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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

OMB No 1545-0047

2013Open to Public
Inspection**A** For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014****B** Check if applicable

- ☐ Address change
☒ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization**AUTO CARE ASSOCIATION**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

7101 WISCONSIN AVENUE

Room/suite

1300

City or town, state or province, country, and ZIP or foreign postal code

BETHESDA, MD 20814**F** Name and address of principal officer **KATHLEEN SCHMATZ**
SAME AS C ABOVE**D** Employer identification number**52-2172219****E** Telephone number**301-654-6664****G** Gross receipts \$**43,724,245.****H(a)** Is this a group return

for subordinates?

☐ Yes☒ No**H(b)** Are all subordinates included?☐ Yes☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number**I** Tax-exempt status ☐ 501(c)(3) ☒ 501(c)(6) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.AUTOCARE.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **1999** **M** State of legal domicile: **IL****Part I Summary**

1 Briefly describe the organization's mission or most significant activities: TO SERVE THE AUTO CARE INDUSTRY BY EXPANDING THE CONSUMER MARKET AND PRESERVING AND ENHANCING THE	
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
3 Number of voting members of the governing body (Part VI, line 1a)	3 29
4 Number of independent voting members of the governing body (Part VI, line 1b)	4 29
5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5 46
6 Total number of volunteers (estimate if necessary)	6 400
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 59,965.
b Net unrelated business taxable income from Form 990-T, line 34	7b -12,207.
8 Contributions and grants (Part VIII, line 1h)	8 1,415.
9 Program service revenue (Part VIII, line 2g)	9 15,443,536.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10 1,861,994.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11 65,682.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12 17,372,627.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13 545,950.
14 Benefits paid to or for members (Part IX, column (A), line 4)	14 0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15 5,344,212.
16a Professional fundraising fees (Part IX, column (A), line 11e)	16a 0.
b Total fundraising expenses (Part IX, column (D), line 25)	b 0.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17 9,418,655.
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	18 15,308,817.
19 Revenue less expenses Subtract line 18 from line 12	19 2,063,810.
20 Total assets (Part X, line 16)	20 30,170,937.
21 Total liabilities (Part X, line 26)	21 7,181,794.
22 Net assets or fund balances Subtract line 21 from line 20	22 22,989,143.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer 	Date 5-15-15
Paid Preparer Use Only	Print/Type preparer's name DAVID TRIMMER	Preparer's signature
	Firm's name CLIFTONLARSONALLEN LLP	Date 5-14-2015
	Firm's address 4250 N. FAIRFAX DRIVE, SUITE 1020 ARLINGTON, VA 22203	Check if self-employed <input type="checkbox"/> PTIN P00444822
		Firm's EIN 41-0746749
		Phone no. 571-227-9500

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

☒ Yes ☐ No

332001 10-29-13

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2013)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

1/25

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

☒**1** Briefly describe the organization's mission:

AUTO CARE ASSOCIATION CONNECTS ITS MEMBERS TO EACH OTHER, THE AUTO CARE INDUSTRY AND CONSUMERS. AUTO CARE ASSOCIATION HELPS EMPOWER ITS MEMBERS WITH ACCESS TO THE RIGHT SUPPLIERS, CUSTOMERS, PRODUCTS, PROGRAMS, AND RESOURCES TO HELP THEIR BUSINESSES THRIVE. AUTO CARE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported**4a** (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

GOVERNMENT AFFAIRS: AUTO CARE ASSOCIATION'S GOVERNMENT AFFAIRS PROGRAM REPRESENTS THE AUTO CARE INDUSTRY AND ITS MEMBERS' INTERESTS BEFORE FEDERAL AND STATE LEGISLATORS AND REGULATORS TO ENSURE THAT THEIR CONCERNS ARE RECOGNIZED AND UNDERSTOOD BY THE COUNTRY'S DECISION MAKERS. AUTO CARE ASSOCIATION ACTIVELY COMMUNICATES WITH LEGISLATORS AND LOBBIES FOR GOVERNMENT POLICIES THAT ARE FAVORABLE TO AFTERMARKET BUSINESS. AUTO CARE ASSOCIATION IS COMMITTED TO A COMPREHENSIVE PROGRAM THAT CUTS THROUGH THE REGULATORY MAZE AND HELPS RALLY ITS MEMBERS FOR KEY INDUSTRY ISSUES AND HAVE THEIR VOICES BE HEARD. THROUGH ITS "RIGHT TO REPAIR CAMPAIGN", AUTO CARE ASSOCIATION IS LEADING THE PROGRESS OF VOICING THE SUPPORT OF THE AUTO CARE INDUSTRY OF THE RIGHT TO REPAIR LEGISLATION THAT WOULD GIVE CAR OWNERS MORE OPTIONS OUTSIDE OF

4b (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

TECHNOLOGY STANDARDS: AUTO CARE ASSOCIATION'S MISSION IS TO DEVELOP TECHNOLOGY STANDARDS AND BEST PRACTICES THAT LOWER COSTS AND INCREASE EFFICIENCIES IN THE VEHICLE AFTERMARKET INDUSTRY. AUTO CARE ASSOCIATION HAS TAKEN A LEADERSHIP ROLE IN DEVELOPING STANDARDS AND BEST PRACTICES IN E-COMMERCE AND TECHNOLOGY TO HELP LOWER THE COST OF BUSINESS AND INCREASE EFFICIENCIES IN THE AFTERMARKET VALUE CHAIN. THROUGH THE LEADERSHIP OF THE AUTO CARE ASSOCIATION TECHNOLOGY STANDARDS AND SOLUTIONS COMMITTEE, THE ASSOCIATION HAS DEVELOPED TOOLS AND PRACTICES THAT HAVE COME TO BE RECOGNIZED AS INDUSTRY STANDARD. STANDARDS DEVELOPED SPECIFICALLY FOR THE AUTO CARE INDUSTRY ACCELERATE THE ADOPTION OF TECHNOLOGY AND LOWER THE COST OF INTEGRATION. AUTO CARE ASSOCIATION SERVES AS A NEUTRAL FACILITATOR ALLOWING COMPETITORS AND

4c (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

MARKET RESEARCH: AUTO CARE ASSOCIATION'S MARKET RESEARCH PROGRAM COLLECTS, ANALYZES, DISSEMINATES, AND DISTRIBUTES INDUSTRY DATA THAT ADDRESS VARIED INFORMATION NEEDS OF AUTO CARE ASSOCIATION MEMBERS. IT ASSESSES TRENDS THAT ARE RESHAPING THE AFTERMARKET INDUSTRY AND PROVIDES IN-DEPTH AND TIMELY REPORTS TO HELP MEMBERS FROM ALL SEGMENTS OF THE AFTERMARKET STRATEGICALLY POSITION THEIR COMPANY FOR THE FUTURE. AUTO CARE ASSOCIATION'S UNIQUE RESEARCH PROGRAMS OFFER UNPARALLELED INFORMATIONAL EXPERTISE WHERE BENCHMARK RESEARCH TRACKS NEARLY 20 YEARS OF DISTRIBUTION CHANGES AND SALES FORECASTS. A FULL RANGE OF PRODUCT OFFERINGS IS PRODUCED TO IMPROVE MEMBER INTELLIGENCE ABOUT THE AFTERMARKET INDUSTRY WHILE IT CONTINUES TO ASSIST ITS MEMBERS WITH THEIR RESEARCH NEEDS BY IDENTIFYING, ORGANIZING, AND ANALYZING FOCUSED

4d Other program services (Describe in Schedule O)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		
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>	X	
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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Part IV Checklist of Required Schedules (continued)

	Yes	No
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	X	
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		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
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		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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		
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		
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		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c 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		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
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		X
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	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
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	X	
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		
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		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	25	
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	46	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O.	X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d If "Yes," indicate the number of Forms 8282 filed during the year.		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9 Sponsoring organizations maintaining donor advised funds.		
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?		
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12.		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11 Section 501(c)(12) organizations. Enter:		
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).		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a 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.		
14a Did the organization receive any payments for indoor tanning services during the tax year?		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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

Check if Schedule O contains a response or note to any line in this Part VI

☒**Section 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.		
1b 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?		X
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?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?	X	
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?	X	
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
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		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
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?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	X	
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	X	
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	X	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **SUSAN MEDICK - 301-654-6664**
7101 WISCONSIN AVENUE SUITE 1300, BETHESDA, MD 20814

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TIMOTHY LEE CHAIRMAN	5.00 1.00	X		X				0.	0.	0.
(2) RICHARD J. JAGO VICE CHAIRMAN	5.00 1.00	X		X				0.	0.	0.
(3) MIKE CARLET VICE PRESIDENT	5.00 1.00	X		X				0.	0.	0.
(4) SCOTT LEPROHON VICE PRESIDENT	5.00 1.00	X		X				0.	0.	0.
(5) JOHN WASHBISH, AAP VICE PRESIDENT	5.00 1.00	X		X				0.	0.	0.
(6) CAL WILKINS VICE PRESIDENT	5.00 1.00	X		X				0.	0.	0.
(7) IRA DAVIS SECRETARY	5.00 1.00	X		X				0.	0.	0.
(8) MICHAEL KLEIN TREASURER	5.00 1.00	X		X				0.	0.	0.
(9) THOMAS BEER DIRECTOR	1.00 0.00	X						0.	0.	0.
(10) CURTIS DRAPER DIRECTOR	1.00 0.00	X						0.	0.	0.
(11) JIM DYKSTRA DIRECTOR	1.00 0.00	X						0.	0.	0.
(12) MARK FINESTONE DIRECTOR	1.00 0.00	X						0.	0.	0.
(13) MIKE FITZGERALD DIRECTOR	1.00 0.00	X						0.	0.	0.
(14) TODD HACK DIRECTOR	1.00 0.00	X						0.	0.	0.
(15) PATRICIA LAW DIRECTOR	1.00 0.00	X						0.	0.	0.
(16) WILLIAM MAGGS DIRECTOR	1.00 0.00	X						0.	0.	0.
(17) ROGER MCCOLLUM DIRECTOR	1.00 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) TOM PERRY DIRECTOR	1.00 0.00	X						0.	0.	0.
(19) F. SCOTT PLETZ DIRECTOR	1.00 0.00	X						0.	0.	0.
(20) JOHN QUIRK DIRECTOR	1.00 0.00	X						0.	0.	0.
(21) SHERRI RAINS DIRECTOR	1.00 0.00	X						0.	0.	0.
(22) DON REIMONDO DIRECTOR	1.00 0.00	X						0.	0.	0.
(23) RICHARD SCHWARTZ DIRECTOR	1.00 0.00	X						0.	0.	0.
(24) DAVID T. SEGAL, AAP DIRECTOR	1.00 0.00	X						0.	0.	0.
(25) MIKE SWEARENGIN DIRECTOR	1.00 0.00	X						0.	0.	0.
(26) TIMOTHY TRUDOWSKI DIRECTOR	1.00 0.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								1,797,117.	0.	322,172.
d Total (add lines 1b and 1c)								1,797,117.	0.	322,172.

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

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- 3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 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

	Yes	No
3		X
4	X	
5		X

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.

(A) Name and business address	(B) Description of services	(C) Compensation
GMMB 3050 K ST NW, STE 100, WASHINGTON, DC 20007	REBRANDING, MARKETING	416,942.
PRICEDEX SOFTWARE, INC., 1864 HWY 2 E, BOX 458, BROCKVILLE, ONTARIO, CANADA K6V 5V6	PROJECT MANAGEMENT-DATA BASE	314,348.
ROLAND BERGER STRATEGY CONSULTANTS, LLC, 37000 WOODWARD AVE, STE 200, BLOOMFIELD	MARKET ASSESSMENT	218,540.
MOTOR INFORMATION SYSTEMS PO BOX 277697, ATLANTA, GA 30384	COMPUTER SERVICES	164,375.
STRATEGIC MANAGEMENT SERVICES 9 PARK ST, 5TH FL, BOSTON, MA 02108	PR, GRASSROOTS LOBBYING	150,000.

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

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SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2013)

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line 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
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,415.			
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		1,415.			
	Program Service Revenue	2 a SHOW AND SHOW EVENTS	Business Code 900099	8,358,989.	8,358,989.	
b MEMBERSHIP DUES		900099	3,807,593.	3,807,593.		
c CONFERENCES		900099	2,251,688.	2,251,688.		
d TECHNOLOGY STANDARDS		990099	925,541.	925,541.		
e PUBLICATIONS		541800	99,725.	51,760.	47,965.	
f All other program service revenue						
g Total. Add lines 2a-2f			15,443,536.			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		560,985.		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties		4,129.			4,129.
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)		1,301,009.			1,301,009.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
		b Less direct expenses				
		c Net income or (loss) from fundraising events				
	9 a Gross income from gaming activities See Part IV, line 19	a				
		b Less direct expenses				
		c Net income or (loss) from gaming activities				
	10 a Gross sales of inventory, less returns and allowances	a				
b Less cost of goods sold						
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11 a MISCELLANEOUS	900099	38,818.			38,818.	
b MANAGEMENT FEES	900099	12,000.		12,000.		
c AIA INDUSTRY AWARDS	900099	10,735.			10,735.	
d All other revenue						
e Total. Add lines 11a-11d		61,553.				
12 Total revenue. See instructions.		17,372,627.	15,395,571.	59,965.	1,915,676.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

☒ X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	545,950.			
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,045,700.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,987,904.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	294,502.			
9 Other employee benefits	764,914.			
10 Payroll taxes	251,192.			
11 Fees for services (non-employees)				
a Management				
b Legal	116,682.			
c Accounting	52,606.			
d Lobbying	309,841.			
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	176,935.			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,709,804.			
12 Advertising and promotion	306,522.			
13 Office expenses	606,289.			
14 Information technology	463,087.			
15 Royalties				
16 Occupancy	545,476.			
17 Travel	326,494.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,529,342.			
20 Interest	76.			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	133,143.			
23 Insurance	74,836.			
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.)				
a EQUIPMENT REPAIRS	22,144.			
b SPONSORSHIPS	15,727.			
c LICENSES AND TAXES	15,044.			
d EQUIPMENT RENTALS	8,112.			
e All other expenses	6,495.			
25 Total functional expenses. Add lines 1 through 24e	15,308,817.			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	150.	1	4,260,674.
	2 Savings and temporary cash investments	4,222,231.	2	525,816.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	616,145.	4	443,536.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	429,656.	9	754,279.
	10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	10a 1,359,180.		
	b Less accumulated depreciation	10b 993,214.	10c	365,966.
	11 Investments - publicly traded securities	20,659,207.	11	23,820,666.
	12 Investments - other securities See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	26,156,594.	16	30,170,937.	
Liabilities	17 Accounts payable and accrued expenses	1,045,244.	17	969,821.
	18 Grants payable		18	
	19 Deferred revenue	5,260,374.	19	6,211,973.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	6,305,618.	26	7,181,794.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	19,850,976.	27	22,989,143.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	19,850,976.	33	22,989,143.
34 Total liabilities and net assets/fund balances	26,156,594.	34	30,170,937.	

Form 990 (2013)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	17,372,627.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,308,817.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,063,810.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	19,850,976.
5	Net unrealized gains (losses) on investments	5	1,073,921.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	436.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	22,989,143.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

☐1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both

☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant?

If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both

☐ 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 oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

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?

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

Yes No

2a

X

2b

X

2c

X

3a

X

3b

Form 990 (2013)

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.**

OMB No 1545-0047

2013

**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.

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III

Name of organization

AUTO CARE ASSOCIATION

Employer identification number

52-2172219

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ 0.
- 3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
☐ Yes ☐ No
- 4a Was a correction made?
☐ Yes ☐ No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ 0.
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ 0.
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter 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 number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV

(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-

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

Schedule C (Form 990 or 990-EZ) 2013

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11-08-13

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount Enter the amount from the following table in both columns			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$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 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		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a. If zero or less, enter -0-			
i Subtract line 1f from line 1c. If zero or less, enter -0-			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			

☐ Yes ☐ No
4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2013

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013Open to Public
Inspection

Name of the organization

AUTO CARE ASSOCIATION

Employer identification number

52-2172219**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ☐ _____ %

b Permanent endowment ☐ _____ %

c Temporarily restricted endowment ☐ _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		20,821.	18,761.	2,060.
d Equipment		408,245.	309,435.	98,810.
e Other		930,114.	665,018.	265,096.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))				365,966.

Schedule D (Form 990) 2013

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Schedule D (Form 990) 2013

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information.

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

PART X, LINE 2:

AUTO CARE HAS BEEN GRANTED EXEMPTION BY THE INTERNAL REVENUE SERVICE (IRS) FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(6) OF THE INTERNAL REVENUE CODE (IRC). AUTO CARE IS REQUIRED TO REPORT UNRELATED BUSINESS INCOME TO THE IRS.

THE ASSOCIATION FOLLOWS THE ACCOUNTING STANDARD REGARDING THE RECOGNITION AND MEASUREMENT OF UNCERTAIN TAX POSITIONS. THE ASSOCIATION EVALUATED ITS TAX POSITIONS AND DETERMINED THAT ITS POSITIONS ARE MORE-LIKELY-THAN-NOT TO BE SUSTAINED ON EXAMINATION. THE ASSOCIATION'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AND STATE AUTHORITIES. THE TAX RETURNS FOR THE FISCAL YEARS ENDED JUNE 30, 2011 THROUGH 2013 ARE OPEN TO

Part XIII Supplemental Information *(continued)*

EXAMINATION BY FEDERAL AND STATE AUTHORITIES.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**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.

OMB No 1545-0047

2013

Open to Public
Inspection

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

Name of the organization

AUTO CARE ASSOCIATION

Employer identification number
52-2172219

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUTOMOTIVE HALL OF FAME 21400 OAKWOOD BLVD DEARBORN, MI 48124	38-3320345	501(C)(3)	7,000.	0.	N/A	N/A	ANNUAL SUPPORT
GLOBAL AUTOMOTIVE AFTERMARKET SYMPOSIUM - 7101 WISCONSIN AVE, STE 1300 - BETHESDA, MD 20814	26-1458377	501(C)(3)	10,000.	0.	N/A	N/A	SCHOLARSHIP AWARD
CAR CARE COUNCIL 7101 WISCONSIN AVE, STE 1300 BETHESDA, MD 20814	52-1250966	501(C)(3)	475,000.	0.	N/A	N/A	ANNUAL SUPPORT
NATIONAL AUTOMOTIVE TECHNICIANS EDUCATION FUND - 101 BLUE SEAL DR, STE 101 - LEESBURG, VA 20175	36-2957357	501(C)(3)	10,000.	0.	N/A	N/A	ANNUAL SUPPORT
THE AFTERMARKET FOUNDATION PO BOX 3889 TEQUESTA, FL 33469	23-6392256	501(C)(3)	35,500.	0.	N/A	N/A	ANNUAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **5.**

3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2013)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:
AUTO CARE ASSOCIATION REQUIRES MONTHLY REPORTING FROM ENTITIES, COPIES OF SOURCE DOCUMENTS AND CONTINUOUS UPDATES FROM RESPECTIVE COMMITTEE LEADERSHIP.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on 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.

OMB No 1545-0047

2013

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Inspection

Name of the organization

AUTO CARE ASSOCIATION

Employer identification number

52-2172219

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

☐ First-class or charter travel

☐ Housing allowance or residence for personal use

☐ Travel for companions

☐ Payments for business use of personal residence

☒ Tax indemnification and gross-up payments

☒ Health or social club dues or initiation fees

☒ Discretionary spending account

☒ Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

1b

Yes

No

X

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

2

Yes

No

X

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

☒ Compensation committee

☐ Written employment contract

☒ Independent compensation consultant

☒ Compensation survey or study

☒ Form 990 of other organizations

☒ Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization

a Receive a severance payment or change-of-control payment?

4a

Yes

No

X

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

4b

Yes

No

X

c Participate in, or receive payment from, an equity-based compensation arrangement?

4c

Yes

No

X

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

a The organization?

5a

b Any related organization?

5b

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

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of.

a The organization?

6a

b Any related organization?

6b

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

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

7

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

8

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

9

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

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.

PART I, LINE 1A:

\$9,000 IN AUTO ALLOWANCE FOR KATHLEEN SCHMATZ

\$4,800 IN AUTO ALLOWANCE FOR SUSAN MEDICK

\$11,764 IN PARTNER HEALTH COVERAGE FOR MICHAEL BARRATT

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

AUTO CARE ASSOCIATION

Employer identification number

52-2172219

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SALE OF GOODS AND SERVICES IN THE INDUSTRY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ASSOCIATION AND ITS MEMBER VOLUNTEERS PROVIDE LEADERSHIP AND A
RESPECTED VOICE FOR AND WITHIN THE AFTERMARKET INDUSTRY. AUTO CARE
ASSOCIATION DOES ALL THIS BY OFFERING THE INDUSTRY'S HIGHEST-QUALITY
PROGRAMS AND SERVICES IN THE AREAS OF GOVERNMENT AFFAIRS, INFORMATION,
MARKET RESEARCH, TECHNOLOGY, EDUCATION AND TRAINING, INTERNATIONAL
SERVICES AND BUSINESS DEVELOPMENT.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

DEALERSHIPS FOR CAR REPAIRS. ITS LEGISLATIVE ACTION CENTER ALLOWS
MEMBERS TO CONTACT THEIR FEDERAL AND STATE ELECTED REPRESENTATIVES
ABOUT HOT ISSUES IN THE AUTO CARE INDUSTRY SUCH AS "PROTECT YOUR RIGHT
TO REPAIR," OPPOSING EFFORTS BY THE NATIONAL LABOR RELATIONS BOARD TO
TELL COMPANIES WHERE THEY CAN LOCATE THEIR BUSINESS; FIGHTING A
PROPOSAL TO END THE USE OF THE LIFO INVENTORY ACCOUNTING METHOD;
REGULARLY MONITORING CHEMICAL REGULATIONS IN VARIOUS STATES; AND THE
AUTO CARE ASSOCIATION IS TAKING PREEMPTIVE STEPS TO DISCUSS SOLUTIONS,
IN REGARDS TO TELEMATICS, AMONGST INTERNAL AND EXTERNAL STAKEHOLDERS AS
WELL AS DRIVE THE DEBATE ON CAPITOL HILL AND IN THE STATES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

TRADING PARTNERS FROM ALL INDUSTRY SEGMENTS TO COLLABORATE ON SOLUTIONS
THAT BENEFIT THE ENTIRE AFTERMARKET INDUSTRY. CATALOG STANDARDS OR

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2013)

332211
09-04-13

Name of the organization

AUTO CARE ASSOCIATION

Employer identification number

52-2172219

"ACES" DEVELOPED BY AUTO CARE ASSOCIATION ARE THE INDUSTRY STANDARD FOR THE MANAGEMENT AND EXCHANGE OF THE AUTOMOTIVE CATALOG AND VEHICLE DATA.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

INFORMATION IN RESPONSE TO TIME-SENSITIVE INQUIRIES. SOME OF THE MOST SUCCESSFUL PRODUCTS AVAILABLE TO AUTO CARE ASSOCIATION MEMBERS ARE THE AWARD WINNING DIGITAL FACTBOOK - A COMPREHENSIVE AND INTERACTIVE OVERVIEW OF THE AUTOMOBILE AFTERMARKET INDUSTRY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

AAPEX TRADE SHOW: AAPEX IS THE LARGEST, INDUSTRY-ONLY TRADE SHOW IN THE WORLD. MORE THAN 139,587 PEOPLE PARTICIPATED IN THE NOVEMBER 2013 EVENT AND 59,193 DOMESTIC AND INTERNATIONAL BUYERS ATTENDED THE SHOW. THE NUMBER OF EXHIBITORS IN 2013 WAS 2,394. DURING THE SHOW, THERE WERE 40 EDUCATIONAL SESSIONS OFFERED IN WHICH THE ATTENDEES COULD PARTICIPATE.

COMMUNICATIONS: AUTO CARE ASSOCIATION'S COMMUNICATIONS ENSURES THAT THE ASSOCIATION IS THE VOICE OF THE AUTO CARE INDUSTRY BY COMMUNICATING ON THE BEHALF OF MEMBERS THROUGH PERIODIC NEWSLETTERS AND MAGAZINES. THESE KEEP THE MEMBERS INFORMED OF THE OVERALL AFTERMARKET INDUSTRY, THEIR INDIVIDUAL SEGMENTS OF THE INDUSTRY, AND ASSOCIATION ACTIVITIES.

FORM 990, PART VI, SECTION A, LINE 1:

THE OFFICERS OF THE ASSOCIATION SHALL BE KNOWN AS THE EXECUTIVE COMMITTEE, WHICH COMMITTEE IN THE INTERIM PERIOD BETWEEN BOARD MEETINGS SHALL HAVE AND MAY EXERCISE THE AUTHORITY OF THE BOARD OF DIRECTORS IN THE MANAGEMENT OF THE ASSOCIATION AND SHALL REPORT ALL SUCH

Name of the organization

AUTO CARE ASSOCIATION

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52-2172219

ACTIONS TO THE BOARD AT THE NEXT MEETING FOLLOWING SUCH ACTION. NO MEMBER OF THE EXECUTIVE COMMITTEE SHALL SIT ON ANOTHER AUTOMOTIVE TRADE ASSOCIATION BOARD DURING THE ELECTED TERM AS AN OFFICER. THE INCOMING CHAIRMAN SHALL HAVE HAD EXECUTIVE COMMITTEE EXPERIENCE, AND THERE SHALL BE NO REQUIRED ROTATION OF CHAIRS. IN ADDITION THE EXECUTIVE COMMITTEE SHALL:

(A) ACT AS A FINANCE COMMITTEE WHICH SHALL PROVIDE RULES AND REGULATIONS FOR THE AUTHORIZATION OF EXPENDITURES AND THE APPROVAL OF VOUCHERS FOR THE PAYMENT OF MONEY, AND PRIOR TO THE END OF THE FISCAL YEAR TO PREPARE A SUGGESTED BUDGET FOR THE ENSUING FISCAL YEAR FOR APPROVAL BY THE BOARD OF DIRECTORS. ALL EXPENDITURES, PAYMENT OF MONEY AND FINANCIAL OBLIGATIONS OF THE ASSOCIATION ARE SUBJECT TO THE JURISDICTION OF THE FINANCE COMMITTEE, AND AN AUDIT OF THE BOOKS OF THE ASSOCIATION SHALL BE MADE BY A FIRM OF CERTIFIED PUBLIC ACCOUNTANTS AT LEAST ONCE EACH YEAR. THE CERTIFIED PUBLIC ACCOUNTANTS SELECTED BY THE ASSOCIATION SHALL BE REVIEWED AT LEAST EVERY FIVE YEARS. (B) TO ACT AS A LIAISON COMMITTEE IN ORDER TO DEVELOP AND MAINTAIN CORDIAL AND PRODUCTIVE RELATIONSHIPS WITH ALL INDUSTRY GROUPS. (C) TO ACT AS BYLAWS COMMITTEE IN ORDER TO ASSURE THAT THE ASSOCIATION'S BYLAWS ARE KEPT CONSISTENT WITH AND RESPONSIBLE TO POLICY CHANGES INITIATED AND APPROPRIATE WITHIN THE ORGANIZATION. (D) TO ACT AS A MEMBERSHIP DUES AND FEES COMMITTEE, RECOMMENDING DUES, FEES AND ASSESSMENTS FOR APPROVAL BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 4:

THE ORGANIZATION MADE A CHANGE TO ITS ORGANIZATIONAL DOCUMENTS TO REFLECT A CHANGE IN THE ORGANIZATION'S NAME SINCE THE PRIOR FORM 990 WAS FILED - FROM AUTOMOTIVE AFTERMARKET INDUSTRY ASSOCIATION (AAIA) TO AUTO CARE ASSOCIATION AS OF OCTOBER 6TH, 2014.

Name of the organization	Employer identification number
AUTO CARE ASSOCIATION	52-2172219

FORM 990, PART VI, SECTION A, LINE 6:

THERE IS ONLY ONE CLASS OF MEMBERSHIP. A PRIMARY CONTACT WILL BE IDENTIFIED FOR ALL ORGANIZATIONS THAT EMPLOYEE MORE THAN ONE INDIVIDUAL. THE PRIMARY CONTACT IS THE REPRESENTATIVE THAT WILL VOTE ON ALL MEMBERSHIP ISSUES, SUCH AS THE ANNUAL BOARD OF DIRECTORS SLATE.

FORM 990, PART VI, SECTION A, LINE 7A:

ALL MEMBER COMPANIES IDENTIFY THE PRIMARY CONTACT FOR THE ORGANIZATION. THAT INDIVIDUAL HAS THE VOTE FOR THE MEMBER. MEMBERS MAY APPROVE THE ELECTION OF OFFICERS AND DIRECTORS. EACH MEMBER COMPANY OF THE ASSOCIATION IS ENTITLED TO ONE VOTE, WHICH MAY BE BY PROXY OR IN PERSON.

FORM 990, PART VI, SECTION A, LINE 7B:

TEN PERCENT (10%) OF THE VOTING MEMBERS OF THE ASSOCIATION, IN GOOD STANDING, IN PERSON OR REPRESENTED BY PROXY, SHALL CONSTITUTE A QUORUM AT ALL MEETINGS OF THE MEMBERS OF THE ASSOCIATION FOR THE TRANSACTION OF BUSINESS PERTAINING TO THE ASSOCIATION, EXCEPT AS OTHERWISE PROVIDED BY LAW, BY THE ARTICLES OF INCORPORATION, OR THESE BYLAWS. EACH MEMBER OF THE ASSOCIATION, IN PERSON OR REPRESENTED BY PROXY, SHALL BE ENTITLED TO ONE VOTE.

FORM 990, PART VI, SECTION B, LINE 11:

THE AUDIT COMMITTEE WILL MEET WITH THE ASSOCIATION'S ACCOUNTING FIRM TO REVIEW THE FORM 990 ON BEHALF OF THE FULL BOARD.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL BOARD MEMBERS ARE REQUIRED TO SIGN A STATEMENT PRIOR TO ALL MEETINGS NOTING THAT ANY AND ALL CONFLICT OF INTERESTS HAVE BEEN

Name of the organization

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REPORTED TO THE BOARD OR TO THE ASSOCIATION'S GENERAL COUNSEL. AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE SHALL LEAVE THE GOVERNING BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS. AN INTERESTED PERSON MAY MAKE A PRESENTATION AT THE GOVERNING BOARD OR COMMITTEE MEETING, BUT AFTER THE PRESENTATION, HE/SHE SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT INVOLVING THE POSSIBLE CONFLICT OF INTEREST.

THE CHAIRPERSON OF THE GOVERNING BOARD OR COMMITTEE SHALL, IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER EXERCISING DUE DILIGENCE, THE GOVERNING BOARD OR COMMITTEE SHALL DETERMINE WHETHER THE ORGANIZATION CAN OBTAIN WITH REASONABLE EFFORTS A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST. IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE GOVERNING BODY OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE ORGANIZATION'S BEST INTEREST, FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR AND REASONABLE. IN CONFORMITY WITH THE ABOVE DETERMINATION IS SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT.

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION OF THE CEO IS REVIEWED BY THE COMPENSATION

332212
09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization	Employer identification number
AUTO CARE ASSOCIATION	52-2172219

COMMITTEE, WHICH IS MADE UP OF THE EXECUTIVE COMMITTEE MEMBERS. THE COMPENSATION COMMITTEE WILL USE OUTSIDE HR CONSULTANTS AND/OR SALARY SURVEYS TO BENCHMARK THE CEO'S COMPENSATION. BENCHMARKING OF THE CEO'S COMPENSATION WAS LAST PERFORMED IN 2014.

ALL SENIOR STAFF POSITIONS ARE REVIEWED BY THE CEO. ALL SALARIES ARE COMPARED TO INDUSTRY SALARY SURVEYS ON AN ANNUAL BASIS. BENCHMARKING OF THE ALL SENIOR STAFF'S SALARIES WAS DONE BY AN OUTSIDE FIRM IN 2012. SEVERAL POSITIONS WERE REVIEWED AND BENCHMARKED IN 2013.

FORM 990, PART VI, SECTION C, LINE 19:

AUTO CARE ASSOCIATION COMPLIES WITH THE PUBLIC INSPECTION REQUIREMENTS OF INTERNAL REVENUE CODE SECTION 6104 BY MAKING ITS FORM 1024, APPLICATION FOR RECOGNITION OF EXEMPTION UNDER SECTION 501(A), ITS DETERMINATION LETTER FROM THE IRS, AND THE FORMS 990 FOR ITS THREE MOST RECENTLY COMPLETED TAX PERIODS AVAILABLE TO THE PUBLIC UPON REQUEST. HOWEVER, AS SECTION 6104 DOES NOT REQUIRE ORGANIZATIONS EXEMPT UNDER SECTION 501(C)(6) TO DISCLOSE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES, OR FINANCIAL STATEMENTS, AUTO CARE ASSOCIATION HAS DECIDED NOT TO MAKE SUCH INFORMATION AVAILABLE FOR PUBLIC INSPECTION.

FORM 990, PART IX, LINE 11G, OTHER FEES:

COMMISSIONS	73,063.
HR OUTSOURCING	45,231.
MEMBER TRAINING	36,600.
MARKETING, RESEARCH, REBRANDING, TECHNICAL ADVISORS, ETC.	1,554,910.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,709,804.

Name of the organization

AUTO CARE ASSOCIATION

Employer identification number

52-2172219

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

TRANSFER OF NET ASSETS FROM AAPEC TO AUTO CARE ASSOCIATION

436.

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.

2013

Open to Public Inspection

Name of the organization

AUTO CARE ASSOCIATION

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

[illegible]

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

[illegible]

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

Schedule R (Form 990) 2013

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Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to related organization(s)**c** Gift, grant, or capital contribution from related organization(s)**d** Loans or loan guarantees to or for related organization(s)**e** Loans or loan guarantees by related organization(s)**f** Dividends from related organization(s)**g** Sale of assets to related organization(s)**h** Purchase of assets from related organization(s)**i** Exchange of assets with related organization(s)**j** Lease of facilities, equipment, or other assets to related organization(s)**k** Lease of facilities, equipment, or other assets from related organization(s)**l** Performance of services or membership or fundraising solicitations for related organization(s)**m** 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)**o** Sharing of paid employees with related organization(s)**p** Reimbursement paid to related organization(s) for expenses**q** Reimbursement paid by related organization(s) for expenses**r** Other transfer of cash or property to related organization(s)**s** Other transfer of cash or property from related organization(s)**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CAR CARE COUNCIL	B	475,000.FMV	
(2) CAR CARE COUNCIL	L	82,946.FMV	
(3) CAR CARE COUNCIL	O	82,946.FMV	
(4) CAR CARE COUNCIL	P	151,560.FMV	
(5)			
(6)	38		Schedule R (Form 990) 2013

Part VII Supplemental Information

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) RANDAL WARD DIRECTOR	1.00 0.00	X						0.	0.	0.
(28) SCOTT WEBB DIRECTOR	1.00 0.00	X						0.	0.	0.
(29) ROBERT F. EGAN, MAAP PAST CHAIRMAN	5.00 1.00	X		X				0.	0.	0.
(30) KATHLEEN SCHMATZ PRESIDENT & CEO	40.00 1.00			X				490,772.	0.	39,360.
(31) SUSAN MEDICK CFO/COO	40.00 5.00			X				209,596.	0.	34,883.
(32) RICHARD WHITE SENIOR VICE PRESIDENT	40.00 8.00				X			212,123.	0.	45,231.
(33) MICHAEL BARRATT SENIOR VICE PRESIDENT - MEETINGS	40.00 0.00					X		158,377.	0.	40,367.
(34) ARLENE DAVIS VICE PRESIDENT - MEETINGS & EVENTS	40.00 0.00					X		127,347.	0.	16,811.
(35) SUSAN KALISH SENIOR DIRECTOR - EDUCATION	40.00 0.00					X		131,244.	0.	37,530.
(36) AARON LOWE VICE PRESIDENT - GOVT AFFAIRS	40.00 0.00					X		167,446.	0.	46,482.
(37) SCOTT LUCKETT VICE PRESIDENT - TECHNOLOGY	40.00 0.00					X		165,217.	0.	20,765.
(38) GLEN NORTHUP SENIOR DIRECTOR - MEMBER RELATIONS	40.00 0.00					X		134,995.	0.	40,743.
Total to Part VII, Section A, line 1c								1,797,117.		322,172.