DLN: 93493306012278 OMB No 1545-0047 Return of Organization Exempt From Income Tax 2017 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 Department of the Treasury

Open to Public

▶ Information about Form 990 and its instructions is at <u>www IRS gov/form990</u> Inspection Internal Revenue Service A For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017 **C** Name of organization Alliance of Automobile Manufacturers D Employer identification number B Check if applicable □ Address change 52-2143968 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite 803 7th Street NW No 300 ☐ Application pending (202) 326-5593 City or town, state or province, country, and ZIP or foreign postal code Washington, DC 20001 G Gross receipts \$ 39,453,225 F Name and address of principal officer H(a) Is this a group return for Mitch Bainwol ☐Yes ☑No subordinates? 803 7th Street NW No 300 H(b) Are all subordinates Washington, DC 20001 ☐ Yes ☐No included? Tax-exempt status ☐ 501(c)(3) **☑** 501(c)(6) **◄** (insert no) 4947(a)(1) or □ 527 If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► http://www.autoalliance.org/ L Year of formation 1999 M State of legal domicile DC Summary 1 Briefly describe the organization's mission or most significant activities To represent the common interests of its members and provide a forum to enable them to advance public policies that meet consumer and societal needs for clean, safe, efficient, and affordable personal transportation. To represent 12 car and light truck manufacturers selling vehicles in the Unites States and serves as a leading advocacy group for the auto industry. Respect for principles of sustainable mobility Activities & Governance permits technological progress in harmony with the environment and the economy 2 Check this box  $\blacktriangleright \sqcup$  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 6 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 59 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 6 17 Total number of volunteers (estimate if necessary) . . . -9,521 7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 7b -11,057 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) 1,327,902 650,000 Program service revenue (Part VIII, line 2g) 30,969,380 31,216,725 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 292,018 1,193,234 3,974 6,455 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 32,593,274 33,066,414 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 1,497,733 879.573 **14** Benefits paid to or for members (Part IX, column (A), line 4) . 11,806,557 11,333,939 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 19,171,140 18,393,019 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 32,002,812 31,079,149 Revenue less expenses Subtract line 18 from line 12 . 590.462 1,987,265 Assets or Beginning of Current Year End of Year 20 Total assets (Part X, line 16) . 24,458,761 26,372,332 21 Total liabilities (Part X, line 26) . 7,214,649 7,234,288 17,244,112 19,138,044 22 Net assets or fund balances Subtract line 21 from line 20 . 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 2018-11-02 Signature of officer Sign Here Judith Mulcahy VP of Operations and Finance Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check I If Lori A Collingsworth Lori A Collingsworth 2018-11-02 P00639819 Paid self-employed Firm's name Rogers & Company PLLC Firm's EIN ► 58-2676261

Firm's address ▶ 8300 Boone Boulevard Suite 600

Vienna, VA 22182

Preparer

Use Only

Phone no (703) 893-0300

✓ Yes 🗆 No

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Par	t IIII Statement	of Program Service Ac	complishments		
	Check if Sched	dule O contains a response c	or note to any line in this Part III		🗹
1	Briefly describe the o		·		
need Unite	s for clean, safe, efficie es States and serves as	ent, and affordable personal	transportation To represent 12 c or the auto industry Respect for	to advance public policies that mee ar and light truck manufacturers s principles of sustainable mobility p	elling vehicles in the
2	Did the organization the prior Form 990 or	, , ,	ogram services during the year w		☐ Yes ☑ No
	If "Yes," describe the				
3	Did the organization of				
	services?				🗌 Yes 🗹 No
	If "Yes," describe the	se changes on Schedule O			
4	Section 501(c)(3) and		e required to report the amount o	largest program services, as meas of grants and allocations to others,	
4a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	See Additional Data				·
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	See Additional Data				
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	See Additional Data				
4d		es (Describe in Schedule O	<b>,</b>		
	(Expenses \$	ıncludıng	grants of \$	) (Revenue \$	)
4e	Total program serv	ice expenses ▶			

or X as applicable

**Checklist of Required Schedules** 

Section 501(c)(3) organizations.

Yes

Page 3

No

Νo

Nο

Nο

Nο

No

Nο

Nο

Nο

Nο

Nο

No

Nο

Νo

Nο

No

Nο

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to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year? 

Did the organization receive or hold a conservation easement, including easements to preserve open space,

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

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 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . .

**b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . . . . . . . . .

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 🔒 Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🥦 . . . . . . . . .

assessments, or similar amounts as defined in Revenue Procedure 98-19?

Yes 3 4

5

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

Yes

Yes

Yes

Yes

Yes

Yes

Yes

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

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24d

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25b

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28a

28b

28c

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Yes

Yes

Yes

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Nο

Nο

ΙV	Checklist of	Required	Schedules	(continued)

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Par	Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	<b>-</b>	-		

23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

**b** If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . 💆

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🛸

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

organization? If "Yes," complete Schedule R, Part V, line 2

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

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Par	t 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	٠.		<u> </u>
1.	Enter the growth or generated in Park 2 of Forms 1006 Fator Out that applicable 122		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 123  Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
32	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		110
	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		No
b	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
	See instructions for mining requirements for FineEN Form 114, Report of Foreign Bank and Financial Accounts (FBAK)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
_		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Yes	
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6</b> b	Yes	
	Organizations that may receive deductible contributions under section 170(c).			
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?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7		
h	required?	7g		
_	1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring 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   10a			
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			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	43-		
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	13a		
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
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Par	TE VI Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a " 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	No" respo	nse to li	nes
	Check if Schedule O contains a response or note to any line in this Part VI			<b>7</b>
Se	ection A. Governing Body and Management	· · · ·	<u> </u>	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year la	6		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent  1b	6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	. 2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervis of officers, directors or trustees, or key employees to a management company or other person? .	ion 3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	re <b>7a</b>	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7</b> b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year be the following	У		
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revei	nue Code	⊋.)	
			Yes	No
L0a	Did the organization have local chapters, branches, or affiliates?	10a		No
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		
L1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
L2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
L3	Did the organization have a written whistleblower policy?	13	Yes	
L4	Did the organization have a written document retention and destruction policy?	14	Yes	
L5	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exemp status with respect to such arrangements?	t		
		16b		
<u>Se</u> L7	ection C. Disclosure  List the States with which a copy of this Form 990 is required to be filed▶			
. /	List the States with which a copy of this Form 990 is required to be filed.  CA			
L8	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only available for public inspection. Indicate how you made these available. Check all that apply	<i>(</i> )		
	Own website Another's website 🗹 Upon request 🗌 Other (explain in Schedule O)			
L9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records  The Organization 803 7th Street NW No 300 Washington, DC 20001 (202) 326-5593			

orm 990 (2	017)										Page <b>7</b>
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	ıploy	ees	, Highest Comp	ensated Employ	rees,
	Check if Schedule O contains a	response or no	te to an	y line	ın t	his	Part V	Ι.			<u> </u>
Section	A. Officers, Directors, Tru	stees, Key E	mploy	ees	, an	d H	lighe	st C	Compensated En	nployees	
ear	e this table for all persons require										-
of compensa	of the organization's <b>current</b> off tion Enter -0- in columns (D), (	E), and (F) if no	compe	nsatı	on v	vas į	paid			-	
	of the organization's <b>current</b> key		•								
vho received organization	organization's five <b>current</b> high d reportable compensation (Box and any related organizations	5 of Form W-2	and/or E	Зох 7	of F	orm	1099	-MIS	SC) of more than \$1	00,000 from the	
of reportable	of the organization's <b>former</b> office compensation from the organiz	ation and any r	elated o	rganı	zatı	ons	-				
List all operation	of the organization's <b>former dire</b> , more than \$10,000 of reportab	ectors or trust le compensation	<b>ees</b> that n from t	t rece the or	gan	l, ın ızatı	the ca	paci any	ty as a former direc v related organization	tor or trustee of the ons	9
	in the following order individua d employees, and former such p		ectors, i	ınstıtı	utior	nal t	rustee	s, of	ficers, key employe	es, highest	
☐ Check t	his box if neither the organizatio	n nor any relate	ed organ	nizatio	on c	omp	ensate	d ar	ny current officer, di	rector, or trustee	
	<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related		ne b	ox, ι n of or/t	t che unles ficer rust	s pers and a ee)	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former		MISC)	related organizations
See Additiona	al Data Table										

Form 990 (2017)												Page <b>8</b>
Part VII Section A. Officers, Dir	rectors, Trustees	s, Key	Emp			and	High		ed Employees (	(cont	tinued)	
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related	than o	one bo	oox, u an off ctor/tr	ot che unles fficer truste		rson a	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (V 2/1099-MISC)	w-	(F) Estima amount o compens from to	ated of other sation the
	organizations below dotted line)		Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1035-11432,	2/1099:11135/	ISC) organization an related organizations		ed
See Additional Data Table										$\exists$		
					$ar{\perp}'$					$\overline{\perp}$		
		-	_		<u></u>					$\dashv$		
		-	_	$\sqcup$	<u></u>	-	+	<u> </u>		+		
			$\vdash$	$\vdash$	<u> </u>		+			+		
				$\vdash$	$\Box$		+			$\top$		
										$\Box$		
					$ar{\perp}'$					$\overline{\perp}$		
er er trættet		<u></u>	$\bot$		<u></u> _'		'			<del> </del>		
1b Sub-Total	to Part VII, Section	nA.				<b>&gt;</b>	_			$\pm$		
Total (add lines 1b and 1c)						re) who		5,563,890 ceived more than \$1		0		861,135
of reportable compensation from t												
3 Did the organization list any <b>form</b> line 1a? <i>If "Yes," complete Schedu</i>			tee, ke		mpl	oyee,	or hı	ghest compensate	d employee on	3	Yes	No No
4 For any individual listed on line 1a organization and related organization and related organization.	a, is the sum of repo	ortable o	comp )0? <i>If</i>	ensa "Yes	ation 3," c	ı and c :omple	other te Sc	r compensation froi chedule J for such	m the			ING
<ul><li>5 Did any person listed on line 1a re</li></ul>	eceive or accrue co	• • mpensa	tion f	rom	any	• . v unrel	· . ated	organization or inc	dividual for	4	Yes	
services rendered to the organizat	tion? <i>If "Yes," compl</i>									5		No
Section B. Independent Control  Complete this table for your five h	highest compensate	 d indep	 ende	nt cc	ontr:	actors	that	received more tha	 an \$100,000 of cor	 nper	nsation	
from the organization Report com	mpensation for the c	calendar	· year	end	ıng	with or	<u>r wit</u>	thin the organizatio	on's tax year (B)		(c	
Nai Hogan Lovells	nme and business addre	<del>3</del> 55						Desc Legal	scription of services		Compen	
555 13Th Street NW Washington, DC 200041109												
PCA Communications Co LLC 21 Middlesez Road				_	_	_	_	Advertising	1			745,395
21 Middlesez Road Darien, CT 06820 Saybolt LP								Research S	Services			510,962
6313 Wndfern Rd									El VICCO			J10,-
Houston, TX 77040 Mooney Marketing Group LLC								Advertising		-		411,300
528 Plum Street 2nd Fl Syracuse, NY 13204												
Arnold and Porter LLP 555 13th Street NW		_	_	_	_		_	Legal		_		381,622
Washington, DC 20001  Total number of independent contra	estore (including hul	t not lim	nted '	to th		heted	=ho	who received r		າ∩ of		

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

compensation from the organization ▶ 33

Part \	7.1			a respo	onse or note to any l	ine in th	ıs Part VIII					🗆
						Total re	١)	Rela ex fur	( <b>B)</b> ated or empt action	b	(C) nrelated ousiness evenue	(D) Revenue excluded from tax under section
	1a	Federated campaig	ns	1a	<u>l</u> _			rev	enue			512-514
nts Ints	Ŀ	• Membership dues		1b	555,000							
ora nou	,	: Fundraising events		1c	<u> </u>							
S. C		d Related organization		1d	<u> </u>							
		• Government grants (c		1e	<u> </u>							
ă E	f	All other contributions	, gıfts, grants,		<u> </u>							
		and similar amounts n above	ot included	1f	95,000							
	و	Noncash contribution	ons included									
Contributions, Gifts, Grants and Other Similar Amounts		ın lınes 1a-1f \$										
ع د	<u> </u>	Total.Add lines 1a-1	lf	• •	<del></del>		550,000					
<u>ا ا</u>					Business							
75		Membership Dues				900099		25,525 91,700	30,42			
og	b Non-member-Access FLIS Database c Event Sponsorships					900099		52,500		1,700 2,500		
٦		Non-member-Fuel Surv	ev Sales			900099		47,000		7,000		
3												
Program Service Revenue	e f	All other program se	rvice revenue									
) []					31,2	16,725						
		Total.Add lines 2a-2				1						Γ
		Investment income (i imilar amounts)  .	ncluding divic		interest, and other		600,652	!			-9,521	610,1
		Income from investm	ent of tax-exe	empt b	ond proceeds >							
	5 F	Royalties			ı							
	62	Gross rents	(ı) Rea	I	(II) Personal							
	va	Gross rents	;	339,370								
	b	Less rental expenses		339,370								
	c	Rental income or		0								
	_	(loss)				Į						
	d	Net rental income o			<u> </u>							
	<b>7</b> -	Gross amount	(ı) Securi	ties	(II) Other							
		from sales of assets other	6,6	540,023								
		than inventory										
	ь	Less cost or										
		other basis and sales expenses		)47,441								
		Gain or (loss)		592,582		ļ	E03 E03					502 F
		Net gain or (loss) . Gross income from f			<b>•</b>	<u> </u>	592,582	1				592,5
		(not including \$		of								
윤		contributions reporte See Part IV, line 18			}							
ا چو		Less direct expense										
e l	c	Net income or (loss)	from fundrais	sing ev	ents ▶	ı						
Other Revenue		Gross income from g		ies								
		See Part IV, line 19		a	}							
	b	Less direct expense	s	b								
	c	Net income or (loss)	from gaming	activit	ies <b>&gt;</b>							
		Gross sales of invent returns and allowand										
		Tetarris and anoware		a	}							
	b	Less cost of goods s	sold	b								
	С	Net income or (loss)	from sales of	invent	tory ►							
		Miscellaneous	Revenue		Business Code							
	11:	<b>a</b> Other			900099		6,455	1	6,455			
	b											
	C											
		All other revenue										
		Total. Add lines 11a			•		6,455	;				
	12	Total revenue. See	Instructions		• • •		33,066,414		31,223,180		-9,521	1,202,7
							. , ,	•	. ,	-	,	Form 000 (201

Part IX	Stat	teme	ent	of	Functional	Expenses	

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

Form 990 (2017)				Page <b>10</b>
Part IX Statement of Functional Expenses section 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	ınızatıons must com	plete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX			<u> 🗹</u>
Do not include amounts reported on lines 6b, /b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	879,573			
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	5,068,547			
<b>6</b> 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	4,982,291			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	486,495			
9 Other employee benefits	791,191			
<b>10</b> Payroll taxes	478,033			
11 Fees for services (non-employees)				
a Management				
<b>b</b> Legal	1,289,675			
c Accounting	91,359			
d Lobbying	4,118,448			
e Professional fundraising services See Part IV, line 17				
f Investment management fees	95,107			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,216,143			
12 Advertising and promotion	2,001,568			
13 Office expenses	1,392,806			
14 Information technology	299,654			
<b>15</b> Royalties				
<b>16</b> Occupancy	1,439,825			
<b>17</b> Travel	666,573			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	,			
<b>19</b> Conferences, conventions, and meetings	1,231,651			
20 Interest	17,763			
21 Payments to affiliates	,			
22 Depreciation, depletion, and amortization	659,961			
23 Insurance	96,934			
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)	33,25			
a Organization Dues	567,863			
<b>b</b> Taxes/License Fees	185,978			
c Miscellaneous	13,738			
d Staff Professional Dues	7,973			
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	31,079,149			
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Form **990** (2017)

16

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Liabilities 22

Fund Balances

Assets or

Net

Total assets. Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958),

check here > and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Grants payable . .

Deferred revenue . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Page **11** 

2,410,409

26.372.332

3,498,929

228,878

112.696

3.393.785

7,234,288

18,657,658

19,138,044

26.372.332

Form **990** (2017)

480,386

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

	Beginning of year		End of year
Cash-non-interest-bearing	5,705,045	1	2,
Savings and temporary cash investments		2	

2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	724,073	4	1,950,48
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and			

	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
ets	7	Notes and loans receivable, net	631,890	7	
SS	8	Inventories for sale or use		8	
4	9	Prepaid expenses and deferred charges	742,747	9	

		section 4958(f)(1)), persons described in section contributing employers and sponsoring organizations in voluntary employees' beneficiary organizations in Part II of Schedule I		6			
ets	7	Notes and loans receivable, net	•		631,890	7	852,124
SS	8	Inventories for sale or use				8	
A	9	Prepaid expenses and deferred charges			742,747	9	449,137
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	5,607,257			
	b	Less accumulated depreciation	<b>10</b> b	2,565,793	3,612,362	10c	3,041,464
	11	Investments—publicly traded securities .	11,724,709	11	17,633,248		

s		voluntary employees' beneficiary organizations Part II of Schedule L		6			
ets	7	Notes and loans receivable, net	631,890	7	852,124		
SS	8	Inventories for sale or use		8			
A	9	Prepaid expenses and deferred charges	742,747	9	449,137		
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	5,607,257			
	ь	Less accumulated depreciation	3,612,362	10c	3,041,464		
	11	Investments—publicly traded securities .			11,724,709	11	17,633,248
	12	Investments—other securities See Part IV, line	11 .		1,302,060	12	19,588
	13	Investments—program-related See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11	15,875	15	15,875		

24,458,761

3,395,272

268,613

141.678

3.409.086

7,214,649

16,739,127

17,244,112

24.458.761

504.985

16

17

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23

24

25

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27

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29

30

31 32

33

34

Page **12** 

No

No

Form 990 (2017)

2a

2b

2c

3a

3b

Yes

Yes

Form 990 (2017)

Schedule O

separate basis, consolidated basis, or both

Separate basis

consolidated basis, or both

Audit Act and OMB Circular A-133?

Separate basis

3	Revenue less expenses Subtract line 2 from line 1	3	1,987,265
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	17,244,112
5	Net unrealized gains (losses) on investments	5	-93,333
6	Donated services and use of facilities	6	
7	Investment expenses	7	

5	Net unrealized gains (losses) on investments	5	-93,333
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	(
40	Net and a find below as at and affirm Combine lines 2 through 0 (must avial Best V line 22 actions (B))	10	10 120 01

6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	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	19,138,044
Par	XII Financial Statements and Reporting		

7	Investment expenses	7		
8	Prior period adjustments	8		
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)) $igl[$	10	19,	138,044
Par	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII		 	✓

8	Prior period adjustments	8		
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	19	,138,044
Par	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII		 	✓
			 Yes	No
1	Accounting method used to prepare the Form 990			

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

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

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

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

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

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

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

Consolidated basis

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

✓ Consolidated basis

### Additional Data

### Software ID: Software Version:

**EIN:** 52-2143968

Inc

Form 990, Part III, Line 4a:

Form 990 (2017)

Research To work with member companies on research matters. This includes programs addressing a variety of environmental and vehicle safety issues.

Name: Alliance of Automobile Manufacturers

#### Form 990, Part III, Line 4b:

Legislation and Regulation To work with member companies on legislative and regulatory issues affecting the industry

#### Form 990, Part III, Line 4c: Communications Extensive communications with members regarding regulatory issues, automotive standards, global harmonization and other issues affecting the automotive industry through websites, ad campaigns and current trends in communications

(A) (D) (B) (C) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		key employee	Highest compensated	Former	(W- 2/1099- MISC)	(Ŵ- 2/1099- MISC)	organization and related organizations
Dietmar Exler Chair	2 00	×		×				0	0	0
James E Lentz Vice-Chair	2 00	х		x				0	0	0
Anna-Maria Schneider Treasurer	2 00	х		x				0	0	0
Dan Turton	2 00	×		х				0	0	0

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Secretary Zıad Ojaklı Director

Kım Pıttel

Director

Director

Director

Director

Director

Jake Jones

William Craven

Craig Glidden

Curt Magleby

and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other week (list person is both an officer from the from related compensation

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any hours				ustee)		organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Stephen Ciccone Director	2 00	Х					0	0	0
Tom Stricker Director	2 00	х					0	0	0
Shane Karr Director	2 00	х					0	0	0
Mark Chernoby Director	2 00	×					0	0	0
Bryan Roosa Director	2 00	Х					0	0	0

Hinrich J Woebcken

Director

John Whatley

David Schwietert

EVP & General Counsel

EVP, Federal Govt & Public

and Independent Contractors

David Geanacopoulos Х 0 Director 40 00 Mitch Bainwol ...... Χ 1,500,535 President & CEO

Χ

Χ

444,880

403,283

79,922

76,596

60,442

0

Χ

2 00

2 00

40 00

40 00

......

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(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any hours		a dır	ecto		ustee	)	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	10	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Judith Mulcahy  VP, Operations and Finance	39 50			х				329,247	0	78,829
Gloria Bergquist VP, Communications	40 00			x				346,178	0	67,207
Robert Strassburger VP, Safety & Harmonization	31 00			x				269,505	0	54,073

Χ

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275,304

270,974

272,814

238,714

236,490

231,610

49,788

46,712

63,938

68,317

64,769

44,615

30,978

0

Gloria Bergquist	40 00		х			346,178	
VP, Communications						310,170	
Robert Strassburger	31 00		V		260 505		
VP, Safety & Harmonization			^			269,505	
Jonathan Weinberger	40 00		_			310,003	
VP, Technology & Innovation			^			310,003	

40 00

40 00

40 00

40 00

40 00

40 00

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and Independent Contractors

Jennifer Thomas

Christopher Nevers

Amy Brink

Susan Conti

VP, State Affairs

Steven Douglas

Curtis Augustine

VP, Energy & Environment

Assistant General Counsel

Sr Director Environmental Affairs

Director Policy & Govt Affairs, CA

VP, Federal & Government Affairs

......

......

and Independent Contractors (A) Name and Title

Wayne Weikel

Jessica Simmons

Sr Director State Affairs

Assistant General Counsel

week (list any hours for related organizations below dotted line)
40 00

(B)

Average

hours per

list urs	per an
ited tions otted )	Individual trustee or director
40 00	
40 00	

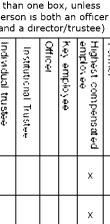
. . . . . . . . . . . . . . . . .

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

Institutional

Trustee

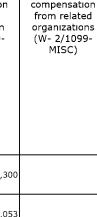
(C)



Former

Position (do not check more Reportable compensation from the organization (W- 2/1099-MISC) 220,300 214,053

(D)



(E)

Reportable

MISC)

amount of other compensation from the organization and related organizations

(F)

Estimated

40,470

34,479

efil	e GRAPHIC prii	nt - DO N	NOT PROCESS	As Filed Dat	a -		DI	LN:	93493306	
SCI	HEDULE C		Political (	Campaign	and Lobbyi	ing Activi	ities		OMB No 1	
(For EZ)	m 990 or 990-	For Org	ganızations Exei	mpt From Inco	me Tax Under se	ection 501(c) a	and section 5	27	20	<b>17</b>
	ment of the Treasury			Schedule C (Fo	d below. ▶Attach rm 990 or 990-EZ) <u>s.gov/form990</u> .			Z.	Open to Inspe	
• Se • Se If the • Se If the (Prox	ection 501(c)(3) ord Section 501(c) (other Section 527 organize organization ans Section 501(c)(3) or Section 501(c)(3) or organization ans by Tax) (see separ	ganizations er than sect t	s Complete Parts I- ction 501(c)(3)) orga implete Part I-A onl es" on Form 990, I ns that have filed Fo ns that have NOT fil es" on Form 990, I	-A and B Do not of anizations Comply Part IV, Line 4, or or 5768 (election ed Form 5768 (el	r Form 990-EZ, Pari complete Part I-C ete Parts I-A and C r Form 990-EZ, Pari n under section 501( ection under section roxy Tax) (see sepa	below Do not c t VI, line 47 (Lo h)) Complete P i 501(h)) Compl	omplete Part I-E  bbying Activiti Part II-A Do not lete Part II-B Do	B es), comp o not	then plete Part II-E complete Pa	3 art II-A
Nan	ne of the organizat	ion	- 3				Employer ide	entif	fication nun	ıber
Inc	nce of Automobile Mai	nuracturers					52-2143968			
Part	I-A Complet	e if the	organization is	exempt under	section 501(c)	or is a section	on 527 orgar	niza	tion.	
1	Provide a descript "political campaig			ct and indirect pol	itical campaign activ	vities in Part IV (	(see instructions	s for	definition of	
2	Political campaign	activity e	xpenditures (see in	•			•	\$_		395,050
3 Par			campaign activities	•	;) : section 501(c)	(3)				
1	-			<u>-</u>	under section 4955		<b>•</b>	+		
2		•	•	-	nagers under section			₽_ ¢		
3			a section 4955 tax,	-	-	1 4000	•	Ψ_	☐ Yes	
4a	Was a correction				, 20 101 01110 , 001				⊔ Yes □ Yes	⊔ No □ No
b	If "Yes," describe									
Pari	II-C Complet	e if the	organization is	exempt under	section 501(c)	, except sect	ion 501(c)(3	3).		
1	Enter the amount	directly ex	xpended by the filin	ıg organızatıon foı	r section 527 exemp	t function activi	ties 🕨	\$_		0
2	Enter the amount function activities		ng organization's fu	nds contributed to	o other organizations	s for section 527	7 exempt •	\$_		395,050
3	Total exempt fund	tion exper	nditures Add lines	1 and 2 Enter her	re and on Form 1120	0-POL, line 17b	<b>&gt;</b>	\$		395,050
4	Did the filing orga	nızatıon fi	le Form 1120-POL	for this year?				-	✓ Yes	□ No
5	organization made of political contrib	e payment outions rec	s For each organiz eived that were pro	ation listed, enter mptly and directly	(EIN) of all section the amount paid fro y delivered to a sepa needed, provide info	om the filing ord arate political or	ganization's func ganization, such	ds A	the filing Iso enter the	amount
	(a) Name		<b>(b)</b> Add	ress	(c) EIN	`fıĺ	) Amount paid fi ling organization nds If none, en -0-	ı's	(e) Am political coi received an and directly to a separa organizatio enter	ntributions d promptly y delivered ite political n If none,
<b>1</b> Se	e Addıtıonal Data T	able								
2										
3										
4										
5										
6 For Pa	aperwork Reduction	Act Notice	, see the instruction	s for Form 990 or	990-EZ.	Cat No Econ	4S Schedule (	· (Fo	rm 900 cz 000	1-F7) 2017

Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) Total beginning in) 2a Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures

Grassroots nontaxable amount

Grassroots ceiling amount (150% of line 2d, column (e)) Grassroots lobbying expenditures Schedule C (Form 990 or 990-EZ) 2017 Schedule C (Form 990 or 990-EZ) 2017

expenditure next year?

Return Reference

Part IV

Part I-A, Line 1

Taxable amount of lobbying and political expenditures (see instructions)

instructions), and Part II-B, line 1 Also, complete this part for any additional information

**Supplemental Information** 

Part II-B

(b)

activ	tty	Yes	No		Amou	nt
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					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), o	r section	on		
	1				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		Г	1		No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		No
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		No
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."				•	
1	Dues, assessments and similar amounts from members	1			30,98	30,525
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a			7,70	7,600
b	Carryover from last year	2b				
С	Total	2c				7,600
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3			9,12	27,658
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political					

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Complete if the organization is exempt under section 501(c)(3) and has NOT filed

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Explanation

Alliance of Automobile Manufacturers provided direct and indirect political support to 527 organizations

-1,420,058

<u>4</u>

## **Additional Data**

**Software ID:** 

**Software Version: EIN:** 52-2143968

Name: Alliance of Automobile Manufacturers Inc

Form 990, Schedule C, Part 1-0	(b)Address	(a) ETNI	(4)	(a)
(a)Name	(b)Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
Alliance of Automobile Manufacturers CA PAC	555 Capitol Mall Suite 1425 Sacramento, CA 95814	262335858	7300	63700
Republican Governors Association	1747 Pennsylvania Avenue NW Washington, DC 20006	113655877	175000	
Republican State Leadership Committee Inc	1201 F Street NW 675 Washington, DC 20004	050532524	63500	
Democratic Legislative Campaign Committee	1401 K Street NW Washington, DC 20005	521870839	36500	
Republican Attorneys General Association	1747 Pennsylvania Avenue NW Suit Washington, DC 20006	464501717	25000	
Jobs For Florida	PO Box 2010 Dade City, FL 33526	455496836	7500	
Rebuild Florida PC	8567 Coral Way Unit 374 Miami, FL 33155	463858583	7500	
Protect Florida Families	5155 Corporate Ways Suite D-12 Juniper, FL 33458	473966488	3000	
Ed Gillespie for Governor	PO Box 71596 Henrico, VA 23255	814380921	2500	
Friends of Kirk Cox	PO Box 1205 Colonial Heights, VA 23834	541998091	2500	
Ralph Northam for Governor	PO Box 597 Richmond, VA 23218	473628450	2500	
Sunshine State Conservatives	115 East Park Avenue Suite 1 Talahassee, FL 32301	464186442	2500	
Ducey Victory Committee	PO Box 12558 Tempe, AZ 85284	822820476	2000	
McMaster for Governor	PO Box 11063 Columbia, SC 29211	813788778	2000	
Florida for Floridians	118 North Gadsden Street Tallahassee, FL 323033956	821529452	1500	
Floridians for Economic Freedom	2055 NW Diamond Creek Way Jensen Beach, FL 34957	473024807	1500	
Hogan for Governor	PO Box 65559 Annapolis, MD 21401	464487039	1500	
Liberty Florida	610 South Boulevard Tampa, FL 33606	463370714	1500	
Barve For Maryland	1688 E Gude Drive Suite 202 Rockville, MD 20850	521659731	1000	
Carrico for Senate	PO Box 1100 Galax, VA 24333	452492919	1000	
Citizens for Kevin Ranker	PO Box 92 Deer Harbor, WA 98243	262438684	1000	
Committee to Re-Elect Curtis King	POBox 10025 Yakıma, WA 98909	208314962	1000	
Darryl Rouson Campaign	535 Central Ave Suite 406 St Petersburg, FL 33701	472082304	1000	
Dean Takko for State Senate	PO Box 1025 Longview, WA 98632	463650283	1000	
Deeds for State Senate	PO Box 5462 Charlottesville, VA 22905	900020416	1000	
Democratic Assembly Campaign Committee	107 Washington Ave Albany, NY 12210	133041656	1000	
Dennis Baxley Campaign	2640- A Mitcham Drive Tallahassee, FL 32308	463585100	1000	
Eileen Filler-Corn for Delegate	PO Box 523082 Springfield, VA 22152	271694500	1000	
Favola for State Senate	2319 18th Street North Arlington, VA 22201	275414799	1000	
Frank White Campaign	133 Harbor Dr S Venice, FL 34285	811945452	1000	

Form 990, Schedule C, Part 1-C, Line 5 (a)Name (b)Address (c) EIN (d) (e) Amount of political Amount paid from filing organization's funds If contributions received none, enter -0and promptly and directly delivered to a separate political organization If none, enter -0-Friends for Dan Kristiansen GOP PO Box 2007 912064816 1000 Snohomish, WA 98291 Friends of Ann Rivers PO Box 957 271512372 1000 La Cetner, WA 98629 Friends of Bill DeSteph 588 Central Drive 461931477 1000 Virginia Beach, VA 23454 Friends of Chris Peace PO Box 819 204045892 1000 Mechanicsville, VA 23111 Friends of Jinyoung Englund PO Box 302 821123212 1000 Woodinville, WA 98072 Friends of Joe Fitzgibbon 272265718 1000 PO Box 66235 Burien, WA 98166 Friends of Karen Keiser PO Box 13290 911947669 1000 Des Moines, WA 98198 Friends of Pam Beidle PO Box 397 522076022 1000 Linthicum, MD 21090 Friends of Rich Anderson 264374961 1000 PO Box 7926 Woodbridge, VA 22195 Friends of Sharon Brown 4309 W 27th Place Suite 103 462639382 1000 Kennewick, WA 99338 Friends of Steve Newman for State PO Box 480 1000 541998270 Forest, VA 24551 Friends of Tim Hugo PO Box 893 510420767 1000 Centreville, VA 20122 Friends of Tommy Norment PO Box 6205 541998194 1000 Williamsburg, VA 23188 Gilbert for Delegate PO Box 309 800484973 1000 Woodstock, VA 22664 McDougle for Virginia 1000 PO Box 187 203018088 Mechanicsville, VA 23111 Michael Andrew La Rosa PO Box 701818 1000 461089776 St Cloud, FL 34770 People for Zack Hudgins 14455 58th Ave S 810555017 1000 Tukwila, WA 98168 Ray Rodrigues Campaign PO Box 682 452676673 1000 Estero, FL 33929 Re-Elect Pat Sullivan Campaign 26513 168th PI SE 1000 043679431 Covington, WA 98042 Saslaw for State Senate 541414651 1000 PO Box 1856 Springfield, VA 22151 Senate Committee for Mark Schoesler 1588 E Rosenoff Road 043779321 1000 Ritzville, WA 99169 141753654 Senate Republican Campaign Committee PO Box 7229 1000 Albany, NY 12224 Wagner for Senate PO Box 68008 541997863 1000 Virginia Beach, VA 23471 Ware for House of Delegates PO Box 689 1000 541884491 Powhatan, VA 23139 Boysko for Delegate 460894680 500 940 Locust St Herndon, VA 20170 Carr for Virginia PO Box 406 264556434 500 Richmond, VA 23218 Committee to Elect JT Wilcox PO Box 747 270758934 500 McKenna, WA 98558 Committee to Re-Elect Ed Orcutt PO Box 1280

900038949

900939170

471301500

Kalama, WA 98625

Hamilton, VA 20159

Midlothian, VA 23112

PO Box 6

PO Box 5811

Dave LaRock for Delegate

Friends of Amanda Chase

500

500

500

Form 990, Schedule C, Part 1-C, Line 5 (a)Name (b)Address (c) EIN (e) (d) Amount paid from filing Amount of political organization's funds If contributions received none, enter -0and promptly and directly delivered to a separate political organization If none, enter -0-Friends of Andrea Stewart-Cousins 1461 First Avenue 302 731706257 500 New York, NY 10075 Friends of Chris Jones PO Box 5059 912063051 500 Suffolk, VA 23435 Friends of David Yancey PO Box 1163 453023884 500 Newport News, VA 23601 Friends of Dr Todd Pillion 471857710 500 205 Stonewall Hts Abingdon, VA 24210 Friends of Glenn Davis 2604 Barrett St Suite 200 462274424 500 Virginia Beach, VA 23452 Friends of Joe Fain PO Box 7809 500 271654871 Covington, WA 98042 Friends of Kathy Klausmeier 4100 Walter Avenue 521814219 500 Baltimore, MD 21236 Friends of Scott Garrett 2255 Langhorne Road Suite 4 223685764 500 Lynchburg, VA 24501 Friends of Sharon Nelson 7318 SW 258th Pl 261377785 500 Vashon, WA 98070 J Ward for Delegate 1300 Caldwell DR 421633283 500 Hampton, VA 23666 Jeff Morris Campaign 1004 Commercial Ave 303 911921313 500 Anacortes, WA 98221 John Cosgrove For Senate PO Box 15483 462565872 500 Chesapeake, VA 23328 Kilgore for Delegate PO Box 669 541998428 500 Gate City, VA 24251 LeMunyon for Delegate 3296 Willow Glen Drive 262196998 500 Oak Hill, VA 20171 Marsden for Senate PO Box 10889 271338500 500 Burke, VA 22009 Minchew for Delegate PO BOX 385 800784281 500 Leesburg, VA 20178 Morgan Irwin For Washington State 1002 Baysinger PL 812565474 500 Enumclaw, WA 98022 Republican Assembly Campaign Committee 315 State Street 141713936 500 Albany, NY 12210

462463359

464129288

224666259

273197688

521493194

500

500

250

250

250

Terry Austin For Delegate

Wexton for State Senate

Friends for Dave McDonough

Dance for Senator

Dilan for Senate

PO Box 400

PO Box 9

Buchanan, VA 24066

Leesburg, VA 20176

1748 West Clara Drive

Petersburg, VA 23803

125 Crescent Street Brooklyn, NY 11208

Merrick, NY 11566

20 W Market St Leesburg VA

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

# **Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. OMB No 1545-0047

DLN: 93493306012278

Open to Public Inspection

Department of the Treasury

Assets included in Form 990, Part X

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

(Form 990)

▶ Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization **Employer identification number** Alliance of Automobile Manufacturers 52-2143968 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 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 Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1

Cat No 52283D

Schedule D (Form 990) 2017

Par	t III	Organizations Maintaining Co	ollections o	of Art, Hist	torical T	reası	ires, or	Other	Similar A	ssets (cor	ntınued)	
3		the organization's acquisition, accessi (check all that apply)	on, and other	records, che	eck any of	the fo	llowing t	hat are a	significant	use of its co	ollection	
а		Public exhibition			d 🗆	Loan	or excha	nge prog	ırams			
b		Scholarly research			е 🗌	Othe	r					
С		Preservation for future generations										
4	Provi Part	de a description of the organization's c	ollections and	explain how	they furtl	ner the	e organız	ation's ex	kempt purp	ose in		
5		g the year, did the organization solicit s to be sold to raise funds rather than							nılar	☐ Yes	□ N	0
Pa	rt IV	Escrow and Custodial Arrang Complete if the organization and X, line 21.		" on Form !	990, Part	IV, lı	ne 9, or	reporte	ed an amo	unt on For	m 990,	Part
1a		e organization an agent, trustee, custoo ded on Form 990, Part X?	dian or other	intermediary	for contri	bution	s or othe	r assets	not	☐ Yes	☑ N	o
b	If "Y∈	es," explain the arrangement in Part XI	II and comple	ete the follow	ving table		Γ			Amount		_
c		nning balance			J		ļ	1c				_
d	_	ions during the year					İ	1d				_
е		butions during the year					ŀ	1e				_
f		ng balance					ŀ	1f				_
2a		he organization include an amount on F	orm 990 Par	+ X line 21	for escrow	or cu	L stodial a	ccount lis	ability2			_
b		es," explain the arrangement in Part XI							·	Yes	□ N·	0
Pa	art V	Endowment Funds. Complete										
		·	(a)Currer		( <b>b)</b> Prior yea				(d)Three ye		)Four year	s back
<b>1</b> a	Beginn	ing of year balance										
b	Contrib	outions										
c	Net inv	estment earnings, gains, and losses										
d	Grants	or scholarships										
е		expenditures for facilities ograms										
f	Admını	strative expenses										
g	End of	year balance										
2	Provi	de the estimated percentage of the cur	rent year end	l balance (lır	ie 1g, colu	mn (a	)) held as	<u> </u>	•	•		
а	Board	d designated or quasi-endowment 🕨	·									
ь	Perm	anent endowment ▶										
_	Temp	porarily restricted endowment >										
٠	•	percentages on lines 2a, 2b, and 2c sho	ould equal 100	0%								
За	Are tl	here endowment funds not in the posse			that are h	eld an	d admini	stered fo	r the		Yes	No
	-	nrelated organizations								3a(i		
b		elated organizations	ons listed as r	equired on S	 Schedule R	?.				3a(i . 3b		
4		ribe in Part XIII the intended uses of th										
Pa	rt VI	Land, Buildings, and Equipme	ent.									
		Complete if the organization ans										
	Descri	ption of property (a) Cost or of (investri		(b) Cost or o	ther basis (	other)	(c) Accı	umulated o	depreciation	(d)	Book value	e
1a	Land											
b	Buildin	gs										
c	Leaseh	nold improvements			3,49	90,484			1,007,871		2	,482,613
d	Equipn	nent			1,43	36,723			1,146,169			290,554
	Other				68	30,050			411,753			268,297
Tat	- I Add	lines 12 through 10 (Column (d) must	anual Farma O	00 0	alumn (B)	1	10(a) )			1		

Part VII	Investments—Other Securities. Complete if the	ie organizai	Jon answere	u tes on rolling	Jo, raiciv, iniciii.
	See Form 990, Part X, line 12.  (a) Description of security or category (including name of security)		<b>(b)</b> Book value		nod of valuation of-year market value
(2) Closely-	ll derivatives	· · · ·			
A)					
В)					
C)					
D)					
E)					
F)					
G)					
H)					
otal. (Colum	n (b) must equal Form 990, Part X, col (B) line 12 )	<b>•</b>			
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on F	form 990 P	art IV line :	11c See Form 990	Part X line 13
	(a) Description of investment		ook value	(c) Meth	nod of valuation
1)				Cost or end-	of-year market value
2)					
3)					
4)					
5)					
6)					
7)					
(8)					
(8)	n (b) must equal Form 990, Part X, col (B) line 13 )	<b>•</b>			
8) 9) Total. (Colum	Other Assets. Complete if the organization answered		m 990, Part I\	/, line 11d See Form	
8) 9) otal. (Colum Part IX			m 990, Part I\	/, line 11d See Form	990, Part X, line 15  (b) Book value
8) 9) Outal. (Column Part IX	Other Assets. Complete if the organization answered		m 990, Part I\	/, line 11d See Form	
8)  9)  Fotal. (Column  Part IX  1)  2)	Other Assets. Complete if the organization answered		m 990, Part I\	/, line 11d See Form	
8)  9)  otal. (Column  Part IX  1)  2)  3)	Other Assets. Complete if the organization answered		m 990, Part I\	/, line 11d See Form	
8)  9)  otal. (Column  Part IX  1)  2)  3)	Other Assets. Complete if the organization answered		m 990, Part I\	/, line 11d See Form	
8)  9)  otal. (Column  Part IX  1)  2)  3)  4)	Other Assets. Complete if the organization answered		m 990, Part I\	/, line 11d See Form	
8)  9)  otal. (Column  Part IX  1)  2)  3)  4)  5)	Other Assets. Complete if the organization answered		m 990, Part I\	/, line 11d See Form	
8)  9)  otal. (Column  Part IX  1)  2)  3)  4)  5)	Other Assets. Complete if the organization answered		m 990, Part I\	/, line 11d See Form	
8)  9)  Part IX  1)  2)  3)  4)  5)  6)  7)	Other Assets. Complete if the organization answered		m 990, Part I\	/, line 11d See Form	
8)  9)  otal. (Colum  Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)	Other Assets. Complete if the organization answered  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization a				(b) Book value
8)  9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Fotal. (Column Part X	Other Assets. Complete if the organization answered  (a) Description  (b) must equal Form 990, Part X, col (B) line 15)  Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.  (a) Description of liability				(b) Book value
8)  p)  otal. (Column  Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Total. (Column  Part X  1) Federal (	Other Assets. Complete if the organization answered  (a) Description  (b) must equal Form 990, Part X, col (B) line 15)  Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.  (a) Description of liability income taxes		es' on Form		(b) Book value
8)  9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Fotal. (Column Part X  1) Federal in Seferred Referent Security	Other Assets. Complete if the organization answered  (a) Description  (b) must equal Form 990, Part X, col (B) line 15)  Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.  (a) Description of liability income taxes		es' on Form	990, Part IV, line	(b) Book value
9)  otal. (Colum Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  fotal. (Colum Part X  1) Federal ( Deferred Releant Secuent)  2)	Other Assets. Complete if the organization answered  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.  (a) Description of liability  Income taxes  Int Credits		es' on Form	990, Part IV, line value 3,351,628	(b) Book value
potal. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Fotal. (Column Part X  1) Federal ( ceferred Received Receiv	Other Assets. Complete if the organization answered  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.  (a) Description of liability  Income taxes  Int Credits		es' on Form	990, Part IV, line value 3,351,628	(b) Book value
potal. (Column Part IX 1) 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X 1) 1) Federal (Column Part X	Other Assets. Complete if the organization answered  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.  (a) Description of liability  Income taxes  Int Credits		es' on Form	990, Part IV, line value 3,351,628	(b) Book value
potal. (Column Part IX  1)  2)  3)  4)  5)  6)  Part X  Part X  1) Federal ( Peferred Regenant Secus  2)  2)  4)  5)  6)	Other Assets. Complete if the organization answered  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.  (a) Description of liability  Income taxes  Int Credits		es' on Form	990, Part IV, line value 3,351,628	(b) Book value
8)  p)  otal. (Column  Part IX  1)  2)  3)  4)  5)  6)  7)  Part X  1) Federal   Deferred Releant Security  in Security  4)  5)  6)  7)	Other Assets. Complete if the organization answered  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.  (a) Description of liability  Income taxes  Int Credits		es' on Form	990, Part IV, line value 3,351,628	(b) Book value
9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  Part X  L.  1) Federal   Deferred Re Fenant Secus  3)  4)  5)  6)  7)  8)	Other Assets. Complete if the organization answered  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.  (a) Description of liability  Income taxes  Int Credits		es' on Form	990, Part IV, line value 3,351,628	(b) Book value
8)  9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  Part X  1) Federal   Deferred Re Fenant Secus  3)  4)  5)  6)  7)  8)  9)	Other Assets. Complete if the organization answered  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.  (a) Description of liability  Income taxes  Int Credits		es' on Form	990, Part IV, line value 3,351,628	(b) Book value

Part XI

2

b

5

1

2

b

c

b

5

Part XIII

See Additional Data Table

Return Reference

Part XII

Schedule D (Form 990) 2017

Page 4

339,029 32,971,307

95,107

33,066,414

31,405,935

421,893

95,107

31.079.149

Schedule D (Form 990) 2017

30,984,042

d	Other (Describe in Part XIII )
е	Add lines 2a through 2d
3	Subtract line <b>2e</b> from line <b>1</b>
4	Amounts included on Form 990, Part VIII, I
а	Investment expenses not included on Form
b	Other (Describe in Part XIII )

Add lines 4a and 4b .

Donated services and use of facilities
Recoveries of prior year grants
Other (Describe in Part XIII )
Add lines 2a through 2d
Subtract line <b>2e</b> from line <b>1</b>
Amounts included on Form 990, Part VIII, line 12, but not on line ${f 1}$
Investment expenses not included on Form 990, Part VIII, line 7b .

Total expenses and losses per audited financial statements . . . . . . . .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Investment expenses not included on Form 990, Part VIII, line 7b . . .

Add lines **4a** and **4b** . . . . . . . . . . . .

Supplemental Information

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . . .

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . .

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments . . . .

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

2a

2b

2c

4a 4b

2a 2b

2c

2d

4a

4b

Explanation

	2e
	3
107	
	4c

5

2e

3

4c

5

-93.333

432.362

421,893

95,107

Other (Describe in Part XIII ) . . d Add lines 2a through 2d . 3 Subtract line 2e from line 1 . 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:

Donated services and use of facilities . . .

Prior year adjustments . . . . . .

Page <b>5</b>		Schedule D (Form 990) 2017
	ormation (continued)	Part XIII Supplemental Info
	Explanation	Return Reference

Schedule D (Form 990) 2017

## **Additional Data**

EIN:	<b>EIN:</b> 52-2143968		
Name:	Alliance of Automobile Manufacturers Inc		

## Supplemental Information Return Reference

Explanation

Software ID: Software Version:

Part X, Line 2

Management has evaluated the Alliance's tax positions and has concluded that the Alliance has taken no uncertain tax positions that qualify for either recognition or disclosure in the accompanying consolidated financial statements

Supplemental Information Return Reference Explanation Sublease Occupancy Costs 339,370 Alliance PAC consolidated revenue and eliminations 27,64 Part XI, Line 2d - Other Adjustments 2 Alliance CA PAC consolidated revenue and eliminations 65,350

Supplemental Information Return Reference Explanation Part XII, Line 2d - Other Sublease Occupancy Costs 339,370 Alliance PAC consolidated expenses and eliminations 29,3 Adjustments 59 Alliance CA PAC consolidated expenses and eliminations 53,164

efile GRAPHIC prin	t - DO NOT I	PROCESS	S As Filed Data - DLN: 93493306012				
SCHEDULE F (Form 990)	State	ement of	Activities (	Outside the Uni	OMB No 1545-0047		
(	► Comp	lete if the organ		res" to Form 990, Part IV, I	2017		
	<ul> <li>► Attach to Form 990.</li> <li>► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.</li> </ul>						
Department of the Treasury Internal Revenue Service	7 2	tion about come	ano: (. a 550)		······o.go	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Open to Public Inspection
Name of the organization						Employer iden	tification number
Alliance of Automobile M Inc	anufacturers					52-2143968	
	Information	on Activities	s Outside the I	Inited States. Comple	te if the		nswered "Yes" to
	, Part IV, line			ompie		organization a	110410104 105 10
1 For grantmaker	r <b>s.</b> Does the or	rganızatıon ma	intain records to	substantiate the amount	t of its gr	rants and	
other assistance,	the grantees'	eligibility for t	he grants or assis	stance, and the selection	criteria	used	
to award the gra	nts or assistan	ce?					☐ Yes ☐ No
2 For grantmaker outside the Unite		Part V the org	janization's proce	dures for monitoring the	use of it	ts grants and oth	ner assistance
3 Activites per Region	on (The following	ng Part I, line 3	table can be dupli	cated if additional space is	needed	)	
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	program sp	vity listed in (d) is a n service, describe ecific type of ce(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data				-			
( 2)							
(3)							
(4)							
( 5)							
3a Sub-total b Total from continua Part I	ation sheets to		0 9				72,022 86,164
c Totals (add lines 3			0 13				158,186
For Paperwork Reduction	Act Notice, see	e the Instructio	ns for Form 990.	Cat	No 5008	2W Schedul	le F (Form 990) 2017

(1)				
( 2)				
(3)				

(4)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as taxexempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . . . . . . . . . .

Schedule F (Form 990) 2017

(4) (5) (6) (7)

(8) (9) (10) (11) (12)

(13) (14) (15) (16) (17) (18) Page **3** 

Schedule F (Form 990) 2017

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.								
Part III can be duplicated if additional space is needed.								
(a) Type of grant or assistance	<b>(b)</b> Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)	
(1)								
( 2)								
(3)								

Sche	dule F (Form 990) 2017		Page <b>4</b>
Pai	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	<b>☑</b> No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)	Yes	<b>☑</b> No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	<b>✓</b> No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	□Yes	<b>☑</b> No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	□Yes	<b>☑</b> No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)	☐Yes	<b>✓</b> No
	Schedul	e F (Form 9	990) 2017

Schedule F (F	orm 990) 2017 Page <b>5</b>
	Supplemental Information  Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).
Return Reference	Explanation

## **Additional Data**

## Software ID: Software Version:

**EIN:** 52-2143968

Name: Alliance of Automobile Manufacturers

Inc

Form 990 Schedule F Part	t I - Activities	Outside The U	nited States
(a) Region	(b) Number of	(c) Number of	(d) Activities co

(a) Region		(c) Number of employees or	
	region	agents in	fundraising n

onducted ype) (re, indraising, program

is a program service, describe specific type of service(s) in region

(a) Region	(b) Number of	(c) Number of	(d)
	offices in the	employees or	ın re
	region	agents in	fu
		rogion	

(e) If activity listed in (d)

(f) Total expenditures for region

3,477

917

services, grants to recipients located in the

Technical Regulations Travel- AV Conference

region

region)

1 Program Services

1 Program Services

Travel- EVS Global

East Asia and the Pacific

Europe (Including Iceland &

Greenland)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region agents in fundraising, program describe specific type of region service(s) in region services, grants to region recipients located in the region) Europe (Including Iceland & 14.047 Program Services Travel- CFEE trip on Greenland) advanced technologies, Inovel strategies in energy land transportation policy Europe (Including Iceland & 1 Program Services Travel- EVS Global 24.302 Greenland) Technical Regulations

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region agents in fundraising, program describe specific type of region service(s) in region services, grants to region recipients located in the region) Europe (Including Iceland & 3.974 Program Services Travel- Meeting with Greenland) technical experts on Safety, Avs. and Connected Vehicles Europe (Including Iceland & Travel- Noise Emission 6.249 1 Program Services Greenland) Regulation

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) Europe (Including Iceland & 2 Program Services Travel- OICA Conference 17.400 Greenland) North America Travel- EVS Global 1.656 1 Program Services Technical Regulations

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) North America 2.825 1 Program Services Travel- NAFTA Negotiation North America 2 Program Services Technical Research 82,035 Services

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (e) If activity listed in (d) (d) Activities conducted (f) Total expenditures offices in the employees or ın region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region services, grants to service(s) in region region recipients located in the region) North America 1.304 1 Program Services Travel - Technical Research Services

efile GRAPHIC print - D	O NOT PROCESS	As Filed Data -					DLI	N: 934933060	12278
Schedule I (Form 990)  Department of the	Co	Governments omplete if the organiz	Other Assistandand Individual ation answered "Yes," Attach to Form le I (Form 990) and its	S in the Unite on Form 990, Part IV 1 990.	d States , line 21 or 22.		OMB No 1545-0047  2017  Open to Public Inspection		
Treasury Internal Revenue Service Name of the organization	- Infor	mation about Schedu	ie I (Form 990) and its	instructions is at wi	<u>/w.irs.gov/10ri11990</u> .	Emula	dentifie	ation number	
Name of the organization Alliance of Automobile Manufac Inc	cturers					52-21 <sub>4</sub>		ation number	
	mation on Grants	and Assistance							
the selection criteria use  Describe in Part IV the o	ed to award the grants organization's procedu	or assistance? res for monitoring the u	se of grant funds in the U	nited States				✓ Yes	□ No
			ditional space is needed	ents. Complete if the o	rganızatıon answered "Yes	" on Form 990, F	art IV, line	21, for any recip	ient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Descrip noncash ass		(h) Purpose of or assistance	f grant
(1) See Addıtıonal Data									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
	, , , , _	-	s listed in the line 1 table				<b>&gt;</b>	_	8 8
For Paperwork Reduction Act No				Cat No 50055			Sche	edule I (Form 990	) 2017

Schedule I (Form 990) 2017						Page <b>2</b>				
Part IIII Grants and Other As Part III can be duplicated	sistance to 'ated if addition	Domestic Individua onal space is needed	als. Complete if the org	janization answered "Yes"	on Form 990, Part IV, line 22					
(a) Type of grant or assista		(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance				
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
Part IV Supplemental 1	Informatic	on. Provide the info	ormation required in	Part I, line 2; Part III	I, column (b); and any other ad	dditional information.				
Return Reference	Explanatio	on								
Part I, Line 2	Grants and O	rants and Contributions are tracked directly through the organization's accounting system and payments are approved through the internal policies of the								

Schedule I (Form 990) 2017

## **Additional Data**

(a) Name and address of

Alliance of Automobile

Manufacturers CA PAC

555 Capitol Mall Suite 1425 Sacramento, CA 95814

American Energy Alliance 1155 15th Street NW Suite

Washington, DC 20005

Software ID: Software Version:

(b) EIN

26-2335858

26-2731617

**EIN:** 52-2143968 Inc

Name: Alliance of Automobile Manufacturers

7,300

50,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

organization	п аррисавіе	grant	Casn	(DOOK, FMV, appraisal,	ı
or government			assistance	other)	ı
				,	ı
					ı
					ı
					_

527

501(c)(4)

(d) Amount of cash (e) Amount of non-(f) Method of valuation

0 N/A

0 N/A

(h) Purpose of grant

(q) Description of non-cash assistance

IN/A

N/A

or assistance

To support the work of the organization

To support the work of

the organization

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

722 12 Street NW 4th Floor

Washington, DC 20005

American Heart Association 7272 Greenville Avenue Dallas, TX 75231	13-5613797	501(c)(3)	50,000	0	N/A		Sponsoring Heart's Delight Reception
Americans for Tax Reform	52-1403587	501(c)(4)	25,000	0	N/A	N/A	To support the work of

the organization

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 01-0779978 501(c)(3) 50.000 0 N/A N/A To support the CAR Center for Automotive program

the organization

Research 3005 Boardwalk Suite 200 Ann Arbor, MI 48108			·				Affiliates program
Center for Innovative Policy	02-0747896	501(c)(4)	25,000	0	N/A	N/A	To support the work of

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

401 K Street NW Suite 200

Washington, DC 20005

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

52-6073157

Ford's Theatre

514 Tenth Street NW

Washington, DC 20004

Energy Policy Research Inc	13-1512139	501(c)(3)	50,000	0	N/A	N/A	To support the work of
1031 31st Street NW							the organization
Washington, DC 20007							

O N/A

N/A

To support the work of

the organization

10,000

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO Box 2010

Dade City, FL 33526

Intelligent Car Coalition Inc PO Box 33821 Washington, DC 20033	46-3283290	501(c)(4)	50,000	0	N/A	N/A	To support the work of the organization
Jobs For Florida	45-5496836	527	7,500	0	N/A	N/A	To support the work of

the organization

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance Rebuild Florida PC 46-3858583 527 7.500 O N/A IN/A To support the work of the organization

8567 Coral Way Unit 374 Miami, FL 33155 Republican Governors 11-3655877 527 175,000 O N/A N/A To support the work of

Association the organization 1747 Pennsylvania Avenue NW

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Washington, DC 20006

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government other) assistance Resources for the Future 53-0220900 501(c)(3) 50.000 O N/A IN/A To support their work 1616 P Street NW related in Transportation Projects To support the work of

Washington, DC 20036 Securing America's Future 20-1727977 501(c)(3) 175,000 O N/A IN/A Energy

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

the organization 1111 19th Street NW Suite 406 Washington, DC 20036

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance Washington Legal Foundation 52-1071570 501(c)(3) 15.000 O N/A IN/A Contribution to work

Federation of the Blind

Congressional Reception

2009 Massachusetts Ave NW Washington, DC 20036

National Federation of the 02-0259978 501(c)(3) 38,500 N/A N/A Sponsoring National

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Blind

200 East Wells Street

Baltimore, MD 21230

efil	e GRAPHIC pi	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 934	9330	06012	278
Sch	nedule J	C	ompensati	ion Information	OM	IB No	1545-0	0047
(Forr	m 990)	► Complete if the or	Compensa ganization answ ► Attach	rustees, Key Employees, and Hig ated Employees rered "Yes" on Form 990, Part IV ato Form 990.	, line 23.		17	
•	tment of the Treasury al Revenue Service	▶ Information a		(Form 990) and its instructions <i>gov/form990</i> .	is at •		to Pul ectio	
Nar	ne of the organiz			<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	Employer identificat			
Allıa Inc	ince of Automobile M	1anufacturers			52-2143968			
Pa	rt I Questi	ons Regarding Compensa	ation					
							Yes	No
1a				the following to or for a person liste y relevant information regarding the				
	_	s or charter travel		Housing allowance or residence for	personal use			
		companions		Payments for business use of perso				
		nification and gross-up paymen	ts 🔽	Health or social club dues or initiati				
	☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)							
b		xes in line 1a are checked, did t all of the expenses described ab		ollow a written policy regarding payn iplete Part III to explain	nent or reimbursement	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?							
	directors, truste	es, officers, including the CEO/	Executive Director	r, regarding the items checked in line	e la.			
3	organization's C	EO/Executive Director Check a	ill that apply Dor	d to establish the compensation of t not check any boxes for methods CEO/Executive Director, but explain				
	☐ Compens	ation committee		Written employment contract				
		ent compensation consultant	✓	Compensation survey or study				
	<b>✓</b> Form 990	of other organizations	$\checkmark$	Approval by the board or compensa	ation committee			
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a			
а	Receive a sever	ance payment or change-of-cor	ntrol payment?			4a		No
b	Participate in, o	r receive payment from, a supp	lemental nonqual	ıfıed retırement plan?		4b		No
c	•	r receive payment from, an equ		_		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons ar	nd provide the app	olicable amounts for each item in Par	t III			
	Only 501(c)(3	), 501(c)(4), and 501(c)(29	) organizations	must complete lines 5-9.				
5		ed on Form 990, Part VII, Section on tingent on the revenues of		the organization pay or accrue any				
а	The organization	n?				5a		
b	Any related orga					5b		
	-	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Section on tingent on the net earnings of the net earnings o		the organization pay or accrue any				
а	The organization	n?				<b>6</b> a		
b	Any related orga					6b		
	•	6a or 6b, describe in Part III						
7		ed on Form 990, Part VII, Section escribed in lines 5 and 6? If "Ye		the organization provide any nonfixe rt III	d	7		
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," d	escribe	8		
9	If "Yes" on line 53 4958-6(c)?	8, did the organization also folk	ow the rebuttable	presumption procedure described in	Regulations section	9		
For F	Panerwork Redu	uction Act Notice, see the In	structions for Fo	orm 990. Cat No. 5	50053T Schedule J	(Form	990)	2017

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (A) Name and Title (C) Retirement (D) Nontaxable (B) Breakdown of W-2 and/or 1099-MISC (E) Total of (F) and other benefits columns compensation Compensation in

		compensation		deferred	Bellettes	(0)(1) (0)	Compensation in
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table	•						
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		1	Schedule J (Fo	orm 990) 2017

Page 3 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Return Reference Explanation All of the items checked on Schedule J - Part 1, line 1a relate to Mitch Bainwol, President and CEO First class travel is provided in the normal course of business for Part I. Line 1a an executive in this position. Additional taxable compensation and benefits, including social club dues and provided vehicle, are included as compensation on his

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

Software ID:

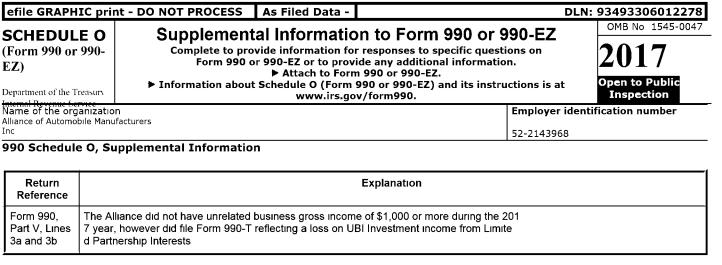
**Software Version:** 

**EIN:** 52-2143968

Name: Alliance of Automobile Manufacturers

Inc

Form 990, Schedule	: J,	Part II - Officers, Di	irectors, Trustees, K	ey Employees, and I	lighest Compensate	d Employees		
(A) Name and Title			of W-2 and/or 1099-MIS	Compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
1Mitch Bainwol President & CEO	(1)	878,230	340,990	281,315	30,400	49,522	1,580,457	0
	(11)	0	0	0	0	0	0	0
1John Whatley EVP & General Counsel	(1)	384,475	43,250	17,155	30,400	46,196	521,476	0
	(11)	0	0	0	0	0	0	0
<b>2</b> David Schwietert EVP, Federal Govt & Public	(1)	354,367	38,500	10,416	30,400	30,042	463,725	0
	(11)	0	0	0	0	0	0	0
<b>3</b> Judith Mulcahy VP, Operations and Finance	(1)	283,290	34,000	11,957	29,298	49,531	408,076	0
	(11)	0	0	0	0	0	0	0
<b>4</b> Gloria Bergquist VP, Communications	(1)	297,837 	34,700	13,641	30,400	36,807	413,385	0
_	(11)	0	0	0	0	0	0	0
<b>5</b> Robert Strassburger VP, Safety & Harmonization	(1)	226,520	34,000	8,985	23,534	30,539	323,578	0
	(11)	0	0	0	0	0	0	0
<b>6</b> Jonathan Weinberger VP, Technology &	(1)	268,097 	31,500	10,406	30,400	19,388	359,791	0
Innovation	(11)	0	0	0	0	0	0	0
7Jennifer Thomas VP, Federal & Government	(1)	237,500	27,500	10,304	29,800	16,912	322,016	0
Affairs	(11)	0	0	0	0	0	0	0
<b>8</b> Christopher Nevers VP, Energy & Environment	(1)	233,100	27,500	10,374	29,800	34,138	334,912	0
	(11)	0	0	0	0	0	0	0
<b>9</b> Amy Brink VP, State Affairs	(1)	234,700	27,500	10,614	29,800	38,517	341,131	0
	(11)	0	0	0	0	0	0	0
<b>10</b> Susan Conti Assistant General Counsel	(1)	208,948	26,800	2,966	26,602	38,167	303,483	0
_	(11)	0	0	0	0	0	0	0
11Steven Douglas Sr Director Environmental	(1)	207,400	28,400	690	26,296	18,319	281,105	0
Affairs	(11)	0	0	0	0	0	0	0
12Curtis Augustine Director Policy & Govt	(1)	206,920	23,400	1,290	25,696	5,282	262,588	0
Affairs, CA	(11)	0	0	0	0	0	0	0
<b>13</b> Wayne Weikel Sr Director State Affairs	(1)	198,250	21,750	300	24,791	15,679	260,770	0
	(11)	0	0	0	0	0	0	0
<b>14</b> Jessica Simmons Assistant General Counsel	(1)	192,283	21,500	270	23,705	10,774	248,532	0
	(11)	0	0	0	0	0	0	0



Return Explanation
Reference

Form 990,
Part VI,
Section A,
Inne 6

The Alliance has regular members, intermediate members, and associate members. Those who a re regular members may vote on Alliance matters. Intermediate members and associate member s may attend Board meetings and participate in discussions but may not vote.

Return Explanation Reference

Form 990. There were six regular member companies on the Board of Directors Each regular member company can nominate up to three members to the Board of Directors. These regular members hav Part VI.

Section A. e voting rights and participate in the Alliance governance. Additionally, there were two i line 7a ntermediate members and four associate members who do not have voting rights

990 Schedule O, Supplemental Information

Return Explanation
Reference

Form 990,
Part VI,
Section A,
Inne 7b

Each of the six regular member companies can nominate up to three members to the Board of
Directors Members of the Board also participate in the Executive Committee meetings Each
company, regardless of the number of Board members present, has one vote on each issue fo
r a total, if all members are represented, of six votes

Return
Reference

Torm 990, The information for the 990 is compiled by the VP of Operations and Finance and the accoun

Form 990,
Part VI,
Section B,
line 11b
The information for the 990 is compiled by the VP of Operations and Finance and the accounting department and given to the tax staff of the independent auditing firm. Once the auditing tirm has prepared the draft, the accounting department reviews it and requests any neces sary changes. Then the VP of Operations and Finance reviews before the final review is mad e by the President and CEO, the General Counsel, and the Finance Committee. A copy of the

990 is made available to the Board of Directors prior to filing

990 Schedule O, Supplemental Information

Return Explanation

Form 990,
Part VI,
Section B,
Inne 12c

The conflict of interest declaration is discussed in one Board meeting annually. In addition, each member of the Board reaffirms the conflict of interest declaration annually. The process is recorded in the minutes of the Board meeting.

Return Explanation

Form 990,
Part VI,
Section B,
Inne 15a
Comparability data from a number of like industry surveys is maintained and reviewed on an as-needed basis. The Executive Committee of the Board set the multi-year contractual comp ensation for the President and CEO based on external data collected. Annual performance we light sheavily in the determination of the variable compensation payment of the President and CEO occurring each spring.

990 Schedule O, Supplemental Information

Return Explanation

Reference

Reference	
Form 990, Part VI,	Governing documents, certain policies and audited financial statements are available upon request based on the discretion of management
Section C,	
line 19	

Return Explanation

Form 990,
Part IX, line
11g

Ally Engagement & Outreach 2,385 Coalition Engagement 205,800 Compliance 59,452 Economi
sts 55,600 Consulting other 565,309 Marketing 499,676 Other professional fees 17,156 P
ayroll Processing 17,531 Research 2,423,307 Technical Consulting 369,927

Return Explanation
Reference

Reference	
Form 990, Part XII, Line	The organization has a Finance Committee responsible for the oversight of the audit and selection of independent auditor

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** 

(Form 990)

Department of the Treasury

Alliance of Automobile Manufacturers

Internal Revenue Service Name of the organization

## **Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Open to Public

DLN: 93493306012278 OMB No 1545-0047

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

Inspection **Employer identification number** 

nc							52-2	143968				
Part I Identification of Disregarded Entities Complete	ıf the organı	zation ans	wered "Yes'	' on Forr	n 990, Part	IV, lıne	33.					
(a) Name, address, and EIN (If applicable) of disregarded entity			<b>(b)</b> Primary activity		(c) Legal domicile (state or foreign country)		<b>d)</b> Income	(e) End-of-year assets		ets Direct controlling entity		
Part II Identification of Related Tax-Exempt Organizati	i <b>ons</b> Comple	te if the or	nanization a	answere	d "Yes" on F	orm 99	0. Part I	/. line 34	because	ıt had one or	more	
related tax-exempt organizations during the tax year		te ii tiie oi	garrizacion	4115WC1C	u 165 0111	01111 23	o, raic i	, iiiic 5 i	because	it flad offe of	11101 C	
(a) Name, address, and EIN of related organization		( <b>b)</b> y activity	(c) Legal domic or foreign o	ıle (state	(d) Exempt Code	section	Public cha	e) rrity status 501(c)(3))	Dir	(f) ect controlling entity	Section (13) co ent	512(b) ntrolled
											Yes	No
(1)Alliance of Automobile Manufacturers PAC 803 7th St NW Suite 300	See Part VI	I	DC		527					Alliance of Automobile Manufacturers		
Washington, DC 20001 45-4807568												
(2)Alliance of Automobile Manufacturers CA PAC 555 Capitol Mall Sute 1424	See Part VI	I	CA		527				Alliance o Manufacti	f Automobile urers	Yes	
Sacramento, CA 95814 26-2335858												
											_	
For Paperwork Reduction Act Notice, see the Instructions for Forn	1 990.		Ca	t No 501	135Y				Sch	edule R (Form	990) 20	17

(a)  Name, address, and EIN of related organization			(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income		Disprop alloca	tions?	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr	ral or Piging on	<b>(k)</b> Percenta owners
								Yes	No		Yes	No	
												$\perp$	
												-	
												_	
Identification of Related Organizated because it had one or more related o						ation answ	vered "Yes	" on Fo	orm 99	90, Part IV,	line :	34	
(a)  Name, address, and EIN of related organization	(b) Primary activity	L do (state	(c) egal micile or foreign	Direct	(d) controlling Type entity (C co	(e) e of entity rp, S corp, r trust)	<b>(f)</b> Share of total Income		(g) of end-o year assets	of- Percei owne	ntage	[(13)	(ı) tion 5 ) cont entity
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nedule R (Form 990) 2017		Pa	ige <b>3</b>
Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	<b>1</b> g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	<b>1</b> i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	10		No
p Reimbursement paid to related organization(s) for expenses	<b>1</b> p		No
<b>q</b> Reimbursement paid by related organization(s) for expenses	<b>1</b> q	Yes	

,	course of facilities, equipment, or other assets to related organization(s)			
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
О	Sharing of paid employees with related organization(s)	10		No
р	Reimbursement paid to related organization(s) for expenses	<b>1</b> p		No
q	Reimbursement paid by related organization(s) for expenses	1q \	Yes	
r	Other transfer of cash or property to related organization(s)	1r		No
	<b>!</b>	1s		No
-				

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds (1)Alliance of Automobile Manufacturers CA PAC (2)Alliance of Automobile Manufacturers PAC

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

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

was not a related organization. See instructions regarding exclusion for certain investment partnerships															
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)			501(c)(3) organizations?		(f) Share of total Income	(g) Share of end-of-year assets			(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No			
										Schedul	e R (Forn	1 99	0) 2017		

Schedule R (Form 990) 2017 Page 5 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Return Reference Explanation Part II, Column (b) Alliance of Automobile Manufacturers PAC (b) Primary Activity To support and encourage the election of persons to federal offices that support the needs of the automotive industry Alliance of Automobile Manufacturers CA PAC (b) Primary Activity To support and encourage the election of persons to CA offices that support Ithe needs of the automotive industry

Schedule R (Form 990) 2017