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Form **990-EZ** 

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

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

OMB No 1545-1150 2013

Open to Public

Department of the Treasury

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Inspection

		Veride Service											i	. <u></u>	
A	For th	e 2013 calend	dar year, or tax y	ear beginning	, a	nd en	nding								
В	Check if applicable C Name of organization							D Employer Identification number							
Ш	Address	Address change VIRGINIA AUTOMATIC MERCHANDISING													
	Name ch	Name change ASSOCIATION, INC.							54-0803620						
	Initial return Number and street (or P O box, if mail is not delivered to street address)					)	Room/suite				E Telephone number				
	Teminat	ed	P.O. BO			103					919-215-9005				
	Amended	d return	City or town, state or	province, country, and ZIP or							ı	F Group Exemption			
	Application	on pending	CARY		NC	275	19					Numb	Number <b>&gt;</b>		
G	Accour	nting Method	X Cash	Accrual Other (spe	cify) ►					Н	Check	► X	▶ X if the organization is <b>not</b>		
i								require	ed to atta	sch Sched	ule B				
<u>J</u>	Tax-ex	empt status (cl	neck only one) —	501(c)(3) X 501(c)	6 ) <b>4</b> (insert r	10)	4947(a)(1	) or	527	L_	(Form	990, 990-EZ, or 990-PF)			
K	Form o	of organization	X Corpora	ition Trust	Associati	on	Ot	her							
L	Add line	es 5b, 6c, and 7	b, to line 9 to determ	nine gross receipts. If gro	ss receipts are \$2	00,00	0 or more, o	r if total a	assets						
(Pa	t II, colu	mn (B) below) a	are \$500,000 or mor	e, file Form 990 instead	of Form 990-EZ							▶ \$		60,221	
F	art I	Reven	ue, Expenses	s, and Changes i	n Net Assets	or F	Fund Ba	ances	s (see th	he ins	structio	ns for F	Part ()		
_		Check i	if the organization	on used Schedule C	to respond to	any o	question II	<u>this P</u>	art I					X	
	1	Contributions,	gifts, grants, and sim	nilar amounts received								1			
	2	Program ser	vice revenue inclu	revenue including government fees and contracts s and assessments SEE STATEMEN							2		33,270		
	3	Membership	dues and assessi					TK	NT [			24,775			
	4	Investment income										4		<u>2,176</u>	
	5a	Gross amou	nt from sale of ass	ets other than invento	у		٤	5a					_		
	b	Less cost or	other basis and s	ales expenses			[ [	5b				]			
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)						5c							
	6	Gaming and fundraising events									_				
	a														
ē	ł	\$15,000)						ia							
ē	Ь	Gross incom	e from fundraising	events (not including	\$		0	f contrib	utions			7 ]			
Revenue	ì		•	ed on line 1) (attach So		-									
		sum of such	gross income and	contributions exceeds	\$15,000)		6	ь							
•	3- C	Less direct e	expenses from gai	ming and fundraising e	vents		- 6	ic							
Š	<b>5</b> a	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract							7 1						
6	3	line 6c)										6d			
ć	7a	Gross sales	of inventory, less i	returns and allowances	i		<u> </u>	'a_							
6	<u>⊢</u> b	Less cost of	goods sold				7	b				] [			
9	¥ c	Gross profit	or (loss) from sale	s of inventory (Subtrac	t line 7b from line	e 7a)						7c			
•	8	Other revenue (describe in Schedule O)										8			
	9	Total revenu	ue. Add lines 1, 2,	3, 4, 5c, 6d, 7c, and 8					22 F3	$\Box$	<b>•</b>	9		60,221	
8	<b>2</b> 10			id (list in Schedule O)		1	REC	LIV!	استستست	$\sqrt{1}$		10			
Š	<b>5</b> 11	Benefits paid	to or for members	S						)XI		11			
φ.	<b>3</b> 12	Salaries, othe	s other compensation, and employee herefts					12							
Expense	<i>D</i> 13	Professional	fees and other pa	yments to independent	contractors	121	MAR 2 0 20		.014	181		13		28,060	
De l	14	Occupancy, r	pancy, rent, utilities, and maintenance					EK	117	-		14			
m	15	Printing, publ	cupancy, rent, utilities, and maintenance of this postage, and shipping					15		34					
	16 Other expenses (describe in Schedule O)				The state of the s				16		3,430				
	17	Total expens	ses. Add lines 10	through 16							<u> </u>	17		31,524	
	18			(Subtract line 17 from	ine 9)							18		28,697	
ets	19														
ASS	i	end-of-year figure reported on pnor year's return)					. •					19		323,535	
Net Assets	20	•	•	fund balances (explain	n in Schedule O)	ule O)				20		187			
z	21							21		352,419					

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2013)

Form 990-EZ (2013)	VIRGINIA AUTOMATIC ME	ERCHANDIS	ING 54-0	803620	_	Page 2
Part II Balance	Sheets (see the instructions for P	art II)				
Check if	<u>the organization used Schedule O to</u>	respond to any	question in this Part I	<u> </u>		
			(A) B	eginning of year	<del></del>	(B) End of year
22 Cash, savings, and inv	estments			323,53	<del></del>	352,419
23 Land and buildings					0 23	<del></del>
24 Other assets (describe	ın Schedule O)			202 52	0 24	252 410
25 Total assets			<u></u>	323,53		352,419
26 Total liabilities (descr	,	11.1 043		323,53	0 26 5 27	352,419
	alances (line 27 of column (B) must agreent of Program Service Accom		e the instructions for		3 27	Expenses
	the organization used Schedule O to	•			(R	equired for section
What is the organization's p		respond to any	question in this i art i	<u>''</u>	┵ '``	1(c)(3) and 501(c)(4)
SEE SCHEDULE O	ominary exempt purpose.				- i	anizations and section
	program service accomplishments for ea	ch of its three large	est program services.		.   .	47(a)(1) trusts, optional
-	In a clear and concise manner, describe	-	· ·		- 1	others)
persons benefited, and other	er relevant information for each program t	ıtle				, 
28 CONFERENCES ALI	OW MEMBERS TO GATHER TO PARTIC	CIPATE IN				
EDUCATION SEMIN	ARS, EXCHANGE IDEAS AND DISCUS	SS ISSUES				
RELATED TO THE	INDUSTRY.				.	
(Grants \$	) If this amount includes for	oreign grants, chec	k here	<b>•</b>	28a	·
29 LEGISLATIVE MON	ITORING ENSURES THAT MEMBERS A	ARE KEPT				
ABREAST OF LEGI	SLATIVE TOPICS AND ISSUES THAT	DIRECTLY				
AFFECT THEIR IN	DUSTRY.			ـــم	,	
(Grants \$	) If this amount includes for	oreign grants, chec	k here		29a	
30						
					, ] _ ]	
(Grants \$	) If this amount includes for	oreign grants, chec	k here		30a	
31 Other program services				,	,   <sub>-</sub> .	
(Grants \$	) If this amount includes for	oreign grants, chec	k here		31a	
	e expenses (add lines 28a through 31a) ficers, Directors, Trustees, and Key En	nlovees (list each	one even if not compet	sated — see the	32 sunstructi	ons for Part IV)
Check if th	e organization used Schedule O to respon	nd to any question	in this Part IV			ono for Furtivy
10	a) Name and title	(b) Average hours per week	(c) Reportable compensation	(d) Heath b	enefits, employe	e (e) Estimated amount of
,,	a) Name and the	devoted to position	(Forms W-2/1099-MISC (if not paid, enter -0-)	benefit plai deferred com	ns, and	other compensation
SCOTT KISER		<del></del>	(ii iiot paia, oiitoi o /	90.000.00		<del>                                     </del>
DIRECTOR		0.00	}	oľ	(	o c
HEATHER SEYMOUT	R, CPA					
DIRECTOR	•	0.00	(	ol	(	0
SCOTT HALLORAN				<u> </u>		
DIRECTOR		0.00		o	_(	0 0
TIMOTHY A. DAV	IS			Ī		
DIRECTOR		0.00		<u> </u>		o <u> </u>
KAREN HARLOW						
TREASURER		0.00		0	(	o c
CARL MOSER						
PAST PRESIDENT		0.00		D		o c
WALTER ABELE						
DIRECTOR		0.00		P	(	0
SHANE SPIKE	'					
PRESIDENT		0.00	<u> </u>	2		0
MIKE FRYE						
DIRECTOR		0.00		<u> </u>		0
JIM CATEL			<b>1</b>			ol
DIRECTOR		0.00		<u> </u>		0
MARK MATTHEWS						o
VICE PRESIDENT		0.00		<u> </u>		<del></del>
	ı			1		
						Form <b>990-F7</b> (2013

Form 990-EZ (2013)

VIRGINIA AUTOMATIC MERCHANDISING

P	Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	22	ł	x
34	detailed description of each activity in Schedule O	33	_	<u>├</u>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		x
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	<u>• •                                  </u>		<del></del>
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		x
ь	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	X	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
39	If "Yes," complete Schedule L, Part II and enter the total amount involved  Section 501(a)(7) exceptations Enter	-		
a	Section 501(c)(7) organizations Enter.  Initiation fees and capital contributions included on line 9  39a			
b	Gross receipts, included on line 9, for public use of club facilities  39b	1		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			İ
	section 4911 ▶; section 4912 ▶; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			Ė
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			ĺ
	organization managers or disqualified persons during the year under sections 4912,			ĺ
	4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c		1	Ė
	reimbursed by the organization			Ė
8	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	40e	1	X
41	transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed <b>NONE</b>	400		
42a		-38	7-1	221
744	PO BOX 4077			
	Located at ▶ CARY NC ZIP+4 ▶ 275	19-	440	7
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, secunties account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			į
	and Financial Accounts.	40.	1	X
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		
43	If "Yes," enter the name of the foreign country: ►  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here			▶ [
70	and enter the amount of tax-exempt interest received or accrued during the tax year			
	and effect the difficulty of tax-exempt interest received of accided during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a	1	X
ь	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b		X
С	Did the organization receive any payments for indoor tanning services during the year?	44c	]	X
đ	f "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the		1	É
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			بريد ا
	Form 990-EZ (see instructions)	45b		X
DAA	Fo.	rm 990	ノーにと	(2013)

Firm's EIN ▶

56-2202813

Yes No

Form 990-EZ (2013)

919-466-0946

Preparer

Use Only

Firm's name

Firm's address

JOYCE AND

104 BRADY

May the IRS discuss this return with the preparer shown above? See instructions

NC

CARY

**COMPANY** 

CT

27511

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

## **Political Campaign and Lobbying Activities**

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

Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► See separate instructions.

► Information about Schedule C (Form 990 or 990-EZ) and its

instructions is at www.irs.gov/form990.

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organizations Complete Part III				
Na	with of organization VIRGINIA AUTOMATIC M ASSOCIATION, INC.	ERCHANDISING		Employer identifica	
Pa	rt I-A Complete if the organization is exen	npt under section 501(c)	or is a sectio	n 527 organizatio	n.
1 2 3	Provide a description of the organization's direct and indirect Political expenditures  Volunteer hours	ct political campaign activities in	Part IV	<b>&gt;</b> \$	
Pa	rt I-B Complete if the organization is exen	npt under section 501(c)	(3).		
1	Enter the amount of any excise tax incurred by the organiza			<b>▶</b> \$	
2	Enter the amount of any excise tax incurred by organization	n managers under section 4955		▶ \$	
3	If the organization incurred a section 4955 tax, did it file For	m 4720 for this year?			Yes No
<b>4</b> a	Was a correction made?				Yes No
<u>b</u>	If "Yes," describe in Part IV		<del></del>		
Pa	rt I-C Complete if the organization is exen	npt under section 501(c)	, except section	on 501(c)(3).	
1	Enter the amount directly expended by the filing organization	n for section 527 exempt function	n		
	activities			▶ \$	
2	Enter the amount of the filing organization's funds contribute	ed to other organizations for sect	ion		
	527 exempt function activities			▶ \$	
3	Total exempt function expenditures Add lines 1 and 2 Ente	er here and on Form 1120-POL,			
	line 17b			▶ \$	——————————————————————————————————————
4	Did the filing organization file Form 1120-POL for this year?				Yes No
5	Enter the names, addresses and employer identification nui	·	-	-	
	organization made payments. For each organization listed,	•	- •		
	the amount of political contributions received that were pron	• •	•	=	
	as a separate segregated fund or a political action committee	ee (PAC). If additional space is no	<u>eeded, provide ınfo</u> T	rmation in Part IV	<del></del>
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-
(1)					
(2)					
(3)					
4)					
5)					
6)			·		

b Lobbying ceiling amount (150% of line 2a, column(e))

c Total lobbying expenditures

d Grassroots nontaxable amount
e Grassroots ceiling amount
(150% of line 2d, column (e))
f Grassroots lobbying expenditures

Cabadda C (Fare 200 as 200 FT) 2010	TNTA AUMOMA	MTC MEDCUAN	DICINC	E4_0003620	- 1	
Part II-A Complete if the orga	INIA AUTOMA			54-0803620   Form 5768 (elec	Page 2	
section 501(h)).	mization is exemp	duider Section	our (c)(o) and med	i Form 57 00 (elec	stion under	
A Check ▶ ☐ if the filing organiz	N, expenses, and	share of excess lo	bbying expenditure	es).	up member's	
Limits on I (The term "expenditure	obbying Expendi " means amounts	tures paid or incurred.)	0	(a) Filing rganization's totals	(b) Affiliated group totals	
1a Total lobbying expenditures to influence	public opinion (grass ro	ots lobbying)				
b Total lobbying expenditures to influence	a legislative body (direc	t lobbying)				
c Total lobbying expenditures (add lines 1	a and 1b)					
d Other exempt purpose expenditures						
e Total exempt purpose expenditures (add	l lines 1c and 1d)					
f Lobbying nontaxable amount Enter the columns	amount from the following	ng table in both				
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxa	ble amount is:				
Not over \$500,000	20% of the amount on li	ne 1e		1		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	\$100,000 plus 15% of the excess over \$500,000				
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	\$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 \$1,500,000		l		
Over \$17,000,000	\$1,000,000				<u></u>	
g Grassroots nontaxable amount (enter 25	% of line 1f)					
h Subtract line 1g from line 1a If zero or le	ss, enter -0-	1				
i Subtract line 1f from line 1c If zero or le	ss, enter -0-		<u> </u>			
j If there is an amount other than zero on	either line 1h or line 1i, c	did the organization file	Form 4720			
reporting section 4911 tax for this year?					Yes No	
	4-Year Averagns that made a sections below. See the in	• •	do not have to con	•	e	
	Lobbying Expendit	ures During 4-Yea	r Averaging Period			
Calendar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) Total	
2a Lobbying nontaxable amount						

Schedule C (Form 990 or 990-EZ) 2013

VIRGINIA AUTOMATIC MERCHANDISING 54-0803620 Schedule C (Form 990 or 990-EZ) 2013 Page 3 Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 Part II-B (election under section 501(h)). (a) (b) For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. Yes No **Amount** During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-A 501(c)(6). No Yes X 1 Were substantially all (90% or more) dues received nondeductible by members? X Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 X 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 501(c)(5), or section Part III-B 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes." 24,775 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a a Current year 2b b Carryover from last year 5,900 2c Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 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?

Supplemental Information

5 Taxable amount of lobbying and political expenditures (see instructions)

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5; Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

5

-2,509

Schedule C (Form 990 or 990-EZ) 2013

VIRGINIA AUTOMATIC MERCHANDISING

54-0803620

Page 4

Part IV Supplemental Information (continued)

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service

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

rm990. Inspection

OMB No 1545-0047

2013

Open to Public

Name of the organization

**MISCELLANEOUS** 

VIRGINIA AUTOMATIC MERCHANDISING ASSOCIATION, INC.

Employer identification number

54-0803620

FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES

DESCRIPTION AMOUNT **EXPENSES** INFORMATION TECHNOLOGY Ŝ 34 263 TRAVEL CONFERENCES/MEETINGS 1,400 \$ **INSURANCE** 705 BANK SERVICE CHARGES Ŝ 346 DUES AND SUBSCRIPTIONS 500 **AWARDS** Ś 130 STATE TAXES 10

FORM 990-EZ, PART I, LINE 20 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES

DESCRIPTION

AMOUNT

UNREALIZED GAIN ON INVESTMENTS

\$ 187

Ś

TOTAL S

42

3,430

FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

PROMOTE THE BEST INTERESTS OF THE VENDING INDUSTRY, FOSTER

FAIR AND FREE COMPETITION, PROVIDE A FORUM FOR EXCHANGING

IDEAS AND SUGGESTIONS FOR THE BENEFIT OF THE INDUSTRY AND

THE GENERAL PUBLIC, ENHANCE PROFESSIONALISM AND IMPROVE

THE PERFORMANCE OF MEMBER COMPANIES