

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public

Department of the Treasury

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.

Inspection Internal Revenue Service ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. For the 2013 calendar year, or tax year beginning October 1 2013, and ending September 30 20 14 Check if applicable C Name of organization Illinois Manufacturing Excellence Center D Employer identification number Doing Business As Address change 37-1368934 Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change Initial return 1501 West Bradley Avenue 309-677-3765 П City or town, state or province, country, and ZIP or foreign postal code Terminated Amended return Peoria, IL 61625 G Gross receipts \$ 9,259,007 Application pending F Name and address of principal officer H(a) is this a group return for subordinates? Yes Vo No (Same as C above) H(b) Are all subordinates included? 🔲 Yes 🔲 No If "No," attach a list (see instructions) Tax-exempt status 501(c)(3) 🔲 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 Website: ▶ www.imec.org H(c) Group exemption number ▶ Form of organization
✓ Corporation
Trust
Association
Other ► L Year of formation 1996 M State of legal domicile. п Part I Summary Briefly describe the organization's mission or most significant activities: To operate for educational and charitable purposes Activities & Governance to increase the productivity and global competitiveness of manufacturing and technology-related firms and related industries. Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 14 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 42 Total number of volunteers (estimate if necessary) 6 0 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 0 Current Year Contributions and grants (Part VIII, line 1h) . 4.765.214 5,403,552 Program service revenue (Part VIII, line 2g) 2,304,844 3,848,518 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 6,937 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . n 0 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 7,075,204 9,259,007 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 4,154,601 4.676.712 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 41,001 95,073 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,673,335 3,909,561 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 6,868,937 8,681,346 19 Revenue less expenses. Subtract line 18 from line 12 206,267 577,661 End of Year Beginning of Current Year 20 Total assets (Part X, line 16) 3,426,342 4,727,682 21 Total liabilities (Part X, line 26) 1,374,829 22 Net assets or fund balances. Subtract line 21 from line 20 2,775,192 3.352.853 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 Signature of officer President Here لصيد Type or print name and title Print/Type preparer's name Preparer's signature Paid Check [] If self-employed Preparer Firm's name Firm's EIN ▶ Use Only Firm's address > Phone no May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☐ No

Statement of Program Service Accomplishments Check II Schedule Contains a response or note to any line in this Part III	Form 99	20 (2013)			Page 2
1 Binefly describe the organization's mission: To operate for educational and charitable purposes to increase the productivity and global competitiveness of manufacturing and technology-related firms and related industries that impact such enterprises. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2? 1 I "Ves," describe these new services on Schedule O 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? 1 I "Ves," describe these changes on Schedule O. 4 Describe the organization sprogram services accomplishments for each of its three largest program services, as measured to sevenese. 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. 4 (Code:) (Expenses \$ 7.890.993 including grants of \$ 4.60.2978) (Revenue \$ 3.848.518) The Illinois Manufacturing Excellence Center (MEC) is a not-for-graft organization dedicated to providing technical management and financial assistance as well as consulting and training services to manufacturing and technology-related firms, and to related indistributions to make the total expenses and the related informal assistance projects, 450 other completed informal assistance programs, and dissemination of information to more than 11,000 smaller manufacturers and manufacturing-related enterprises. 4 (Code:) (Expenses \$ including grants of \$) (Revenue \$) (Revenue \$) 4 (Code:) (Expenses \$ including grants of \$) (Revenue \$) (Revenue \$)	Part			art III	. 🗹
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27 If "Ves." describe these new services on Schedule O 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? 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(6)(3) and 501(6)(1) 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 7,880,993 including grants of \$ 4,60,278) (Revenue \$ 3,846,518) The Illinois Manufacturing Excellence Center (MEC) is a notificing profit organization dedicated to providing technical, management and financial assistance as well as consulting and training services to manufacturing and technology-related firms, and to related industrial that manufactures in enterprises. Activities during the period inclided service to 519 smaller manufacturers involving 433 technical assistance projects, 450 other completed informal assistance engagements, and dissemination of information to more than 11,000 smaller manufacturers and manufacturing related enterprises. 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) (Revenue \$) (Code:) (Expenses \$ including grants of \$) (Revenue \$) (Revenue \$)	1				
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27 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? If Yes," describe these changes on Schedule O 4 Describe the organization is program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(s) and 501(c)(d) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, it any for each program service reported. 4a (Code:) (Expenses \$ 7.880.993 including grants of \$ 4.602,978) (Revenue \$ 3.848.518) The Illinois Manufacturing Excellence Center (MKC) is a not-for-profit organization dedicated to providing sechnical, management and financial assistance as well as consulting and training services to manufacturing providing sechnical, management and financial assistance projects, 550 other completed informal assistance as well as consulting and interior and interior and interior of 19 and include manufacturers and manufacturing related enterprises. 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) (Code:) (Expenses \$ including grants of \$) (Revenue \$) (Code:) (Expenses \$ including grants of \$) (Revenue \$) (Code:) (Expenses \$ including grants of \$) (Revenue \$)					
prior Form 990 or 990-E27 Yes No If "Yes," describe these new services on Schedule O Jot 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. 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(d(3)) dragnizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported. Code: 1 (Expenses \$ 7.880,093 including grants of \$ 4.602.978) (Revenue \$ 3.846,519) The Illinois Manufacturing Excellence Center (MEC) is a not-for-profit organization dedicated to providing storal magaginers in functional assistance as well as consuling and training services to manufacturing and technology related firms, and to related industries that impact such enterprises. Activities during the period include service to \$19 smaller manufacturers moviving 433 technical assistance projects, 490 other completed information disclarations, and dissemination of information to more than 11,000 smaller manufacturers and manufacturing-related enterprises. 4b (Code: 1) (Expenses \$ including grants of \$ 1) (Revenue \$ 1) (Code: 1) (Expenses \$ including grants of \$ 1) (Revenue \$ 1) (Code: 1) (Expenses \$ including grants of \$ 1) (Revenue \$ 1) (Code: 1) (Expenses \$ including grants of \$ 1) (Revenue \$ 1) (Code: 1) (Expenses \$ including grants of \$ 1) (Revenue \$ 1)		and technology-related firms and related	d industries that impact such enterprises.		
It "Ves," describe these new services on Schedule O Dit the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. 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 evenue, if any, for each program service reported services (5) ser	2				——– ☑ No
services? If "Yes," describe these changes on Schedule O. 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 evenue, if any, for each program service reported. 4a. (Code:) (Expenses \$	_	If "Yes," describe these new services	on Schedule O	_	
4a (Code:) (Expenses \$ 7.880.993 including grants of \$ 4.692.978) (Revenue \$ 3.848.518) The Illinois Manufacturina Excellence Center (MEC) is a not-for-profit organization dedicated to providing technical, management and financial assistance as well as sonsulting and training services to manufacturing and training services to manufacturing and training services to manufacturing and technology-related firms, and to related industries that impact such enterprises. Activities during the period include service to 519 smaller manufacturers involving 423 technical assistance projects, 550 other completed informal essistance are gasgienests, and dissemination of information to more than 11,000 smaller manufacturers and manufacturing-related enterprises. 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe in Schedule Q.) (Expenses \$ including grants of \$) (Revenue \$)	3	services?			 ✓ No
The Illinois Manufacturine Excellence Center (MEC) is a not-for-grofit organization dedicated to providing technical, management and financial assistance as well as consulting and training services to manufacturing and technology-related firms, and to related industries that impact such enterprises. Activities during the period include service to 519 smaller manufacturing 423 technical assistance projects, 450 other completed informal assistance engagements, and dissemination of information to more than 11,000 smaller manufacturing related enterprises. 4b (Code) (Expenses \$	4	Describe the organization's program expenses. Section 501(c)(3) and 501(d)	service accomplishments for each of its c)(4) organizations are required to repo		
Innancial assistance as well as consulting and training services to manufacturing and technology-related firms, and to related industries that impact such enterprises. Activities during the period include service to 519 smaller manufacturers involving 423 technical assistance projects, 450 other completed informal assistance engagements, and dissemination of information to more than 11,000 smaller manufacturers and manufacturing-related enterprises. 4b (Code) (Expenses \$	4a				
4c (Code:) (Expenses \$		financial assistance as well as consulting industries that impact such enterprises, technical assistance projects, 450 other than 11,000 smaller manufacturers and in the such enterprises.	g and training services to manufacturing Activities during the period include servi completed informal assistance engageme manufacturing-related enterprises.	and technology-related firms, and to related ce to 519 smaller manufacturers involving 42 nts, and dissemination of information to mor	3 e
4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	4b	(Code.) (Expenses \$	including grants of \$) (Revenue \$)
4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)					
(Expenses \$ including grants of \$) (Revenue \$)	4c	(Code·) (Expenses \$	including grants of \$) (Revenue \$.)
(Expenses \$ including grants of \$) (Revenue \$)					·
(Expenses \$ including grants of \$) (Revenue \$)					·
(Expenses \$ including grants of \$) (Revenue \$)					
(Expenses \$ including grants of \$) (Revenue \$)					
(Expenses \$ including grants of \$) (Revenue \$)					· • • • • • • • • • • • • • • • • • • •
(Expenses \$ including grants of \$) (Revenue \$)	4d	Other program services (Describe in S	Schedule O.)		
		(Expenses \$ including	grants of \$) (Revenue	\$)	

Form 99	(0 (2013)		1	Page 3
Part	Checklist of Required Schedules			
`1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
	complete Schedule A	_1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	√	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		√
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV			,
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	9		√
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable	10		V
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI			
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11a		√
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	-	1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		√
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u></u>	1
14 a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		✓
b	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
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? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		√
20 a		20a		1

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20b

Form **990** (2013)

Part	Checklist of Required Schedules (continued)			-3-
۷.			Yes	No
2 1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	✓	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		/
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	1	
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	<u> </u>

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check 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		;	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			·
0-	reportable gaming (gambling) winnings to prize winners?	1c	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			ļ
_	Statements, filed for the calendar year ending with or within the year covered by this return 2a 42	1	1	
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 <i>e-file</i> (see instructions) .	2b	V	-
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b	-	-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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?	6a		✓
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).	1	•	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			
_	•	7a		-
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b		-
·	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		 •
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		7
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Ť
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		ļ
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter.			
a b	Gross income from members or shareholders			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		ļ
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.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		

Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,	and		"No
rait	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
`	Check if Schedule O contains a response or note to any line in this Part VI			
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 14	<u>.</u>		
	If there are material differences in voting rights among members of the governing body, or			ļ
	if the governing body delegated broad authority to an executive committee or similar			1
	committee, explain in Schedule O.			1
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 1b 14 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	4	ĺ	1
_	any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct		<u> </u>	 •
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3	ĺ	1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Did the organization have members or stockholders?	6		✓
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		ĺ	
	one or more members of the governing body?	7a	<u> </u>	✓
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		ĺ	1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7b		ļ
Ü	the year by the following		ĺ	
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	✓	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	iue C)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	<u> </u>	/
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	/	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1	<u> </u>	<u> </u>
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	√	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	1	<u> </u>
13	Did the organization have a written whistleblower policy?	13	✓	<u> </u>
14 15	Did the organization have a written document retention and destruction policy?	14	✓	<u> </u>
13	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?		l	}
а	The organization's CEO, Executive Director, or top management official	15a	1	
b	Other officers or key employees of the organization	15b		
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		<u> </u>	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		ĺ	
	with a taxable entity during the year?	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		1	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		 	ļ
<u> </u>	organization's exempt status with respect to such arrangements?	16b		
<u>Secti</u>	List the states with which a copy of this Form 990 is required to be filed ► Illinois			
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 501/	c)(3)e	only
.0	available for public inspection. Indicate how you made these available. Check all that apply.	. 551(J,(J)3	Jiny
	☐ 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 int	erest	policy	y, 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. Readley University Controller's Office 1501 W Bradley Avenue Peoria II 61625 309-677-3490			

Form	990	(2013)	

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

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

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

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

☐ Check this box if neither the organization no	or any relate	d org	anız			omper	nsa	ted any curren	t officer, director	r, or trustee.	
				(C)						
(A)	(B)	١,,			ition	.1		(D)	(E)	(F)	
Name and Title	Average	(do not check more than one			Reportable	Reportable	Estimated				
	hours per		officer and a director/trustee)				compensation	compensation from	amount of		
	week (list any hours for	익호	2	Q	<u>~</u>	g.∓	-F	from the	related organizations	other compensation	
	related	dre	1	Officer	y e	등등	Former	organization	(W-2/1099-MISC)	from the	
	organizations		Institutional trustee	`	Key employee	Highest compensated employee	=	(W-2/1099-MISC)	-	organization	
	below dotted	ੋ ਫ਼ੁ	al tr]	ye	ğ		ļ		and related organizations	
	" '	itee	USt	t	"	ens				J	
			8			l ed					
		_									
(1) Jim Haley	6							1	}		
Director		✓	L	ļ.,	<u> </u>			0	0		0
(2) Jennifer Kalas	6										
Director		✓	_	<u> </u>	<u> </u>			0	0		0
(3) Scott Kelley	6										
Director		1	<u> </u>					0	0		_ 0
(4) Daryl Lindemann	.6					İ					
Director		✓			ļ			0	0		0
(5) Mike Loquercio	6	Į		ł	ļ	1 1					
Director		✓	L	┕	<u> </u>			0	0		0
(6) Ash Luthra	6										
Director		✓		L	L			0	0		0
(7) Larry Meeske	.6			1	ł	1		}	i	ı	
Director	<u> </u>	✓			<u> </u>			0	0	 ,	0
(8) Patrick Murzyn	6		1								
Director		✓			<u> </u>		_	0	0		0
(9) Dan Schueller	6	1	l	ł	ł	1 1		ł	ł		
Director		1		<u> </u>	<u> </u>			0	0		0
(10) Joe Shiver	6	ļ	1]			
Director		✓			<u> </u>			o	0		0
(11) Jeff Townsend	.6		ļ	-	ŀ	} }		ļ			
Director		✓		L				0	0		0
(12) Tom Welge	6]		"							
Director		✓		$oxed{oxed}$	<u> </u>			0	0		0
(13) Ed Wolbert	6			ł				}			
Director		✓_		L				0	0		0
(14) Richard Louis	.8			_							
Chairman				✓				<u> </u>	0		0

•	Section A. Officers, Directors, Trust (A)	(B)			Pos	C) ition			(D)	(E)			F)	_
	hours per			unles	neck more than one sperson is both an d a director/trustee) Reportable compensation compensation from related						rom	Estir	nated unt of	
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MIS		compe from organ and i	ther ensation in the eization related ization:	1
	ad Albrecht ice Chair	.8			1				0		0			0
	aig Zoberis	8			<u> </u>						1			
	ce Chair				✓	_		-	0	<u> </u>	0			0
	erry Wappelhorst ecretary/Treasurer	8			1				0		0			0
	avid Boulay	40												
(10)	resident	-			V			-	1,112		0	-		0
11.51														
(20)														
(21)												-	. <u></u>	
(22)														
(23)					-									
(24)														
(25)					-									-
1b	Sub-total	L			L	<u> </u>		>	1,112		0			0
C	Total from continuation sheets to Part	VII, Sectio	n A					•	0		0			0
								<u>\</u>	1.112		0			0
2	Total number of individuals (including but reportable compensation from the organi		to th	ose	e list	ed :	above	e) w	tho received m	ore than \$100),000 c	of		
													Yes	No
3	Did the organization list any former of employee on line 1a? <i>If "Yes," complete</i> 3							emp	-	est compens	sated	3		1
4	For any individual listed on line 1a, is the							n a			n the	-	_	_
	organization and related organizations	greater th	an \$1	150,	000	? /:	f "Ye	s, "	complete Sch	edule J for	such			
_	Individual	 r accrue co	omne	nesi	tion	 froi	m anı	 . un	 related organiz	 vation or indiv	udual	4		✓_
5	for services rendered to the organization											5		1
Section	on B. Independent Contractors							_						
1	Complete this table for your five highest compensation from the organization. Repyear.													ax
	(A) Name and business add	ress				_		_	(B) Description of s	ervices	Co	(C) ompens	ation	
Bradle	y University, 1501 W Bradley Ave., Peoria, IL	61625						En	nployment/Acco	unting				52,851
	ronous Management, 51 Seaside Ave , Milfor							_	nsulting/Trainin	<u> </u>				06,250
	ge Alliance, 645 Patriot Ave., Martinsville, V.F. ech, 1609 W. Wernsing Dr., Effingham, IL 624		-					$\overline{}$	nsulting nsulting/Trainin	la -				72,813 58,980
	. 690 Knox St . Suite 200, Torrance, CA 90502							Co	nsulting					24,445
2	Total number of independent contractor received more than \$100,000 of compens	rs (includir	ng bu	ıt n	ot	limit	ed to	th th	nose listed abo	ove) who				

Part	VIII					Dark VIIII		
		Check if Schedule C	contains a	response or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
its	1a	Federated campaigns	3	1a 0				
Contributions, Grits, Grants and Other Similar Amounts	b	Membership dues .		1b 0	1			
e š	С	Fundraising events .		1c 0		ł		
ar /	d	Related organizations	_	1d 0				
s, G	е	Government grants (con	_	1e 5,403,552	1 1			
ion	f	All other contributions, g						
the		and similar amounts not in	cluded above	1f o				
	g	Noncash contributions include	ded in lines 1a-1	f\$ o				
Co	h	Total. Add lines 1a-1	f		5,403,552			
ne				Business Code				
Program Service Revenue	2a	Client Projects		541900	3,848,518	3,848,518	0	0
æ	b							
vice	С							
Ser	d							
am	е							
ogra	f	All other program ser			0	0	0	0
Pr	g	Total. Add lines 2a-2	f	<u> </u>	3,848,518			
	3	Investment income	. •	lividends, interest,				
		and other similar amo	•		6,937	0	0	6,937
	4	Income from investmen	t of tax-exem	pt bond proceeds ►	0	0	0	0
	5	Royalties .		_	0	0	0	0
			(ı) Real	(ii) Personal				
	6a	Gross rents	ļ				1	
	Ь	Less: rental expenses					-	
	С	Rental income or (loss)						
	d	Net rental income or			0	0	0	
	7a	Gross amount from sales of	(i) Secunties	s (ii) Other				
	b	assets other than inventory Less cost or other basis		<u> </u>				
		and sales expenses						
	C	Gain or (loss)		1				
	d	Net gain or (loss) .			0	0	. 0	0
Other Revenue	8a	Gross income from fu events (not including \$ of contributions report See Part IV, line 18	ed on line 1c)	- a				
끍	b	Less direct expenses	s	b				
		Net income or (loss) f			0		0	0
	9a	Gross income from gassee Part IV, line 19		es a				
	b	Less: direct expenses	s	b				
	ı	Net income or (loss) f			0	0	0	0
	10a	Gross sales of in returns and allowance	•	a				
	ь	Less: cost of goods s		b				
	С	Net income or (loss) f	rom sales of	inventory .	0	0	0	0
		Miscellaneous F	Revenue	Business Code				
	11a							
	ь							
	С							
	d	All other revenue .			0	0	0	0
	е	Total. Add lines 11a-			0			
	12	Total revenue. See II	nstructions	<u> ▶</u>	9,259,007	3,848,518	0	
								Form 990 (2013)

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must con	nplete all columns A	III other organization	ns must complete co	lumn (A).
	Check if Schedule O contains a respon	se or note to any lir	ne in this Part IX .		🗸
	t include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21	4,676,712	4,676,712		
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22	0	0		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		· <u> </u>
5	Compensation of current officers, directors,				
_	trustees, and key employees	0	0	0	0
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	00.310	0 704	7.010	0
8	Pension plan accruals and contributions (include	88,316	80,704	7,612	
•	section 401(k) and 403(b) employer contributions)	اه	0	ا	•
9	Other employee benefits	0	0	0	
10	Payroll taxes	6,757	6,175	582	0
11	Fees for services (non-employees)				<u>_</u>
а	Management	-0	0	o	0
b	Legal	1,406	0	1,406	0
С	Accounting	16,600	1,000	15,600	0
d	Lobbying	48,000	48,000	0	0
е	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	0	0	0	
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	0	0	0	0
12	Advertising and promotion	5,938	5,938	0	
13 14	Office expenses	115,278	59,121	56,157	0
15	Royalties	0	0 0	0	0
16	Occupancy	24,914	90	24,824	0
17	Travel	253,435	242,021	11,414	0
18	Payments of travel or entertainment expenses	233,433	242,021	11,414	
	for any federal, state, or local public officials	اه	o	o	0
19	Conferences, conventions, and meetings	27,666	26,163	1,503	
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization .	0	0	0	0
23	Insurance	21,548	0	21,548	0
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	Contractual Services	3,345,586	2,759,336	586,250	0
b	Allocation of Line 1 Mgmt & Gen Expenses	0	(73,734)	73,734	0
C					
d	All other augustication				
е 25	All other expenses Misc Total functional expenses. Add lines 1 through 24e	49,190	48,567	623	0
25 26	Joint costs. Complete this line only if the	8,681,346	7,880,093	801,253	0
20	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if				
	following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pai	tX		🗆
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	1,756,346	1	3,099,111
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	1,268,334	3	1,095,609
	4	Accounts receivable, net	399,536	4	531,115
	5	Loans and other receivables from current and former officers, directors,		,	
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	0	5	0
ध	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
Assets	7	Notes and loans receivable, net	0	7	0
As	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	2,126	9	1,847
	10a	Land, buildings, and equipment: cost or			
		other basis Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b	0	10c	0
	11	Investments—publicly traded securities	. 0	i	0
	12	Investments—other securities See Part IV, line 11	0	$\overline{}$. 0
	13	Investments—program-related See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,426,342		4,727,682
	17 18	Accounts payable and accrued expenses	266,957		295,858
	19	Grants payable	384,193	18 19	545,294
	20	Tax-exempt bond liabilities	0	20	533, <u>677</u> 0
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0		0
S	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and		1	-
Ē		disqualified persons Complete Part II of Schedule L	0	22	0
Ξ.	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	651,150	26	1,374,829
_ sec		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.			
aŭ	27	Unrestricted net assets	2,775,192	27	3,352,853
Bal	28	Temporarily restricted net assets .	0	28	0
þ	29	Permanently restricted net assets	0	29	0
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ţ	32	Retained earnings, endowment, accumulated income, or other funds.		32	
Š	33	Total net assets or fund balances	2,775,192	33	3,352,853
	34	Total liabilities and net assets/fund balances	3,426,342	34	4,727,682 Form 990 (2013)

Page	12

	XI Reconciliation of Net Assets					ige 12
	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				9,007
2	Total expenses (must equal Part IX, column (A), line 25)	2				31,346
3	Revenue less expenses. Subtract line 2 from line 1	3				7,661
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4				5,192
5	Net unrealized gains (losses) on investments	5				0
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10			3,35	2,853
<u>Part</u>	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		<u>.</u>	
			_	_	Yes	No
1	Accounting method used to prepare the Form 990. Cash Accrual Other			1	- 1	
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın	ın]
	Schedule O					J
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	✓_	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were com	olled	or	- 1		ľ
	reviewed on a separate basis, consolidated basis, or both.					
	Separate basis Consolidated basis Both consolidated and separate basis				-, -	لا
þ	Were the organization's financial statements audited by an independent accountant?			2b	✓_	 ,
	If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both.	ea on	a	-		
	·		- }	1		
	Separate basis Consolidated basis Both consolidated and separate basis	(Orola	h.			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or of the audit, review, or compilation of its financial statements and selection of an independent accounts.			2c		
	If the organization changed either its oversight process or selection process during the tax year, ex			2C	✓	
	Schedule O.	piairi	"'			
2-	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	<u>,</u> -			
sa	the Single Audit Act and OMB Circular A-133?			3a	/	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under			oa	<u>*</u>	
D	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a			зь	,	
	The state of the s				000	(2013)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047 2013

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public

Inspection

Name	of the organization						j 1	Employer id	dentificatio	n number		
	is Manufacturing Ex									68934		
Par			rity Status (All orga				<u>-</u> _		nstruction	ons.		
1 2 3	A church, con	vention of churc cribed in section	ation because it is: (Fo thes, or association of i 170(b)(1)(A)(ii). (Attao spital service organiza	churche	s describi lule E.)	ed in sec	tion 170	(b)(1)(A)(i	i).			
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state											
5	5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)											
6 7	☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)											
8	A community	trust described i	n section 170(b)(1)(A)(vi). (Coi	mpiete Pa	art II.)						
9	receipts from support from	activities related gross investme	receives: (1) more the distribution of the transfer of the tra	tions—su lated bu	bject to o	certain e xable ind	xceptions come (les	s, and (2) ss sectio	no more	e than 3	31/3%	of its
10 11	An organization purposes of constant purposes of constant purposes of constant purposes and the constant purposes are constant purposes.	on organized are one or more put one or more put ock the box that b Type his box, I certify indation manage	d operated exclusively and operated exclusively oblicly supported organizers the type of the control of the con	ely for the nizations supporting the	ne benefi describe ng organi nally inte introlled o	t of, to of to of the contraction and the contraction and the contraction of the contract	perform ion 509(a d comple d r indirectl	the funct a)(1) or se ete lines 1 Type III-N y by one	tions of, ection 50 11e through Non-funct or more	9(a)(2). gh 11h. tionally i disquali	See se ntegra fied pe	ection ted ersons
f	organization, o	check this box								oe III su	pportii	ng . 🔲
g	following pers		he organization acce	pted any	gift or co	ontributio	n from a	iny of the	•			
			ndirectly controls, eit ody of the supported			her with	persons 	describe	d ın (ıı) aı	nd 11g(Yes	No
	(ii) A family m	ember of a pers	on described in (i) abo	ove? .						11g(
			a person described in							11g(i	11)	
h	Provide the fo	llowing informat	on about the support	ed organ	ızatıon(s).							
(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in col (i) li governing	organization sted in your document?	the orgai col (i) sup	ou notify nization in of your port?	organizat (i) organi U	Is the tion in col ized in the S?	(vii) Amoi s	unt of me support	onetary
				Yes	No	Yes	No	Yes	No			
(A)												
(B)												
(C)												
(D)								-				
(E)												
Total											•	

Schedule A (Form 990 or 990-EZ) 2013 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Gifts, grants, contributions, membership fees received. (Do not include any "unusual grants") . . 2,295,396 3,525,205 4,326,484 4,765,214 5,403,552 20,315,851 2 revenues levied organization's benefit and either paid to or expended on its behalf 0 The value of services or facilities furnished by a governmental unit to the organization without charge. 0 4 Total. Add lines 1 through 3 2,295,396 3,525,205 4,326,484 4.765.214 5.403.552 20.315.851 The portion of total contributions by each person (other than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 20,315,851 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 7 Amounts from line 4 2,295,396 3,525,205 4,326,484 4,765,214 5,403,552 20,315,851 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 37,617 15,724 6,313 6,937 71.737 Net income from unrelated business activities, whether or not the business is regularly carried on 0 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 0 Total support. Add lines 7 through 10 20,387,588 11 Gross receipts from related activities, etc. (see instructions) 12 12 12,380,269 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 14 99.65 % Public support percentage from 2012 Schedule A, Part II, line 14 . . . 15 99.63 % 331/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this **7** b 331/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more. check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

18

instructions .

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

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

Section	on A. Public Support			· · · · · · · · · · · · · · · · · · ·			
	dar year (or fiscal year beginning ın) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the			1			
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf .						
5	The value of services or facilities				i	1	
	furnished by a governmental unit to the						
	organization without charge			ļ <u>.</u> .			
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3					1	
	received from disqualified persons .		ļ	ļ			
b	Amounts included on lines 2 and 3						
	received from other than disqualified	1					
	persons that exceed the greater of \$5,000			•			
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b					ļ	
8	Public support (Subtract line 7c from			-			
	line 6.)		<u> </u>	<u> </u>	J	<u> </u>	
	on B. Total Support	(-) 0000	(h) 0010	(a) 0011	(4) 2012	(e) 2013	(f) Total
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(i) Total
9	Amounts from line 6	-		 			
10a	Gross income from interest, dividends, payments received on securities loans, rents,					1	
	royalties and income from similar sources						
h	Unrelated business taxable income (less			-			
b	section 511 taxes) from businesses		-				
	acquired after June 30, 1975						
С	Add lines 10a and 10b		-				
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income Do not include gain or				 		
	loss from the sale of capital assets						
	(Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
=	and 12)						
14	First five years. If the Form 990 is for the	he organizatio	n's first, secor	nd, third, fourth	n, or fifth tax y	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he	re	<u>.</u>				▶ 🗆
Secti	ion C. Computation of Public Suppo	rt Percentaç	ge			-	
15	Public support percentage for 2013 (line	8, column (f) c	divided by line	13, column (f))		15	<u></u> %
16	Public support percentage from 2012 Sc				<u> </u>	16	%
	ion D. Computation of Investment In	come Perce	entage			- ,	
17	Investment income percentage for 2013	(line 10c, colui	mn (f) divided b				%
18	Investment income percentage from 201	2 Schedule A,	Part III, line 17	'		18	%
19a	331/3% support tests - 2013. If the organ	nzation did no	t check the bo	x on line 14, a	ind line 15 is r	nore than 331/39	%, and line
	17 is not more than 331/3%, check this box	and stop here	e. The organizat	ion qualifies as	a publicly supp	orted organizati	on ▶ 🗌
b	331/3% support tests - 2012. If the organic	zation did not i	check a box on	line 14 or line	19a, and line 1	6 is more than 3	331/3%, and
	line 18 is not more than 331/3%, check this	box and stop	here. The orgar	nization qualifie	s as a publicly :	supported organ	ization 🕨 📋
20	Private foundation. If the organization d	id not check a	box on line 14	l, 19a, or 19b,	check this box	and see instru	ctions 🕨 🗌

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

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

2013

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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

	-	," to Form 990, Part IV, line 5 (Proxy	Tax) or Form 990-E	Z, Part V, line 35c (Proxy T	ax), then
	ection 501(c)(4), (5), or (6) orga of organization	anizations Complete Fart III		Employer iden	tification number
	Manufacturing Excellence	Contor			37-1368934
Part		e organization is exempt unde	er section 501(c		
1		the organization's direct and indirect			, ga <u>.</u>
2	Political expenditures .	_	•		•
3	Volunteer hours				·····
Part	I-B Complete if the	e organization is exempt unde	er section 501(c	c)(3).	
1		excise tax incurred by the organiza			
2		excise tax incurred by organization			·
3		ed a section 4955 tax, did it file For			. Yes No
4a	Was a correction made?				. Yes No
b	If "Yes," describe in Part				
Part		e organization is exempt und			(c)(3).
1	Enter the amount direct	ly expended by the filing organiz	ation for section	527 exempt function	
	activities .			▶ \$ _.	
2	Enter the amount of the	filing organization's funds contrib	uted to other org	anizations for section	
	527 exempt function acti	vities		. ▶ \$	
3	Total exempt function e	expenditures. Add lines 1 and 2.			
4	Did the filing organization	n file Form 1120-POL for this year?	?		Yes No
5	Enter the names, address	ses and employer identification nur	nber (EIN) of all se	ection 527 political organi	zations to which the filing
	organization made payme	ents. For each organization listed,	enter the amount	paid from the filing organi	zation's funds. Also enter
	the amount of political co	ontributions received that were pro-	mptly and directly	delivered to a separate p	olitical organization, such
	as a separate segregated	fund or a political action committee	ee (PAC) If additio	nal space is needed, prov	ide information in Part IV
	(a) Name	(b) Address	(c) EIN	- (d) Amount paid from	(e) Amount of political
				filing organization's funds If none, enter -0-	contributions received and promptly and directly
				Turius II riorie, enter -o-	delivered to a separate
					political organization If none, enter -0-
					none, enter-o-
(1)					
(2)					
(3)					
(4)		ļ		İ	
					-
(5)					
(6)		}	i		
		1		i .	1

Page 2

Schedule C (Form 990 or 990-EZ) 2013

Par	Complete if the organization section 501(h)).	is exempt ı	under section 50	01(c)(3) and file	d Form 5768 (elec	ction under
A (Check ► ☐ if the filing organization belo name, address, EIN, expens					up member's
в (Check 🕨 🗌 if the filing organization che			rol" provisions a	apply.	
	Limits on Lobby				(a) Filing	(b) Affiliated
	(The term "expenditures" mea			·	organization's totals	group totals
18						
t	 Total lobbying expenditures to influence a 	ı legislative bo	ody (direct lobbying	g)		
(Total lobbying expenditures (add lines 1a	and 1b)				
C	Other exempt purpose expenditures					
e			•			
f		ne amount fi	rom the following	table in both]	
	columns.					
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amoun	t is:		
	Not over \$500,000	20% of the an	nount 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		10% of the excess			
	Over \$1,500,000 but not over \$17,000,000		5% of the excess o	ver \$1,500,000		
	Over \$17,000,000	\$1,000,000				
ç	,	•				
ł	3					
i	Subtract line 1f from line 1c If zero or less	•				
j	If there is an amount other than zero or reporting section 4911 tax for this year?	on either line		the organization		Yes No
	(Some organizations that mad columns below. S	le a section 5 ee the instru	ctions for lines 2a	not have to com through 2f on p		
	Lobbying I	Expenditures	During 4-Year A	veraging Period	T	<u> </u>
	Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2	Lobbying nontaxable amount					
t	Lobbying ceiling amount (150% of line 2a, column (e))					
	: Total lobbying expenditures					
(Grassroots nontaxable amount					
	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

For a	(election under section 501(h)). ach "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(2	a)		(b)
		Yes	No	A	mount
1	During the year, did the filing organization attempt to influence foreign, national, state or local				
	legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
a	Volunteers?		1		
þ	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	✓			
C	Media advertisements?		✓		
q	Mailings to members, legislators, or the public?		✓		
6	Publications, or published or broadcast statements?		✓		
f	Grants to other organizations for lobbying purposes?	✓			17,920
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	✓			50,473
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✓		
i	Other activities?		1		
j	Total Add lines 1c through 1			<u> </u>	68,39
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		✓	 -	
þ	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 . If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part		(5))r 60	ction	
lait	501(c)(6).	(0), (JI 3C	Clion	
					Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	
2				2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	
Part	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OF answered "Yes."		Part		line 3, is
1 2	Dues, assessments and similar amounts from members	of	1		
а	Current year		2a		
b	Carryover from last year		2b		
С	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of				
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby				
_	and political expenditure next year?	•	4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5	L	
Provid	Supplemental Information e the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated groups, line 1 Also, complete this part for any additional information	ıp lıs	t); Pa	rt II-A,	ine 2; and
LOUDY	ng activities include·				
Part	I-B, 1b&g Used an independent consultant for legislative consulting services, including lobbying activitie	s Th	<u>ie ind</u>	epende	nt
consu	tant takes direction from and reports to the president of IMEC.				
Part	I-B, 1f: Membership dues/lobbying service to the American Small Manufacturers Coalition (ASMC). The Co	oaliti	on ha	s a lobb	ying
effort v	vhich benefits its members.				
	·				

	m 990 or 990-EZ) 2013	Page 4
Part IV	Supplemental Information (continued)	
<u>-</u> -		
		••••••
	······································	
·		

SCHEDULE D (Form 990)

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.

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection | Employer identification number

OMB No 1545-0047

Illinois	Manufacturing Excellence Center	37-1369834
Par	Organizations Maintaining Donor Advised Funds or Other Similar Fund	ds 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 he	eld in donor advised
	funds are the organization's property, subject to the organization's exclusive legal control	? Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that gran	t funds can be used
	only for charitable purposes and not for the benefit of the donor or donor advisor, or fo	
	conferring impermissible private benefit?	Yes No
Par	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).	
•	Preservation of land for public use (e.g., recreation or education) Preservation of	an historically important land area
	· · · · · · · · · · · · · · · · · · ·	a certified historic structure
	Preservation of open space	a certifica filatorio structure
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution	n in the form of a conservation
_	easement on the last day of the tax year.	Held at the End of the Tax Year
_	•	ALAKAR .
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)	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not of	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or term	ninated 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, insp	
	violations, and enforcement of the conservation easements it holds?	-
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 ease	ments during the year
	▶ \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of	f 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	
	balance sheet, and include, if applicable, the text of the footnote to the organization's final	ancial statements that describes the
	organization's accounting for conservation easements.	
Par	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, ed	ucation, or research in furtherance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements that	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its i	evenue statement and balance sheet
_	works of art, historical treasures, or other similar assets held for public exhibition, ed	
	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	
-	following amounts required to be reported under SFAS 116 (ASC 958) relating to these its	
_		
a	Revenues included in Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	· · · •

Schadu	le D (Form 990) 2013							
Pari		Callacti	one of Art His	torical 7	Francuras	O	thor Cimilar 1	Page 2
. 3	Using the organization's acquisition, collection items (check all that apply)	accession						
а	Public exhibition				or exchan	ge prog	jrams	
b	Scholarly research		е	☐ Othe	r			
C	Preservation for future generations							_
4	Provide a description of the organization XIII	tion's colle	ections and expl	ain how t	they further	the or	ganization's ex	empt purpose in Part
_					h			.1
5	During the year, did the organization assets to be sold to raise funds rather							
Dow				part of til	e organizat	ion's c	ollection? .	· U Yes U No
Pari	Complete of the organization 990, Part X, line 21.			m 990, F	Part IV, line	e 9, or	reported an a	mount on Form
1a	Is the organization an agent, trustee included on Form 990, Part X?						r other assets	
b	If "Yes," explain the arrangement in P	art XIII and	complete the fo	llowing t	able:			
			·	Ū				Amount
С	Beginning balance					10	c	
d	Additions during the year		•			10	d	
е	Distributions during the year .					16	е	
f	Ending balance					1:	f	
2a	Did the organization include an amoun							🗌 Yes 🔲 No
	If "Yes," explain the arrangement in P	art XIII Ch	eck here if the e	xplanatio	n has been	provid	ed in Part XIII	<u> </u>
Par	t V Endowment Funds.							
	Complete if the organization						1 (1) 71	
_	5	(a) Currer	it year (b) Pr	or year	(c) Two yea	irs back	(d) Three years ba	ck (e) Four years back
1a	Beginning of year balance .							
b	Contributions						 	
С	Net investment earnings, gains, and losses .							
	Grants or scholarships				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
е	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	End of year balance				<u> </u>		L	
2	Provide the estimated percentage of t			ce (line 1g	g, column (a	a)) held	as:	
a	Board designated or quasi-endowmen		%					
b	Permanent endowment	%	0.4					
С	Temporarily restricted endowment ►		%					
3a	The percentages in lines 2a, 2b, and 2 Are there endowment funds not in the organization by.		•	zation th	at are held	and ac	dministered for	the Yes No
	(i) unrelated organizations							. 3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" to 3a(II), are the related organ	izations lis	ted as required i	on Sched	lule R?			3b
4	Describe in Part XIII the intended uses							L 1
Par	Land, Buildings, and Equip Complete if the organization		d "Yes" to For	m 990 F	Part IV line	- 11a	See Form gan	Part X line 10
	Description of property	ı	Cost or other basis (investment)	(b) Cost	or other basis	(c)	Accumulated epreciation	(d) Book value
	-;···:			ļ , , ,	•	ļ <u>.</u>		

	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 .				
С	Leasehold improvements			•	
d	Equipment				
е	Other			<u> </u>	
Total.	Add lines 1a through 1e. (Column (d) must	equal Form 990, Part	X, column (B), line 10	(c)) >	

Part VII	Investments - Other Securities					· · · · · · · · · · · · · · · · · · ·
	Complete if the organization ans	wered "Yes" to For	m 990), Part IV, line	11b. See Form	990, Part X, line 12.
	(a) Description of security or categor (including name of security)	у	(b)	Book value	• •	thod of valuation I-of-year market value
(1) Financial	derivatives					
	neld equity interests					
(3) Other						<u> </u>
(A)						
(B)			ļ			
(C)						
(D)			-			
(E) (F)	•••••		-			
(G)		•••••				··· · · · · · · · · · · · · · · · · ·
(H)			 			
	b) must equal Form 990, Part X, col (B) line 12) ▶		 			
Part VIII	Investments—Program Relate	d.	l			
	Complete if the organization and		m 990). Part IV. line	11c. See Form	990. Part X. line 13.
	(a) Description of investment			Book value	(c) Me	thod of valuation I-of-year market value
(1)	· · · ·	•			-	
(2)					•	
(3)						
(4)						
(5)			ļ <u>.</u>			
(6)	········					
_(7)		,				
_(8)						
(9)	b) must equal Form 990, Part X, col. (B) line 13)		ļ			
Part IX	Other Assets.					
raitix	Complete if the organization ans	swered "Yes" to For	m 990). Part IV. line	11d. See Form	990. Part X. line 15.
	· · · · · ·	(a) Description		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(b) Book value
(1)						
(2)						
(3)						
(4)		· · · · · · · · · · · · · · · · · · ·				
_(5)						
_(6)	<u> </u>					
_(7)						
(8)	· · · · · · · · · · · · · · · · · · ·					
(9)	mn (b) must equal Form 990, Part X, o	col (R) line 15)				
Part X	Other Liabilities.		• •	<u></u>		L,
	Complete if the organization and line 25.	swered "Yes" to For	m 990), Part IV, line	e 11e or 11f. See	e Form 990, Part X,
1.	(a) Description of liability	(b) Book value				
(1) Federal ır	ncome taxes					
(2)						
(3)						
(4)						
(5)	- · · - ·	<u> </u>				
(6)						
(7)						
(8)						
	b) must equal Form 990, Part X, col (B) line 25.)	-				
	r uncertain tax positions. In Part XIII, prov	I	note to t	the organization	's financial stateme	ents that reports the
	s liability for uncertain tax positions unde					

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	er Return.	
1	Total revenue, gains, and other support per audited financial statements	. 1	9,259,007
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	· 	9,239,007
a	Net unrealized gains on investments		
b	Donated services and use of facilities	-	
c	Recoveries of prior year grants		
d	Other /December on Deat VIII.)		
e	Add lines 2a through 2d	. 2e	
3	Subtract line 2e from line 1	3	2 2 5 2 2 2 2
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	. 3 -	9,259,007
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
a		0	
b		<u>-V </u>	
С 5	Add lines 4a and 4b	· 4c 5	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Part			9,259,007
rait	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	per neturn.	
1	Total expenses and losses per audited financial statements	. 1	8,681,346
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	0	
b	Prior year adjustments	0	
С	Other losses	0	
d	Other (Describe in Part XIII) 2d	o	
е	Add lines 2a through 2d	2e	O
3	Subtract line 2e from line 1	. 3	8,681,346
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.		-,,
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	ol	
b	Other (Describe in Part XIII)	0	
c	Add lines 4a and 4b	. 4c	o
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	8,681,346
Part	XIII Supplemental Information.		
2, Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additiona	l information.	
			•
			••••••
			•••••
			•••••

chedułe D (Fo	orm 990) <u>2013</u>	Page 5
art XIII	Supplemental Information (continued)	
		· · · · · · · · · · · · · · · · · · ·
•		
		•••••

	•••••••••••••••••••••••••••••••••••••••	•••••••••••••••••••••••••••••••••••••••
· · · · · · · · · · · · · · · · · · ·		
••••		
		•••
		••^
	•	

·		
		••
		•

SCHEDULE (Form 990)

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

OMB No 1545-0047

% □ **Employer Identification numbe** ✓ Yes 37-1368934 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ► Attach to Form 990. the selection criteria used to award the grants or assistance? General Information on Grants and Assistance **Binois Manufacturing Excellence Center** Department of the Treasury Internal Revenue Service Name of the organization Partl

Part II Grants and Other Assistance to Government	ssistance to Go	vernments and	Organizations	n the United S	tates. Complete	the organization answ	is 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 it additional space is needed.	y recipient that	received more the	an \$5,000. Part	Il can be duplic	ated if additional	space is needed.	
1 (a) Name and addless of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(e) Amount of non- cash assistance (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) University of Illinois	27 6000511	11 30 0403	124 663 1				client services
(2) Northern Illinois University	100000-75	State of It	1,1720,1				
Dekalb, IL 60115	36-6008480	State of IL	1,426,644				client services
(3) Southern Illinois University							
Carbondale, IL 62901	37-6005961	State of IL	962,860				client services
(4) Bradley University							
Peoria, IL 61625	37-0661494	501(c)3	368,837				client services
(5) Tooling & Manuf. Assoc. (TMA)							
Park Ridge, IL 60068	36-1804560	501(c)6	200,000				client services
(6) IL Community College Board	***********	11 3 2 2 2 2 2 2 3	20.404				ممانحوه بمواح
Springfield, IL 62701	10-0068401	State of IL	124,043				chem services
(7) Calumet Area Industrial Council		3					-
Chicago, IL 60628	76-0801824	501(c)6	90,000				Client services
(8) North Branch Works							
Chicago, 1L 60614	36-4441222	501(c)3	11,557				client services
(6)							
(10)							
(11)							
(12)							
,,,,,							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	501(c)(3) and do	vernment organiza	tions listed in the l	ine 1 table			9
3 Enter total number of other organizations listed in the line	rganizations lister	In the line 1 table					. •

Schedule I (Form 990) (2013)

Cat No 50055P

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

Schedule I (Fr	Schedule I (Form 990) (2013)					Page 2
Part III	Grants and Other Assistance to Individuals Part III can be duplicated if additional space is	ividuals in the U	Inited States. Con	plete if the organiza	ation answered "Yes" to	in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
-						
7						
က						
4						
ro						
9						
7						
Part IV	Supplemental Information. Provide the inforr	the information re	nation required in Part I, line	le 2, Part III, column (b),	(b), and any other additional information.	onal Information.
Part 1, Line	Part 1, Line 2. The organization has subrecipients that assist in providing technical, management and financial assistance as well as consulting and training services to manufacturing	ssist in providing te	chnical, management	and financial assistanc	e as well as consulting and t	raining services to manufacturing
and techno	and technology-related firms and to related industries that impact s	at impact such enter	rprises in the State of	Illnois. The subrecipie	nts submit a monthly expend	uch enterprises in the State of Illinois. The subrecipients submit a monthly expenditure report that identifies their
expenditure	expenditures of Illinois Manufacturing Excellence Center (IMEC) funds for a particular month. The subrecipients also sign a certification statement that is part of the monthly expenditure	(IMEC) funds for a	particular month. The	subrecipients also sign	n a certification statement tha	it is part of the monthly expenditure
report that	report that states all outlays and unliquidated obligations are for the purpose set forth in the award document and all costs are allowable.	are for the purpose	e set forth in the award	document and all cost	s are allowable.	
Addition	Additionally, the IMEC president and/or other leadership staff meet with designated subrecipient staff on a periodic basis and all subrecipients are required to provide IMEC independent	ip staff meet with d	esignated subrecipien	t staff on a periodic ba	sis and all subrecipients are	required to provide IMEC independent
audits of fe	audits of federal funding.					

Schedule I (Form 990) (2013)

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

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

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

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number Illinois Manufacturing Excellence Center 37-1368934

Part	Complete if the	ne organization	answered "Ye	(c)(3) s" on	and sect Form 99	ion 501(c)(4 0, Part IV, I	ine 25	anizations only). Sa or 25b, or Fo	rm 990	0-EZ,	Part \	V, line	40b.	
1	(a) Name of disqualified	person	(b) Relationship be			person and		(c) Description	n of trer	saction	n		(d) Con	rected?
				organız.	ation			(c) sessingle	11 01 11 11	- Jackson	•		Yes	No
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
2	Enter the amount under section 4958		-	nizatio	n manag			ied persons du	_	ne ye				
3	Enter the amount o	of tax, if any, or	line 2, above,	reimb	ursed by	the organ	ızatıo	n		. 1	> \$			
Part	Complete if th	/or From Interne organization eported an am	answered "Ye	s" on				e 38a or Form 99	90, Pa	rt IV,	line 2	6; or 1	f the	
(a) Na	ime of interested person	(b) Relationship with organization	(c) Purpose of loan	fro	oan to or om the nization?	(e) Origir principal an		(f) Balance due	(g) In c	lefault?		ard or	(ı) Wı agreei	
			!	To	From	1			Yes	No	Yes	No	Yes	No
(1)	,	 		 	1				<u> </u>					
(2)		 			1	_								
(3)		 			-				1					
(4)		 			<u> </u>									
(5)					- 				†					
(6)			 	<u> </u>										
(7)					<u> </u>				†					
(8)			 	<u> </u>	<u> </u>			 -	 					l
(9)		 		<u> </u>										
(10)		 		 	<u> </u>		-							
Total		-		1	'		. ▶	\$	1		, ,	5 4-	14.4	, -
Part		sistance Bene ne organization	fiting Interest	ed Pe	rsons.		ine 2	7.	J		I		I. <u></u>	
(a)	Name of interested person		ship between inter and the organization		(c) Amount	of assistance		(d) Type of assistance	e	(e)) Purpo	se of a	ssistan	ce
(1)														
(2)														
(3)														
(4)	-													
(5)														
(6)														
(7)														
(8)														
(9)	- · · · · · · · · · · · · · · · · · · ·													
(10)				``-										

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organı reve	nanng o ization': enues?
(1) 0101			<u> </u>	Yes	
(1) David Boulay	Leased Employee	163,750	Compensation		1
(2)		<u> </u>			╁
(3)(4)					+
(5)					+
(6)				- 	+
(7)					1
(8)					
(9)					
10) Part V Supplemental Information					
Provide additional informat	versity (IMEC's fiscal agent) and			/r Boula	
nd IMEC is invoiced for his compensatio	n through a contractual arranger	nent between the tw	o entities. Other personnel lease	d to IME	<u>C</u>
o not meet the threshold noted in the ins	structions.		·	••••	
					<i>-</i>
dditionally, IMEC provides services und	er contract to board member con	npanies on a fee for	service basis on the same terms	as are	
enerally offered to the public There wer	re not any fee for service transac	tions that exceeded	the reporting threshold for Sched	ule L,	
art IV during the tax year		••••			
				·	
				••••	
				· 	
	·			····	
				· • • • • • • • • • • • • • • • • • • •	
				·	
,					

SCHEDULE 0 (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.

OMB No 1545-0047 2013

Employer Identification number

► Attach to Form 990 or 990-EZ. Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Illinois Manufacturing Excellence Center 37-1368934 --Form 990, Part III, 4a A significant portion of IMEC's costs are incurred by IMEC's subrecipients that assist the organization in transferring manufacturing technology to Illinois manufacturers. Of the \$4,676,712 in subrecipient expenditures, \$4,602,978 is classified as program service and \$73,734 is classified as general and administrative --Form 990, Part V, 1a Bradley University serves as the fiscal agent for IMEC. Per the instructions relating to reporting agents of the filing organization, the number reported on line 1a is the number of forms filed by the University for providers of services to IMEC for calendar year 2013 --Form 990, Part V, 2a Bradley University has been granted authority to perform the acts required under Section 3505, Chapters 21, 22, 24 and/or 25 of Subtitle C of the Internal Revenue Code on behalf of IMEC Bradley University has also been granted authority to perform the acts required under Revenue Procedure 84-33 with regard to backup withholding on behalf of IMEC Since December 2005, IMEC has utilized ADP payroll services only for supplemental compensation for staff contracted to IMEC. IMEC staff's primary compensation is received as employees of host organizations that are IMEC subrecipients/contractors Names and addresses of board members that cannot be reached at IMEC's mailing address Jim Haley, Illini Wire Works, Inc., 4705 E. Radio Tower Lane, Olney, IL 62450 Jennifer Kalas, IRMCO, 2117 Greenleaf Street, Evanston, IL 60202 Scott Kelley, 4013 Greyhawk Place, Apex, NC 27539 Daryl Lindemann, Illinois Valley Plastics, 300 N. Cummings Lane, Washington, IL 61571 Mike Loquercio, D&W Fine Pack, 1900 Pratt Blvd , Elk Grove Village, IL 60007 Ash Luthra, LSL Industries, Inc , 5535 N. Wolcott Avenue, Chicago, IL 60640 Larry Meeske, Deere & Company, 3400 80th Street, Moline, IL 61265

Patrick Murzyn, Caterpillar Global Purchasing, Route 29 and Rench Road, Building AC, Mossville, IL 61552

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization	Employer Identification number
Illinois Manufacturing Excellence Center	37-1368934
Form 990, Part VI, 9 (Continued)	
Dan Schueller, Federal Signal Corporation, 2645 Federal Signal Drive, University Park, IL 60484	·
Joe Shiver, Hamilton Sundstrand, 4747 Harrison Avenue, Rockford, IL 61108	
Jeff Townsend, Eclipse, Inc., 1665 Elmwood Road, Rockford, IL 61103	
Tom Welge, Gilster-Mary Lee Corporation, 1037 State St., Chester, IL 62233	·
Ed Wolbert, Transco Products, Inc , 55 E Jackson Boulevard, Suite 2100, Chicago, IL 60604	
Richard Louis, Turner Electric Corporation, 131 Enterprise Drive, Edwardsville, IL 62025	······
Brad Albrecht, Budnick Converting, Inc., P O. Box 197, Columbia, IL 62236	
Craig Zoberis, Fusion Systems, Inc , 7035 High Grove Boulevard, Burr Ridge, IL 60527	
Gerry Wappelhorst, 39 Lake Top Court, St. Charles, MO 63301	
Form 990, Part VI, 11b	
This form is prepared by IMEC's fiscal agent in collaboration with the IMEC president and vice-president for	or finance. A draft is reviewed
by the fiscal agent's assistant controller and the IMEC president and vice-president for finance. When the	final draft is completed, it is
distributed to board members for their review prior to submission	
Form 990, Part VI, 12c	
IMEC's Conflict of Interest Policy is published in IMEC's Operations Manual Employees are required to a	nnually acknowledge their receipt
of the policy as well as their understanding of and agreement to comply with the policy. When IMEC beco	mes aware of a potential conflict
of interest, the organization follows the process as described in its policy. The conflict of interest policy i	n the board by-laws (section 2 10)
provides additional guidance for Board Directors Specifically, the by-laws address topics including that	directors and their companies may
not receive special consideration for IMEC services, that conflicts should be disclosed and made a matter	of record, and directors should not
vote on any matter of conflict	
Form 990, Part VI, 15a and 15b	
Compensation for IMEC's president is established by IMEC's board of directors' personnel committee and	approved by the full board. The
board reviews data gathered from comparable organizations in setting salary. IMEC's president establish	es the salary for other employees,
utilizing board input as well as independent salary survey data for comparable job responsibilities.	Schedule O (Form 990 or 990-EZ) (2013)

Schedule O (Form 990 or 990-EZ) (2013)	Page 3
Name of the organization	Employer identification number
Illinois Manufacturing Excellence Corporation	37-1368934
Form 990, Part VI, 19	
IMEC's governing documents, conflict of interest policy and financial statements are made available to t	he public upon request.
Form 990, Part IX, 24b	
	•••••
A significant portion of IMEC's costs are incurred by IMEC's subrecipients that assist the organization in	n transferring manufacturing
technology to Illinois manufacturers Of the \$4,676,712 in subrecipient expenditures, \$4,602,978 is class	sified as program service and
\$73,734 is classified as general and administrative	
	•
	•
	•••••••••••••••••••••••••••••••••••••••
	•••••