the board of directors to be filled at such meeting. Nominations may also be made by any Member by submitting a written statement to the nominating committee at the Association's principal office not later than 60 days prior to the date of the annual meeting. The nominating committee shall submit their nominations to the executive committee for review prior to the annual meeting and in time to permit notice of the nominating committee's nominations to be mailed to the Members at least ten days prior to the annual meeting. The nominations shall thereafter be submitted for membership approval at the annual meeting by an affirmative majority vote of the Members present.

Return Reference	Explanation
Review Process	Form 990, Part VI, Line 11b THE FORM 990 IS PREPARED BY AMT'S INDEPENDENT ACCOUNTING FIRM PRIOR TO FILING, THE ORGANIZATION CONDUCTS AN INTERNAL REVIEW OF THE FORM 990 WHICH IS PERFORMED BY THE ORGANIZATION'S MANAGEMENT IN CONJUNCTION WITH ITS ACCOUNTING/FINANCE STAFF

Return Reference	Explanation
Process for Determining Compensation	Form 990, Part VI, Line 15a & 15b The President's salary is controlled by independent persons serving on the Compensation Committee which is a sub-set of the AMT Board of Directors. All other salaries are controlled by the President. The Executive Salaries (Vice Presidents) are reviewed by the Chairman of the Board of Directors as well and approved by signature. The salaries are determined by referring to Market Salary benchmarks. The President's annual salary review is signed by the current Chairman of the Board of Directors, all other annual salary reviews are approved/signed by the President of the Association. Annually, all salaries including the Officers are benchmarked using 5 different salary surveys (PRM, HRA, Cordom, ASAE, and AMT's Executive Compensation Survey). The benchmarks are shared with the President (and in the case of the President are shared with the Compensation Committee). The compensation committee reviews the benchmark compensation reports deliberates and approves, then documents their approval when setting the president's total compensation.

Return Reference	Explanation
	Form 990, Part VI, Line 19 AMT makes its governing documents, conflict of interest policy, and financial statements available to the public upon request to the extent required by law

Return Reference	Explanation
_	Form 990, Part XI, Line 9 Pension Gains other than net periodic pension cost \$1,576,814 Foreign Subsidiary Activity reported on Form 5471 \$2,481,984 Total Other Changes in Net Assets \$4,058,798

Return Reference	Explanation
AUDITED FINANCIAL STATEMENTS	FORM 990, PART XII, LINE 2B AT THE TIME THE FORM 990 WAS FILED, THE FINANCIAL STATEMENTS HAD NOT BEEN ISSUED BUT WERE IN PROCESS TO BE COMPLETED THIS FORM 990 HAS USED DRAFT NUMBERS AND WILL AMEND WHEN THE AUDITED FINANCIAL STATEMENTS HAVE BEEN FINALIZED AND ISSUED

#### DLN: 93493320006334

2013

OMB No 1545-0047

Open to Public Inspection

# **SCHEDULE R** (Form 990)

Department of the Treasury

Internal Revenue Service

**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.

Name of the organization THE ASSOCIATION FOR MANUFACTURING TECHNOLOGY **Employer identification number** 

52-0859087

Part I Identification of Disregarded Entities Comple	te if the organization	answered "Yes" on	Form 990, Part	IV, line 33.				
(a) Name, address, and EIN (ıf applıcable) of dısregarded entıty	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income En	<b>(e)</b> d-of-year assets	С	<b>(f)</b> Direct controlling entity		
Part II Identification of Related Tax-Exempt Organic or more related tax-exempt organizations during t	<b>zations</b> Complete if the tax year.	the organization ar	nswered "Yes" on	Form 990, Pa	art IV,	line 34 because it	had on	е
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity (if section 501)	status (c)(3))	<b>(f)</b> Direct controlling entity		512( introlle
(1) THE MACHINE TOOL INSTITUTE	EDUCATION	DC	501(C)(3)	11-I		AMT	Yes Yes	No
7901 WESTPARK DRIVE								
MCLEAN, VA 22102 23-7404368								
(2) THE AMT HEALTH BENEFITS TRUST	MED BENEFITS	DC	501(C)(9)	N/A		АМТ	Yes	
7901 WESTPARK DRIVE								
MCLEAN, VA 22102 54-6452823								
	_l	l						ш

<b>(a)</b> Name, address, an related organiza		<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	( <b>d)</b> Direct controlling entity	Predor Income( unrele exclude tax u section	related, ated, ed from under is 512-	(f) Share of total incon	(g) Share of end-of-yea assets		ortionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	ral or aging ner?	<b>(k)</b> Percentage ownership																								
									Yes	No		Yes	No																									
									<u> </u>																													
	ed Organizations Taxable or more related organizat								swered	d "Yes	s" on Form	990,	Part	IV,																								
(a) Name, address, and EIN of related organization	( <b>b</b> ) Primary activity	<b>(c)</b> Lega domici (state or fo			(c) Legal domicile (state or foreign		(c) Legal domicile (state or foreign		<b>(c)</b> Legal domicile (state or foreign		<b>(c)</b> Legal domicile (state or foreign		Legal domicile (state or foreign		Legal domicile (state or foreign		Legal domicile (state or foreign		Legal domicile (state or foreign		Legal domicile (state or foreign		Legal domicile (state or foreign		Legal domicile (state or foreign		Legal domicile (state or foreign		(d) t controlling entity	Type o	e)	(f) Share of total Income	Share	(g) of end- year assets	of- Percen owner	tage		(i) Section 512 (b)(13) controlled entity?
(1) American Manufacturing Tech (Shanghai)	Manufacturing	СН				C corp		77,681		1,227,0	093 100 00	00 %		Yes No																								
1/F 36 458 N FU TE Road 200131 Shanghai CH																																						
(2) Centro Norteamericano De Technologia	Manufacturing	MX	MX		мх		AMT C cc	C corp		-331,578		508,3	99 000	) %	1	res																						
427 Sur Col Altavista Monterrey 64030 MX																																						
(3) AMT Brasil Assessoria de Negocios	Manufacturing	BR		AMT		C Corp		-139,070		314,0	99 000	) %	,	res es																								
Av Engenheiro Carlos Rein Mendes Sorocaba, SP 18013-280 BR																																						
(4) AMT McLean Inc	Real Estate	DE		AMT		C Corp		0			0 100 00	00 %	1	⁄es																								
7901 Westpark Drive McLean, VA 22102 46-4089434																																						
						†			1				$\top$																									

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule											
<b>1</b> D	uring the tax year, did the orgranization engage in any of the following transactions with one or more re	elated organizations lis	sted in Parts II-IV?								
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No				
b	Gift, grant, or capital contribution to related organization(s)				1b		No				
c	Gift, grant, or capital contribution from related organization(s)				<b>1</b> c		No				
d	Loans or loan guarantees to or for related organization(s)				1d		No				
e	Loans or loan guarantees by related organization(s)				1e		No				
f	Dividends from related organization(s)				1f		No				
g	Sale of assets to related organization(s)				<b>1</b> g		No				
h	h Purchase of assets from related organization(s)										
i	i Exchange of assets with related organization(s)										
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		No				
k	k Lease of facilities, equipment, or other assets from related organization(s)										
I	I Performance of services or membership or fundraising solicitations for related organization(s)										
m	<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)										
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No				
0	Sharing of paid employees with related organization(s)				10		No				
р	Reimbursement paid to related organization(s) for expenses				<b>1</b> p		No				
q	Reimbursement paid by related organization(s) for expenses				<b>1</b> q		No				
r	O ther transfer of cash or property to related organization(s)				1r	Yes					
s	Other transfer of cash or property from related organization(s)				1s		No				
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete (a)	(b)		(d)							
	Name of related organization	Transaction type (a-s)	(c) Amount involved	Method of determining amo	ount ir	nvolved					
<b>1)</b> C	entro Norteamericano De Technologia De Manu	r	108,000	FMV							
<b>2)</b> Al	MT Brasıl Ass de Negociaos de Tecn da Manu	r	743,459	FMV							

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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 regarding exclusion for certain investment partnerships													
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) all partners section 501(c)(3) anizations?	(f) Share of total Income	(g) Share of end-of-year assets	( <b>h)</b> Disproprtiona allocations <sup>7</sup>	_	(i) Code V <sup>2</sup> UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	_	(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												1	
		·					<u> </u>						

Schedule R (Form 990) 2013

#### Part VII Supplemental Information

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

Return Reference Explanation

Schedule R (Form 990) 2013

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DLN: 93493320006334

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## **TY 2013 Category 3 filer statement**

Name: THE ASSOCIATION FOR MANUFACTURING TECHNOLOGY

Amount Of Indebtedness	Type Of Indebtedness	Name	Address	Identifying Number	Number Of Shares
423,200	CASH		7901 Westpark Dr McLean, VA 221024206	52-0859087	999

#### **TY 2013 Itemized Other Current Liabilities Schedule**

Name: THE ASSOCIATION FOR MANUFACTURING TECHNOLOGY

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
		TAXES PAYABLE	23,488	48,834
		OTHER PAYABLES	173,405	24,995
		ADVANCES FROM CUSTOMERS	0	222,090

#### **TY 2013 Itemized Other Current Liabilities Schedule**

Name: THE ASSOCIATION FOR MANUFACTURING TECHNOLOGY

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
		O ther Liabilities	54,680	78,439
		Unearned Revenue	1,722,283	1,501

#### **TY 2013 Itemized Other Current Liabilities Schedule**

Name: THE ASSOCIATION FOR MANUFACTURING TECHNOLOGY

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
		TAXES PAYABLE	0	3,156
		LOAN	0	2,607
		ACCRUALS	0	4,955
		LOAN ABROAD	0	19,316

#### **TY 2013 Itemized Other Assets Schedule**

Name: THE ASSOCIATION FOR MANUFACTURING TECHNOLOGY

Corporation Name	Corporation EIN	Other Assets Description	Beginning Amount	Ending Amount
		Intangible Assets	2,440	1,704

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#### **TY 2013 Itemized Other Current Assets Schedule**

Name: THE ASSOCIATION FOR MANUFACTURING TECHNOLOGY

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
		OTHER RECEIVABLES	0	26,014

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#### **TY 2013 Itemized Other Current Assets Schedule**

Name: THE ASSOCIATION FOR MANUFACTURING TECHNOLOGY

Corporatio	n Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
			OTHER CURRENT ASSETS	3,113	54,163

#### **TY 2013 Itemized Other Current Assets Schedule**

Name: THE ASSOCIATION FOR MANUFACTURING TECHNOLOGY

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
		SHORT TERM ASSETS	0	3,974
		PREPAID EXPENSES	0	814

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## **TY 2013 Other Deductions Schedule**

Name: THE ASSOCIATION FOR MANUFACTURING TECHNOLOGY

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
OPERATIONS EXPENSES	12,705,625	2,050,688
GENERAL & ADMINISTRATIVE EXPENSES	4,165,817	672,363
FINANCIAL EXPENSES	-113,684	-18,349
NON-OPERATIONS EXPENSES	-27,635	-4,460

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## **TY 2013 Other Deductions Schedule**

Name: THE ASSOCIATION FOR MANUFACTURING TECHNOLOGY

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
FINANCIAL EXPENSES	3,196,591	250,613
ADMINISTRATIVE EXPENSES	5,291,678	414,868
OTHER EXPENSES	290,824	22,801

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## **TY 2013 Other Deductions Schedule**

Name: THE ASSOCIATION FOR MANUFACTURING TECHNOLOGY

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
ADMINISTRATIVE EXPENSES	793,874	368,754

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#### **TY 2013 Itemized Other Liabilities Schedule**

Name: THE ASSOCIATION FOR MANUFACTURING TECHNOLOGY

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
		OTHER LONG-TERM LIABILITIES	0	5,213

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#### **TY 2013 Other Income Statement**

Name: THE ASSOCIATION FOR MANUFACTURING TECHNOLOGY

Description	Foreign Amount	Amount
EXCHANGE GAIN	2,713,543	212,742



#### **TY 2013 Other Income Statement**

Name: THE ASSOCIATION FOR MANUFACTURING TECHNOLOGY

Description	Foreign Amount	Amount
FINANCIAL REVENUE	12,681	5,890

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## **TY 2013 Paid-In or Capital Surplus Reconciliation Statement**

Name: THE ASSOCIATION FOR MANUFACTURING TECHNOLOGY

Description	Beginning Amount	Ending Amount
ADDITIONAL PAID IN CAPITAL	1,364,449	1,410,132

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## **TY 2013 Paid-In or Capital Surplus Reconciliation Statement**

Name: THE ASSOCIATION FOR MANUFACTURING TECHNOLOGY

Description	Beginning Amount	Ending Amount
additional paid in capital	1,867,636	1,860,341

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# TY 2013 Paid-In or Capital Surplus Reconciliation Statement

Name: THE ASSOCIATION FOR MANUFACTURING TECHNOLOGY

Description	Beginning Amount	Ending Amount
Paıd-In Capıtal		-26,101

# The Association for Manufacturing Technology Form 5471, Schedule O, Section F, Part C

## **Organizational Chart**

