SCANNED JUN 2 4 2016

· Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

A	For the 2	014 calendar year, or tax year beginning October 1	, 2014, and end	ding Septer	mber 30	, 20 15
B	Check if a	plicable C Name of organization Illinois Manufacturing Excellence	Center		D Employ	er identification number
П	Address c					37-1368934
Ħ	Name cha	No object to the property of t	address) Room	/suite	E Telepho	ne number
Ħ			·			309-677-3765
님	Initial retur	Ot	tal code			303-077-3703
吕	Final return		tu: 0000		C Gross v	2001to \$ 0.035.055
片	Amended		·		G Gross re	
Ш	Application	pending F Name and address of principal officer David Boulay		-		subordinates ⁹ Yes No
		(Same as C above)				s included? LYes LNo
<u></u>	Tax-exem	ot status	4947(a)(1) or 📙 527	11 "N	io," attach a	a list (see instructions)
<u>J</u>	Website.			H(c) Group	exemption	number ►
		anization	L Year of form	nation 1996	M State	of legal domicile
P	art I	Summary				
	1 E	riefly describe the organization's mission or most significar	nt activities. To o	perate for educ	ational a	nd charitable purposes
ဗ္ပ	l t	increase the productivity and global competitiveness of man	ufacturing and tecl	nology-related	l firms an	d related industries that
Activities & Governance	1	npact such enterprises				
err		theck this box ▶ ☐ if the organization discontinued its oper	ations or dispose	d of more than	1 25% of	its net assets.
õ		lumber of voting members of the governing body (Part VI, I			3	15
æ	1	lumber of independent voting members of the governing bo	•	b)	4	15
es	1	otal number of individuals employed in calendar year 2014			5	43
Σ	1	otal number of volunteers (estimate if necessary)	(,,		6	0
Ę	1	otal unrelated business revenue from Part VIII, column (C),	line 12		7a	0
•	1	let unrelated business taxable income from Form 990-T, lin			7b	0
	<u>D </u>	let uniterated business taxable income from 1 onn 990-1, in	604	Prior Ye		Current Year
	, ,	Contributions and greats (Part VIII, Inc. 1b)				
q.		Contributions and grants (Part VIII, line 1h)			5,403,552	5,046,185
Revenue	1	rogram service revenue (Part VIII, line 2g)		-	3,848,518	3,879,388
Re	1	envestment income (Part VIII, column (A), lines 3, 4, and 7d)			6,937	9,482
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c,			0	0
		otal revenue – add lines 8 through 11 (must equal Part VIII, co			9,259,007	8,935,055
		frants and similar amounts paid (Part IX, column (A), lines 1	–3)	<u> </u>	4,676,712	5,140,769
		denefits paid to or for members (Part IX, column (A), line 4)			0	0
S		alaries, other compensation, employee benefits (Part IX, colur	nn (A), lines 5–10)		95,073	199,168
Expenses		rofessional fundraising fees (Part-IX, column (A), line 11e)	- ₁ · · · ·		0	0
ğ		otal fundraising expenses (Part IX, column (D), line-25) >			<u> </u>	
Ŵ	17 (other expenses (Part IX, column (A), lines 11a=11d, 11f=24e),	;	3,909,561	3,544,382
	18	otal expenses. Add lines 13+13 (must equal Part IX, colum	วุ๊ (A), line 25) .		B,681,346	8,884,319
	19 F	levenue less expenses Subtract line 48 from 1/16 420	<u> </u>		577,661	50,736
5 g		<u> </u>	=	Beginning of Ci	urrent Year	End of Year
ssets or	20	otal assets (Part X, line 16)			4,727,682	4,533,170
ASS	21	otal assets (Part X, line 16) . OGDEN UT . otal liabilities (Part X, line 26)	.!		1,374,829	1,129,581
Net As Fund B	22	let assets or fund balances. Subtract line 21 from line 20			3,352,853	3,403,589
_	art II	Signature Block		- `		
_		es of perjury, I declare that I have examined this return, including accompar	nying schedules and st	atements, and to t	the best of	my knowledge and belief, it is
tru	ie, correct,	and complete Declaration of preparer (other than officer) is based on all info	rmation of which prepared	arer has any know	ledge	
		736			5/13/	16
Sig	gn	Signature of officer		Da	ate	
He		David Boulay President				
		Type or print name and title				
_		Print/Type preparer's name Preparer's signature		Date	Check	PTIN
Pa					self-em	
	eparer	Firm's name	!	E	n's ElN ▶	· · ·
Us	se Only				one no	
Ma	v the IP	Firm's address ► 6 discuss this return with the preparer shown above? (see in	nstructions)	1 - 1		Yes No
_		ork Reduction Act Notice, see the separate instructions.		t No 11282Y		Form 990 (2014)
FOI	raperw	nk neuvolivn Act Notice, see the separate instructions.	- Ca	1 140 112021		. 5 555 (2017)

Form 99	90 (2014)				Page 2
Part		nent of Program Service	Accomplishments	······································	. 290 2
			response or note to any line in this	Part III	/
1		ribe the organization's missi			
			purposes to increase the productivity		
	technology-re	elated firms and related indu	stries that impact such enterprises		
2	Did the orga	inization undertake any sigr	nificant program services during the	year which were not listed on t	he
	•				☐ Yes 🗹 No
3	Did the org		g, or make significant changes in		
					☐ Yes ☑ No
4	Describe the expenses. S	e organization's program se section 501(c)(3) and 501(c)	ervice accomplishments for each of (4) organizations are required to rep for each program service reported.		
4a	(Code:		8,048,468 including grants of \$		
			and training services to manufacturin		
			Activities during the period include se		
			ompleted informal assistance engage		
			cturing-related enterprises.		
				•••••	,
				·····	
4b	(Code.) (Expenses \$	including grants of \$) (Revenue \$)
	,				
		•••••	•••••		
			·····		
	••				
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	•••••				
	•••••				

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 8,048,468

Form 990 (2014)

art i	Checklist of Required Schedules		1/2	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	2	▼	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	✓	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.	1 1 2 2 2 E	Park.	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		✓
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		/
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		√
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11e 11f		✓
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13 14 a b	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, 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	13 14a 14b		∀ ✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b For		0 (2014)
		-01	55	- (2014)

Part l	V Checklist of Required Schedules (continued)			<u> </u>
			Yes	No
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	√	
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		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
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		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		√
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		√
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	, L 276 c.		
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	✓	
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			1
38	Part VI	37	1	•
			000	

Part			_
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	🗹
		Y	es No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	羅子	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c ✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	100 3	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 43	382 2	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b ✓	/
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	√
b	If "Yes," enter the name of the foreign country: ▶		第 提出
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	- √
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		
	gifts were not tax deductible?	6b	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
7	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?	7-	
	and services provided to the payor?	7a 7b	
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70	
·	required to file Form 8282?	7c	1
d	If "Yes," indicate the number of Forms 8282 filed during the year	200	
e	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 required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	eassaca let cata co. d
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	EN 256145
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a	
a b	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		
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:		3
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.)	100	ា សមា
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b	12a	Mari
12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13 a	Is the organization licensed to issue qualified health plans in more than one state?	13a	STORE BOTH TO
a	Note. See the instructions for additional information the organization must report on Schedule O		NE N
b	Enter the amount of reserves the organization is required to maintain by the states in which		
	the organization is licensed to issue qualified health plans		
С	Enter the amount of reserves on hand	1000	数数
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	/
_b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000
		Form 5	990 (2014)

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	See ins	structi	
Section	on A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year		Yes	No
b 2	Enter the number of voting members included in line 1a, above, who are independent . 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		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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?	4 5 6	✓	✓ ✓
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a b 9	The governing body?	8a 8b	√	
Cooti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<u>√</u>	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue Co	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		√
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	- 	<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	√	S most
b 12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	1 1	12
¢	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	1	
13 14 15	Did the organization have a written whistleblower policy?	13	✓	
a b	The organization's CEO, Executive Director, or top management official	15a 15b	✓ ✓ 35.4 *	इस
16a		16a	1	✓
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	Let the states with which a copy of this Form 990 is required to be filed . Wineigh			
17 18	List the states with which a copy of this Form 990 is required to be filed Illinois Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501(c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.	erest	polic	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re Bradley University Controller's Office, 1501 W. Bradley Avenue Peoria, IL 61625 309-677-3490	cords	:▶	

orm	990	(2014)	

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

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

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

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

Check this box if neither the organiz	ation nor any relate	d org	anız			ompe	ensa	ated any currer	t officer, director	, or trustee.
				•	C)			1		
(A)	(B)	l (do n			ition more	e than o	one	(D)	(E)	(F)
Name and Title	Average hours per week (list any	box, office	unies er and	s pe l a d	rson	is both or/trust	n an tee)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Robert Barnett	.7					ļ				
Director		/				ļ	 	0	0	
(2) David Fox						1	}			
Director		1	}			├	ļ	0	0	
(3) Jim Haley	7	,	'						[
Director		✓	-		-	-	-	0	0	
(4) Daryl Lindemann Director	7	1	<u> </u>					0	0	
(5) Mike Loquercio Director		1						0	0	:
(6) Ash Luthra	7									
Director		1			l			0	0	(
(7) Larry Meeske	.7									
Director		✓						0	0	
(8) Patrick Murzyn Director	7	1						0	0	
(9) Dan Schueller	.7				\vdash	 	 	† <u>-</u>		
Director	·	1			ļ		Į	0	a	
(10) Jeff Townsend	.7				 			<u>-</u>		
Director		1						0	0	
(11) Tom Welge	.7									
Director	·····	✓					1	0	0	(
(12) Ed Wolbert	7				Γ					
Director] ✓		L				0	0	
(13) Brad Albrecht	.8									
Vice-Chair				1	_			0	0	
(14) Richard Louis	.8									
Chairman		<u> </u>		✓	<u> </u>	<u> </u>	L	0	0	

Form **990** (2014)

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees	s, ar	nd F	lighes	st C	ompensated E	mployees (con	tinued)
			<u> </u>			C)					
	(A)	(B)				ition			(D)	(E)	(F)
	Name and title	Average					than one is both		Reportable	Reportable	Estimated
		hours per week (list any	office	rand	dad	irect	or/trust	<u> </u>	compensation from	compensation fro related	m amount of other
		hours for	악	Inst	Officer	ē.	eng H	Former	the	organizations	compensation
		related	hide	itut	cer	Key employee	hest	mer	organization (W-2/1099-MISC)	(W-2/1099-MISC	*
		organizations below dotted	tor	ona		Bo	၉ ငို		(W-2/1099-MISC)		organization and related
		line)	Individual trustee or director	Institutional trustee		ê	nper				organizations
			ď	stee			Highest compensated employee				
			ļ			_	8				
	erry Wappelhorst	<i>.</i> 8			,						
	ecretary/Treasurer				✓	ļ			0		0 0
	arg Zoberrs	8	-		1				_		
	ce-Chair	40			~		 		0		0 0
	avid Boulay	40									
	resident				•				6,112		0 0
(18)			1								
(19)									 		
1.12/		}									
(20)											
35.57		ļ	1						}		
(21)											
32			1						İ		
(22)											
3			1					ļ	l		
(23)											
(24)]		ŀ						
			1		_						
(25)					1						
		L		l	L	<u> </u>	<u> </u>	Ļ	ļ		
1b	Sub-total	 							6,112		0 0
C	Total from continuation sheets to Part							>	0	i	0 0
	Total (add lines 1b and 1c)							<u> </u>	6,112		0 0
2	Total number of individuals (including bu reportable compensation from the organ		to tn	iose	IISI	tea	above	e) w	no receivea m	ore than \$100,	UUU OT
	reportable compensation from the organ	zation									Yes No
3	Did the organization list any former of	ficer direc	tor. c	r tr	ust	ee.	kev e	emr	olovee, or high	est compensa	
•	employee on line 1a? If "Yes," complete										. 3 /
4	For any individual listed on line 1a, is the							n a	and other comm	ensation from	the 12로 15 - 이 (환)
•	organization and related organizations										
	ındıvıdual	-							•		4 /
5	Did any person listed on line 1a receive of	or accrue co	ompe	nsa	tion	fro	m any	ur ur	related organiz	zation or individ	dual Signatural laub
	for services rendered to the organization	? If "Yes," o	compl	ete	Scl	hedi	ule J i	for :	such person		. 5 🗸
Secti	on B. Independent Contractors									-	
1	Complete this table for your five highest										
	compensation from the organization. Re	oort compe	ensatio	on f	or ti	he c	alenc	lar y	year ending wit	h or within the	organization's tax
	year.										
	(A)								(B)		(C)
	Name and business add	iress						_	Description of s	ervices	Compensation
Bradle	y University, 1501 W Bradley Avenue, Peori	a, IL 61625						En	nployment/Acco	unting	812,368
Busin	ess Technology Partners, 1751 Lake Cook R	oad, Suite 4	00, De	erfi	eld,	IL 6	0015	_	nsulting		442,933
	ech, 1609 W. Wernsing Drive, Effingham, IL							T	nsulting/Trainir	ng	272,718
	lge Alliance, 645 Patriot Avenue, Martinsville								nsulting		165,274
	Schleifmittelwerke, Swarovskistrasse 33, A Total number of independent contractor	6130, Schw	az, Au	ıstri	a ·	lussin	tod +		nsulting	ove) who	158,400
2	received more than \$100,000 of compen							<i>.</i> (1	iose listed ab	Ove) WIIO	

Part	VIII	Statement of Reve							
		Check if Schedule O	contains	a resp	onse or note to				<u> </u>
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns		1a	0		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		医结结 流鳥
Contributions, Giffs, Grants and Other Similar Amounts	b	Membership dues .		1b	0				(1994年)
ا ڳِ ٿ	С	Fundraising events .		1c	0				
if the	d	Related organizations		1d	0				
Contributions, Giff and Other Similar	e	Government grants (con		1e	4,982,985		195 M		
Sign	f	All other contributions, gi		 ••	4,362,363		中語為自語源		
iğ iği	•	and similar amounts not incl		1f	62.000				國人為國際領
를 등					63,200		10 mg		
<u> </u>	9	Noncash contributions includ		-	0			[[[[]] [] [] [] [] []	
	h	Total. Add lines 1a-1	· · ·	• • •	Business Code	5,046,185	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	7	्र राज्या विश्वविद्यालया । इत्र राज्या वस्त्र द्वारीका सम्बद्धा
울				}	Business Code			The state of the s	
Š	2a	Client Projects		}	541900	3,879,388	3,879,388	0	0
Ğ.	b								
. <u>ĕ</u>	С								
Ser	d								
E	е								
Program Service Revenue	f	All other program sen	revenu	Je.	0	0	0	0	0
Pro	g	Total. Add lines 2a-2	f		>	3,879,388			
	3	Investment income	(including	divide	ends, interest,				-
		and other similar amo	unts) .		🕨	9,482	0	o	9,482
	4	Income from investment				0		0	0
	5			-	▶	0	0	0	0
		rioyanics	(i) Rea		(ii) Personal	5-034, 475, 6	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3.14(19)	(2) · 海坝以外村
	6-	Cross ropts					· 在 在 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	6a	Gross rents							图 光梯道
	b	Less: rental expenses				W. Barrier	型型品 海素	经资格 对正立	1.00年,100年
	С	Rental income or (loss)				-13-3		The state of the s	1803 168 1 185
	_d	Net rental income or (0	0	0	0 () () () () () () () () () ()
	7a	Gross amount from sales of	(i) Securit	ties	(ii) Other				- 3 / W. 3 / July
		assets other than inventory							
	b	Less. cost or other basis					1 2 3 2 3 3 3 3 3	The state of	
	İ	and sales expenses							
	с	Gain or (loss)						- '.	
	d	Net gain or (loss) .			<u> ►</u>	0	0	0	0
						i.			
ŭe	8a	Gross income from fu	ındraısıng						
Æ		events (not including \$						(1)	1 4 4 1
ě		of contributions reporte	ed on line 1	c).			· · · · · · · · · · · · · · · · · · ·		1.274
<u>-</u>	}						1		
Other Revel	ь	Less: direct expenses	s	. b		1			
0		Net income or (loss) f			events . >	0	^ ' .	0	0
		Gross income from ga							
		See Part IV, line 19		· а			-	1	
	۱	Less: direct expenses	· · ·	. b		1			
	b	Net income or (loss) f			vities ▶	<u> </u>		ļ	
	100	· ·	_	-	Vities P	0	0	0	U
	lua	Gross sales of in returns and allowance							
						4			İ
	b	Less. cost of goods s				 			
	С	Net income or (loss) f		of inve		0	0	0	0
		Miscellaneous F	Revenue		Business Code	ļ <u>.</u>		ļ	
	11a								
	b								
	С								
	d	All other revenue .					0	0	0
	е	Total. Add lines 11a-	-11d		. ▶	Į.			
	12	Total revenue. See I				8,935,055	3,879,388	0	9,482

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respon	se or note to any li	ne in this Part IX .		🗸
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	5,140,769	5,140,769		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0	0	0	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 8	Other salaries and wages	185,002 0	159,014	25,988 0	0
9 10	Other employee benefits	0 14,166	0 12,178	0 1,988	0
11 a	Fees for services (non-employees): Management	0	0	0	0
b	Legal	7,143	2,036	5,107	0
C	Accounting	22,300	5,700	16,600	0
d	Lobbying	48,000	48,000	0	0
e	Professional fundraising services. See Part IV, line 17				0
f g	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) .	0	0	0	0
12	Advertising and promotion	10,186	10,186	0	0
13	Office expenses	128,314		37,592	0
14	Information technology	0		0	0
15	Royalties	0	0	0	0
16	Occupancy	26,400	1,576	24,824	0
17	Travel	288,937	280,066	8,871	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings .	15,181	14,823	358	. 0
20	Interest	0		0	0
21	Payments to affiliates	0		0	0
22	Depreciation, depletion, and amortization .				0
23	Insurance	24,465	0	24,465	.0
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Contractual Services	2,924,998	2,313,615	611,383	0
b c	Allocation of Line 1 Mgmt & Gen Expenses	0	(78,243)	78,243	.0
d					
e 25	All other expenses Misc. Total functional expenses. Add lines 1 through 24e	48,458 8,884,319			0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X. (B) Beginning of year End of year 1 Cash-non-interest-bearing 3,099,111 2,866,574 2 Savings and temporary cash investments 2 0 3 3 1,095,609 1,292,169 4 531,115 372.311 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. O 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 0 Assets 0 7 7 ol 0 Inventories for sale or use 8 0 0 Prepaid expenses and deferred charges 9 1.847 2,116 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation . . . 10b 0 10c 0 Investments—publicly traded securities 11 0 11 0 12 Investments - other securities. See Part IV, line 11 . 0 12 0 13 Investments - program-related, See Part IV, line 11 . . . ol 13 0 14 0 14 0 0 15 15 Other assets. See Part IV, line 11 0 4,727,682 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 4,533,170 17 Accounts payable and accrued expenses 295,858 17 359,252 18 18 545,294 581,178 Deferred revenue 19 533,677 19 189,151 20 20 Tax-exempt bond liabilities 0 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 ol O Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 0 0 23 23 Secured mortgages and notes payable to unrelated third parties . . . 0 0 24 24 Unsecured notes and loans payable to unrelated third parties . . . o) 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 25 0 Total liabilities. Add lines 17 through 25 1.374.829 26 1.129.581 Organizations that follow SFAS 117 (ASC 958), check here ▶ Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets . . 3.352.853 27 3.403.589 28 Temporarily restricted net assets 28 0 29 29 Permanently restricted net assets Net Assets or Fund ol Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 32 32 Retained earnings, endowment, accumulated income, or other funds. 33 3,352,853 33 3,403,589 34 Total liabilities and net assets/fund balances . 4,727,682 34 4,533,170 Form 990 (2014)

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Part				гау	je 12
	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			5,055
2	Total expenses (must equal Part IX, column (A), line 25)	2		8,884	4,319
3	Revenue less expenses. Subtract line 2 from line 1	3		50	0,736
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3,352	2,853
5	Net unrealized gains (losses) on investments	5			. 0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8	·		0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		3,403	3,589
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>		• •	
				Yes	No
1	Accounting method used to prepare the Form 990. Cash Accrual Other	·	_ 3		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın i	n 漢語		
	Schedule O.			138	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			√	01. S. M
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled o	or S		
	reviewed on a separate basis, consolidated basis, or both:				*
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		200		
b	Were the organization's financial statements audited by an independent accountant?		. 2b	V	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on	a 🏥		100
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		24.	435	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o		. i		
	of the audit, review, or compilation of its financial statements and selection of an independent account			/	1. ***
	If the organization changed either its oversight process or selection process during the tax year, ex	(plain i	n B	15	
	Schedule O.		1998	3	Hi
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	torth i	ı		
	the Single Audit Act and OMB Circular A-133?		· 3a	✓	
b			1	,	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	waits.	3b	n 990	

-SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name	of the organization				· <u> </u>	Employer identification	number
	Manufacturing Excellence Center	CA-A (All			L . 11	37-130	
Par							ns.
	rganization is not a private found: A church, convention of church				•	•	
2	A school described in section			Dea III Se	CHOII 17	υ(b)(1)(A)(i).	
	A hospital or a cooperative ho		•	section	170(b)(1	MAMii).	
	A medical research organization						(iii). Enter the
	hospital's name, city, and stat		•			· // //	, ,
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	d by a government	al unit described in
6	☐ A federal, state, or local gover	nment or govern	mental unit described	ın sectio	n 170(b)	(1)(A)(v).	
7	An organization that normally described in section 170(b)(1)			oort from	a gover	nmental unit or from	the general public
8	A community trust described	n section 170(b)	(1)(A)(vi). (Complete l	Part II.)			
9	An organization that normally receipts from activities relate support from gross investme acquired by the organization a	d to its exempt ent income and	functions—subject to unrelated business t	certain axable ii	exceptioi ncome (l	ns, and (2) no more ess section 511 ta	than 331/3% of its
10	☐ An organization organized and	d operated exclus	sively to test for public	safety. S	See sect i	ion 509(a)(4).	
11	An organization organized and one or more publicly supporte the box in lines 11a through 11	operated exclusi d organizations d	vely for the benefit of, escribed in section 50	to perfori 9(a)(1) o	m the fun r section	ctions of, or to carry 509(a)(2). See secti	i on 509(a)(3). Check
а	☐ Type I. A supporting organization(sorganization You must con	s) the power to re	egularly appoint or ele				
b	☐ Type II. A supporting organ control or management of the organization(s). You must c	ne supporting org	janization vested in th				
С	Type III functionally integral its supported organization(s	ated. A supportir	ng organization operat				y integrated with,
đ	☐ Type III non-functionally in that is not functionally integree requirement (see instruction	rated. The organi	zation generally must	satisfy a	distributi	on requirement and	
е	Check this box if the organize functionally integrated, or Ty	zation received a	written determination	from the	IRS that	ıt ıs a Type I, Type I	I, Type III
f	Enter the number of supported	organizations .					[
g			orted organization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	listed in you	irganization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			(see instructions))	Yes	No	ļ	
(A)							-
(B)	······································						
(C)							
(D)							
(E)							
Total							

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total grants, contributions. Gifts. membership fees received. (Do not include any "unusual grants") . . 3,525,205 4,326,484 4,765,214 5.403.552 5.046.185 23,066,640 revenues levied organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge n Total. Add lines 1 through 3. . . . 3.525.205 4.326.484 4.765.214 5.403.552 5 046 185 23,066,640 The portion of total contributions by each person (other than governmental unit or vloildug supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. 23.066.640 Section B. Total Support (a) 2010 (d) 2013 (f) Total Calendar year (or fiscal year beginning in) **(b)** 2011 (c) 2012 (e) 2014 Amounts from line 4 3,525,205 4,326,484 4,765,214 5,403,552 5,046,185 23,066,640 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 15,724 6,313 5,146 6,937 9,482 43,602 Net income from unrelated business activities, whether or not the business is regularly carried on . . . 0 0 0 0 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. Add lines 7 through 10 11 23,110,242 Gross receipts from related activities, etc. (see instructions) 12 14,623,378 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f) . . . 14 14 99 81 % Public support percentage from 2013 Schedule A. Part II, line 14 15 15 99 65 % 331/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this \checkmark 331/3% support test-2013. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

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

Section	on A. Public Support						
Calend	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities			:			
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
5	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5		<u> </u>				
	Amounts included on lines 1, 2, and 3		· · · · · · · · · · · · · · · · · · ·				
	received from disqualified persons			,			
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000	1					
	or 1% of the amount on line 13 for the year						· · · · · · · · · · · · · · · · · · ·
С	Add lines 7a and 7b	I Sigh AS and U. Co.	a compare to the study	AND AND AREA & SETTING	Married and American Control of the St. Co.	MI	
8	Public support (Subtract line 7c from						
Casti	line 6)	** *** *** ***	* ASSESSMENT	并是一种	计算性 数据性		
	on B. Total Support dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
Galeni 9	Amounts from line 6	(a) 2010	(b) 2011	(6) 2012	(u) 2013	(e) 2014	(i) Total
_	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .			ļ			
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b					1	
11	Net income from unrelated business						
	activities not included in line 10b, whether						
10	or not the business is regularly carried on Other income. Do not include gain or	}		 		 	
12	loss from the sale of capital assets		1				
	(Explain in Part VI.)					1 1	
13	Total support. (Add lines 9, 10c, 11,			1	<u> </u>		
	and 12.)	L					
14	First five years. If the Form 990 is for t	-					
	organization, check this box and stop he			<u> </u>	· · · · · · · · · · · · · · · · · · ·	<u> </u>	▶ □
	on C. Computation of Public Suppo					1451	
15	Public support percentage for 2014 (line Public support percentage from 2013 Sc					15	<u>%</u> %
16 Section	on D. Computation of Investment In			<u> </u>	<u> </u>	1 10 1	70
17	Investment income percentage for 2014			v line 13. colu	mn (fl)	17	%
18	Investment income percentage for 2014						%
19a	33 ¹ / ₃ % support tests – 2014. If the organ						
ь	and of the state o						
_	33 /3 /6 Support tests—2013. If the organi					0 10 111010 111011	o 1070,
	line 18 is not more than 331/3%, check this Private foundation. If the organization d	box and stop h	ere. The organ	ization qualifies	s as a publicly s	supported organi	zation 🕨 🗌

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

ecu	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- ()
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	, °, °, °, °, °, °, °, °, °, °, °, °, °,	
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		لنسنا
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c) Line	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		, , , , , , , , , , , , , , , , , , ,
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		1
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	-	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a		
		iva		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

				Page J
Part	Supporting Organizations (continued)		1.:	
44	Has the argenization accounted a city or contribution from the fall of the fal	1 .0	Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons?	1.	1,5	144
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	 ^ -	لنفت
b	A family member of a person described in (a) above?	11b	-	_
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	 	
	on B. Type I Supporting Organizations	<i></i>	·	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	37.2		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	ļ .	5	
	controlled the organization's activities. If the organization had more than one supported organization,		1 - A 2 - B - A	13
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	, ., ,,		1.2
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	حسنت	
2	Did the organization operate for the benefit of any supported organization other than the supported	<u> -</u> ,		1
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part),		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	\ \frac{\gamma}{4}	1 .	
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		£ 4	191
	or management of the supporting organization was vested in the same persons that controlled or managed		3.0	133
	the supported organization(s).	1	 	
Sect	ion D. All Type III Supporting Organizations	<u> </u>		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	. "	, ,	1 2 1
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax	· .	3.	
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		ļ	لگنا
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1	 	
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	`-	1. 1	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			• • • •
	significant voice in the organization's investment policies and in directing the use of the organization's		1	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	-	ļ <u>.</u>	
	supported organizations played in this regard.	3		L
Sect	ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstru	ction	s):
а	The organization satisfied the Activities Test. Complete line 2 below.			
Ь	The organization is the parent of each of its supported organizations. Complete line 3 below.		_4 4:	1
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	iee in:	structi	ons). ——–
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	-		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		14 .	
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
ь		20		
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the] -)	1.	
	reasons for the organization's position that its supported organization(s) would have engaged in these	_ ,	L	
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a	 	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard	3b	ļ	لـنـا

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	izations	
Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must co	tru mol	st on Nov. 20, 1970. See i r	structions. All
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	,		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):	1.5		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount		· · · · · · · · · · · · · · · · · · ·	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	· · · · · · · · · · · · · · · · · · ·	
2 Enter 85% of line 1	2	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	· 100 (1) 100 (1)	
4 Enter greater of line 2 or line 3	4	The second state of the	
5 Income tax imposed in prior year	5	15年17日 · 1878	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	lv-ır		g organization (see
instructions).	,	2 74	

Part '	Type III Non-Functionally Integrated 509(a)(3	Supporting Organi	zations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e			
2	Amounts paid to perform activity that directly furthers exe	orted		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	nızatıons		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions	h the organization is res	sponsive	
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Se	ction E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			[40 2 7 34
	(reasonable cause required-see instructions)			• ,
3	Excess distributions carryover, if any, to 2014:		print to the same	
а		* 74 YE	Tally of the same	, ,
b		F . p 1 . 2		
С			,	
d		THE ROLL THE STA		
<u>-</u> -	From 2013	I T	A	1 1 2
f	Total of lines 3a through e	· · · · · · · · · · · · · · · · · · ·	7 - 7 - 8 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4	3 2 3
g	Applied to underdistributions of prior years		·	
<u> </u>	Applied to 2014 distributable amount		2.1 E.	
	Carryover from 2009 not applied (see instructions)			- 1
	Remainder Subtract lines 3g, 3h, and 3i from 3f		'h'	2.72 (3.7
	Distributions for 2014 from Section		,	
4				- 4 19 2 2
			<u> </u>	
<u>a</u>	Applied to underdistributions of prior years	201	, , , , , , , , , , , , , , , , , , , ,	
<u>b</u>	Applied to 2014 distributable amount Remainder, Subtract lines 4a and 4b from 4.			<u> </u>
_ <u>_c</u>				
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2014. Subtract lines 3h		-	
·	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3 _j and 4c			
 8	Breakdown of line 7:			
a				
<u>a</u>				
	Evenes from 2012	 	 	
<u> </u>	Excess from 2013			
e_	Excess from 2014	<u> </u>	J	<u> </u>

Schedule A (Form 990 or 990-EZ) 2014 Page						
Part VI	Supplemental Part III, line 12.	Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Also complete this part for any additional information. (See instructions.)				

	•	······································				
•••						
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	·					
		······································				
		······································				

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

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

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

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

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

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

	organization answered "Yes ee separate instructions), th	," to Form 990, Part IV, line 5 (Proxy nen	Tax) (see separate	e instructions) or Form 990	-EZ, Part V, line 35c (Proxy
	ection 501(c)(4), (5), or (6) orga	inizations: Complete Part III			
Name (of organization			Employer ider	ntification number
	Manufacturing Excellence				37-1369834
Part		e organization is exempt und			organization.
1	·	he organization's direct and indire	•		
2					•
3	Volunteer hours				
Part	I-B Complete if the	e organization is exempt und	er section 501(d	c)(3).	
1		excise tax incurred by the organiza			
2	Enter the amount of any	excise tax incurred by organization	n managers under	section 4955 ▶ \$	Ves No.
3	If the organization incurre	ed a section 4955 tax, did it file Fo	rm 4720 for this ye	ear?	🗌 Yes 🔲 No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part				
Part		e organization is exempt und			(c)(3).
1	Enter the amount direct	ly expended by the filing organiz	ation for section	527 exempt function	
				_	
2		filing organization's funds contrib			
		vities			
3		expenditures. Add lines 1 and 2			
4		n file Form 1120-POL for this year			Yes No
5	Enter the names, address	ses and employer identification nu	mber (EIN) of all s	ection 527 political organi	zations to which the filing
	organization made payme	ents For each organization listed,	enter the amount	paid from the filing organi	zation's funds. Also enter
	the amount of political co	ontributions received that were pro	mptly and directly	delivered to a separate p	olitical organization, such
	as a separate segregated	fund or a political action committee	ee (PAC). II additio	nai space is needed, prov	ide information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
			1	filing organization's funds If none, enter -0-	contributions received and promptly and directly
				lands in hone, enter o	delivered to a separate
					political organization If none, enter -0-
					1010,0110
(1)]	
			 	 	
(2)		}	}		,
	· 				
(3)		}	-		
					
(4)					
(5)					
	<u> </u>			 	
(6)		 	-		

Ç	5001C G (1 6111 550 61 550-LE) 2014					rage Z
	rt II-A Complete if the organization section 501(h)).	•			•	
A	Check ▶ ☐ if the filing organization belo					oup member's
_	name, address, EIN, expens Check ► ☐ if the filing organization chec				•	
<u>R</u>	Limits on Lobby			roi provisions a	' ' ' '	0.3 A (C) - 1 - 1
	(The term "expenditures" mea				(a) Filing organization's totals	(b) Affiliated group totals
	a Total lobbying expenditures to influence p		·			
	b Total lobbying expenditures to influence a	•		•		
	c Total lobbying expenditures (add lines 1a	_	• • • • • • • • • • • • • • • • • • • •			
	d Other exempt purpose expenditures	•				
	e Total exempt purpose expenditures (add I	ines 1c and 1c	d)			
	f Lobbying nontaxable amount. Enter the columns	e amount fro	om the following	table in both	i	
	If the amount on line 1e, column (a) or (b) is:	The Johnving	nontaxable amount	is:		2007/08/2018
	Not over \$500,000		ount on line 1e.			
	Over \$500,000 but not over \$1,000,000		15% of the excess of	over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess of	over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess ov	rer \$1,500,000		
	Over \$17,000,000	\$1,000,000.				
	g Grassroots nontaxable amount (enter 25%					
	h Subtract line 1g from line 1a. If zero or les					
	i Subtract line 1f from line 1c. If zero or lessj If there is an amount other than zero of			the ergenization	file Form 4720	
	j If there is an amount other than zero or reporting section 4911 tax for this year?					☐ Yes ☐ No
_	<u>`</u>		Period Under sect			
	(Some organizations that made a sect				of the five column	ns below.
			uctions for lines :			
	Lobbying	Evnandituras	During 4-Year Av	eraging Period		
-		Lxperiurtures	During 4-1car Av	craging r cried		
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
	2a Lobbying nontaxable amount					
	b Lobbying ceiling amount (150% of line 2a, column (e))					
	c Total lobbying expenditures					
_	d Grassroots nontaxable amount					
	e Grassroots ceiling amount (150% of line 2d, column (e))					
	f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2014

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed Forn	า 5768
		(2)	

For e	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(;	3)	(b)
	ription of the lobbying activity.	Yes	No	Amount
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?		1	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	✓		
С	Media advertisements?		✓	
d	Mailings to members, legislators, or the public?	L	✓	
е	Publications, or published or broadcast statements?	L	✓	·
f	Grants to other organizations for lobbying purposes?	/		27,360
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	✓		50,525
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .		✓_	
i	Other activities?		/	
j	Total. Add lines 1c through 1	12 24		77,885
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		/	
þ	If "Yes," enter the amount of any tax incurred under section 4912	器		
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .	ويبعب		ক'ত শুন <i>মিলেক্তের্ডিন</i> ড ব
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	\(\frac{1}{5}\)		14.75000000000000000000000000000000000000
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6).)(5), (or se	ction
				Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?			1
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2
3	Did the organization agree to carry over lobbying and political expenditures from the prior year? .			3
Part	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes."			
1	Dues, assessments and similar amounts from members		1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of		
а	Current year		2a	
b	Carryover from last year		2b	
С	Total		2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of	the		
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb	yıng		
_	and political expenditure next year?	•	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	<u> </u>	5_	
Par	t IV Supplemental Information			1 H A P 41
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro e instructions); and Part II-B, line 1. Also, complete this part for any additional information.	up iis	t); Pa	rt II-A, lines 1 and
•				
Lobby	ying activities include:		 -	
Part	II-B, 1b&g: Used an independent consultant for legislative consulting services, including lobbying activity	es. Ti	ne ind	ependent
consu	ultant takes direction from and reports to the president of IMEC.			
Part	II-B, 1f: Membership dues/lobbying service to the American Small Manufacturers Coalition (ASMC). The o	oaliti	on has	a lobbying effort
which	benefits its members.			

Schedule C (For	m 990 or 990-EZ) 2014	Page 4
Part IV	Supplemental Information (continued)	
	······································	
	•••••••••••••••••••••••••••••••••••••••	

••••••••		
		•••••

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number

Illinois	Manufacturing Excellence Center		37-1369834
Par			ids or Accounts.
	Complete if the organization answered		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor		
	funds are the organization's property, subject to the	ie organization's exclusive legal contro	ol? 🗌 Yes 🗌 No
6	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?	<u> </u>	· · · · · · Yes 🗌 No
Par	Conservation Easements.		
	Complete if the organization answered	"Yes" to Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the	organization (check all that apply).	
	Preservation of land for public use (e.g., recrea	tion or education) 🔲 Preservation o	f a historically important land area
	☐ Protection of natural habitat	☐ Preservation o	f a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization hi	eld a qualified conservation contribution	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easemen	ts	2b
С	Number of conservation easements on a certified	nistoric structure included in (a)	2c
d	Number of conservation easements included in	(c) acquired after 8/17/06, and not	on a
	historic structure listed in the National Register .		2d
3	Number of conservation easements modified, tran	sferred, released, extinguished, or terr	minated by the organization during the
	tax year ►		
4	Number of states where property subject to conse		
5	Does the organization have a written policy re		
	violations, and enforcement of the conservation ea	sements it holds?	· · · · · · · · · · · · · · · · · · ·
6	Staff and volunteer hours devoted to monitoring, in	nspecting, and enforcing conservation	easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspe-	cting, and enforcing conservation ease	ements during the year
	▶ \$		
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	f section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		· · · · · · · · · · Yes 🗌 No
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text of	of the footnote to the organization's fir	nancial statements that describes the
	organization's accounting for conservation easem		
Par	III Organizations Maintaining Collection		Other Similar Assets.
	Complete if the organization answered		
1a	If the organization elected, as permitted under SF	AS 116 (ASC 958), not to report in its	s revenue statement and balance sheet
	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the	footnote to its financial statements tha	at describes these items.
b	If the organization elected, as permitted under S	SFAS 116 (ASC 958), to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other simila	r assets held for public exhibition, ed	ducation, or research in furtherance of
	public service, provide the following amounts related	-	
	(i) Revenue included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art		=
	following amounts required to be reported under S	SFAS 116 (ASC 958) relating to these i	tems:
а	Revenue included in Form 990, Part VIII, line 1		> \$
h	Accete included in Form 990, Part X		b ¢

	Organizations Maintaining								
3	Using the organization's acquisition, collection items (check all that apply):		ssion, and o	ther recor	ds, ched	ck any of th	e follov	wing that are a	significant use of its
а	☐ Public exhibition			d	☐ Loan	or exchang	je prog	rams	
b	☐ Scholarly research			e	☐ Othe	r			
С	☐ Preservation for future generations	S							
4	Provide a description of the organization		collections	and expla	un how t	hey further	the ord	anization's exe	mpt purpose in Part
	XIII.							,	
5	During the year, did the organization	solici	t or receive	donation	s of art.	historical tr	easure	s or other simi	lar
•	assets to be sold to raise funds rather								
Dart	IV Escrow and Custodial Arra					- Gradinean			☐ TES ☐ NO
ı arı	Complete if the organization 990, Part X, line 21.	_		" to Forr	n 990, F	Part IV, line	9, or	reported an ar	mount on Form
	Is the organization an agent, trustee				odion (f			t other consta	
1a	is the organization an agent, trustee included on Form 990, Part X?								
									☐ Yes ☐ No
ь	If "Yes," explain the arrangement in P	art XII	I and compl	ete the to	llowing t	able:			
							ļ	<u> </u>	Amount
C	Beginning balance						10	:	
d	Additions during the year						_1c	1	
e	Distributions during the year						1e		
f	Ending balance						11		
2a	Did the organization include an amount						ustodia	I account liabilit	y? 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in P								
	Endowment Funds.		·····		<u> </u>		·		
	Complete if the organization	ansv	wered "Yes	" to Forr	n 990. F	art IV. line	10.		
			Current year	(b) Prid		(c) Two year		(d) Three years ba	ck (e) Four years back
1a	Beginning of year balance	<u> </u>		1		 			
b	Contributions	 		 		 			
				ļ		 			 -
С	Net investment earnings, gains, and losses	<u> </u>						<u> </u>	
d	Grants or scholarships								
е	Other expenditures for facilities and	i		ł		1			
	programs								
f	Administrative expenses					_			
g	End of year balance								
2	Provide the estimated percentage of t	the cu	rrent vear e	nd balanc	e (line 1	ı, column (a)) held	as:	
а	Board designated or quasi-endowme		-	%	` `	,			
b		%							
_	Temporarily restricted endowment ▶	′	%						
·	The percentages in lines 2a, 2b, and 2	o chr	ould equal 1	nnº%					
32	Are there endowment funds not in th				zation th	at are held	and ac	Impostered for t	·he
Ja	organization by:	e pos	36331011 01 1	ne organi	Lation in	at are ricid	and ac	itimistered for	Yes No
	•								
	(i) unrelated organizations								3a(i)
	(ii) related organizations								3a(ii)
b	If "Yes" to 3a(II), are the related organ								3b
4	Describe in Part XIII the intended use:			on's endo	wment f	unds.			
Part	VI Land, Buildings, and Equip								
	Complete if the organization	ans	wered "Yes	" to Forr	n 990, F	Part IV, line	11a.	See Form 990	, Part X, line 10.
	Description of property		(a) Cost or o (investr			or other basis other)		Accumulated epreciation	(d) Book value
	Land				-		 		
		•							
b	Buildings	•	 -						
C	Leasehold improvements	•			<u> </u>		 -		
d	Equipment	•	ļ						
e	Other	•	L		<u> </u>		<u></u>		
Total.	Add lines 1a through 1e. (Column (d) r	must e	equal Form 9	90, Part)	<, columi	n (B), line 10	Oc.) .	🕨 📗	

Part VII	Investments-Other Securit				
	Complete if the organization a	answered "Yes" to Fo	orm 990, Part IV, lin	e 11b. See Form 9	90, Part X, line 12.
	(a) Description of security or cate (including name of security)		(b) Book value	, ,	of of valuation.
(1) Financial	derivatives				
	held equity interests				
(3) Other					
(A)	***************************************				
(B)					
(C)					
(D)	***************************************				
(E)					
(F)				 	
(G)					
(H)	(A) 15 - 000 B AV 1 (B) 1 (C)				
	(b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments - Program Rela		um 000 Dart IV lia	o 11a Coo Form C	100 Dort V line 10
	Complete if the organization a				
	(a) Description of investmen		(b) Book value		od of valuation of-year market value
(1)					
(2)				 _	
(3)			 		· ,
(4)					
(5)					
(6)			 		
(7)			 	 	
(9)		- 	 -	 	
	(b) must equal Form 990, Part X, col. (B) line 13	•			
Part IX	Other Assets.				1. · · · · · · · · · · · · · · · · · · ·
	Complete if the organization a	answered "Yes" to Fo	orm 990, Part IV, lin	e 11d. See Form 9	990, Part X, line 15.
		(a) Description			(b) Book value
(1)					
(2)					
(3)		- <u></u> -			
(4)		<u></u>			
(5)					
_(6)					
_(7)	<u> </u>				
_(8)					
(9)	(A)	V ==1 (D) (== 1E)			
	umn (b) must equal Form 990, Part	x, col. (B) line 15)	· · · · · ·	<u> ▶ </u>	
Part X	Other Liabilities.		own COO Dowt IV Jun	a 11a ar 11f Caa	Form 000 Dort V
	Complete if the organization a line 25.	answered tes lord	omi 990, Part IV, im	e i te or i ii. See	roim 990, Part X,
1.	(a) Description of liability	(b) Book value			
	ncome taxes	(b) Book value			
(2)	neome taxes				
(3)		 			
(4)		- 			
(5)					
(6)	·				
(7)					
(8)					
(9)					
	(b) must equal Form 990, Part X, col (B) line 25	1			
	or uncertain tax positions. In Part XIII, p		tnote to the organization	n's financial statemer	its that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Par				Return.	
	Complete if the organization answered "Yes" to Form 990,				
1	Total revenue, gains, and other support per audited financial statements			1	8,935,055
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		•		
а	Net unrealized gains (losses) on investments	2a	0		
b	Donated services and use of facilities	2b	0	運製	
С	Recoveries of prior year grants	2c	0		
d	Other (Describe in Part XIII.)	2d	0		
е	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	8,935,055
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		ı		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b	Other (Describe in Part XIII.)		0		
_C	Add lines 4a and 4b			4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	-			8,935,055
Par	Reconciliation of Expenses per Audited Financial Staten			er Return	•
	Complete if the organization answered "Yes" to Form 990,				
1	Total expenses and losses per audited financial statements			1	8,884,319
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.	1 - 1	1		
а	Donated services and use of facilities	2a	0		
b	Prior year adjustments	2b	0		
C	Other losses	2c	0		
ď	Other (Describe in Part XIII.)		0	1	
е	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1	<i>i</i> .		3	8,884,319
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			1.00	
b	Other (Describe in Part XIII.)		0	1	_
c	Add lines 4a and 4b			4c	0
5	XIII Supplemental Information.	10.)	· · · · · · · · · · · · · · · · · · · 	3 [8,884,319
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				
					
				·	
				·	
					

Schedule D (Fo	orm 990) 2014	Page 5
Part XIII	Supplemental Information (continued)	

	······································	

	······································	

SCHEDULEI (Form 990)

Department of the Treasury

Name of the organization

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No 1545-0047

Inspection

Employer Identification number

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

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, °N □ (h) Purpose of grant or assistance ဖ ✓ Yes client services 37-1368934 client services client services client services client services client services client services client service Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance . Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 75,000 150,000 60,000 60,000 (d) Amount of cash grant 1,803,328 1,192,373 1,525,339 274,729 Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable the selection criteria used to award the grants or assistance? For Paperwork Reduction Act Notice, see the Instructions for Form 990. General Information on Grants and Assistance State of IL State of IL State of IL 501(c)6 State of IL 501(c)6 501(c)3 501(c)3 37-6008480 36-1804560 37-0661494 37-6000511 37-6005961 10-0068401 76-0801824 36-441222 (b) EIN Inois Manufacturing Excellence Center Grant/Contract, Springfield, IL 62708 (7) Calumet Area Industrial Counci 1 (a) Name and address of organization (5) Tooling & Manuf. Assoc. (TMA) (6) IL Community College Board (3) Southern Illinois University (2) Northern Illinois University (8) North Branch Works (1) University of Illinois or government (4) Bradley University Carbondale, IL 62901 Park Ridge, IL 60068 Springfield, IL 62701 Chicago, IL 60628 Chicago, IL 60614 DeKalb. 1L 60115 Peoria, 1L 61625 Part II Parti 12 5

6

E

Schedule I (Form 990) (2014)

Cat No 50055P

2014)
066
(Form
Schedule I

Schedule I (Ft	edule I (Form 990) (2014)				000	1 1 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered restroyment and the Jean of additional space is needed.	nestic Individual space is needed.	ais. Complete if the 1.	organization answ	ered ites to rottil 990,	רמונוע, וווי בב.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
-						
2						
ო						
4						
ro						
9						
7						
Part IV	Supplemental Information. Provide the information	the information	nation required in Part I, line	ie 2, Part III, colum	Part III, column (b), and any other additional information.	onal information.
Part 1, Lin	Part 1, Line 2. The organization has subrecipients that assist in providing technical, management and financial assistance as well as consulting and training services to manufacturing	ssist in providing t	echnical, management	and financial assistan	se as well as consulting and t	raining services to manufacturing
and techno	and technology-related firms and to related industries that impact such enterprises in the State of Illinois. The subrecipients submit a monthly expenditure report that identifies their	at impact such ent	erprises in the State of	Illinois, The subrecipi	ents submit a monthly expen	diture report that identifies their
expenditur	expenditures of Illinois Manufacturing Excellence Center (IMEC) fur	(IMEC) funds for a	particular month. The	subrecipients also sig	n a certification statement th	nds for a particular month. The subrecipients also sign a certification statement that is part of the monthly expenditure
report that	report that states all outlays and unduplicated obligations are for th	s are for the purpo	ne purpose set forth in the award document and all costs are allowable.	d document and all co	sts are allowable.	
Additio	Additionally, the IMEC president and/or other leadership staff m	rip staff meet with	designated subrecpien	t staff on a periodic ba	sis and all subrecipients are	eet with designated subrecpient staff on a periodic basis and all subrecipients are required to provide IMEC independent.
audits of f	audits of federal funding.					
						Schedule I (Form 990) (2014)

SCHEDULE L `(Form 990 or 990-EZ)

Transactions With Interested Persons

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

(10)

internal Rev		formation about				and its instr					n	spec	o Pui tion	ліс		
Name of th	e organization	_						Empl	oyer ide	ntificat	ion nui	mber				
Illinois M	anufacturing Excel	lence Center	_							37-	13689	34				
Part I		fit Transactior e organization										V, line	40b.			
1 (a	a) Name of disqualified	person	(b) Relationship be	tween organiz		person and		(c) Descripti	on of trai	nsactio	n		(d) Con	ected?		
(1)									·				163	140		
(2)																
(3)																
(4)																
(5)																
(6)																
u 3 E	nter the amount nder section 4958 nter the amount o	f tax, if any, on	line 2, above,	reimb					-	-	► \$					
Part II	Complete if th	/or From Inter ne organization eported an amo	answered "Ye	s" on				38a or Form 9	990, Pa	art IV,	line 2	6; or 1	f the			
(a) Name	e of interested person	(b) Relationship with organization	(c) Purpose of loan	fr	oan to or om the inization?	(e) Ongin principal arr		(f) Balance due	(g) In ((g) In default?		efault? (h) Approved by board or committee?		ard or	r agreemen	
				То	From				Yes	No	Yes	No	Yes	No		
(1)																
(2)										<u>L_</u>						
(3)		<u> </u>														
(4)			L							<u> </u>			L			
(5)										<u> </u>	<u> </u>					
(6)						<u> </u>										
(7)				<u> </u>						<u> </u>	<u> </u>					
(8)										<u> </u>						
(9)												L	ļ			
(10)				<u> </u>		L		<u> </u>								
Total							. ▶	\$	451				5			
Part III		sistance Bene ne organization				0, Part IV, I	ine 27	7								
(a) Na	me of interested perso		ship between inter and the organization		(c) Amount	t of assistance		(d) Type of assista	nce	(e) Purpo	ose of a	ssistan	се		
(1)																
(2)																
(3)																
(4)																
(5)																
(6)																
(7)																
(8)																
(9)																

Part IV	Business Transactions Inve	olving Interested Persons				Page 2
	Complete if the organization	answered "Yes" on Form 990), Part IV, line 28a,	28b, or 28c.		
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of ization's nues?
					Yes	No
	Boulay	Leased Employee	174,750	Compensation		1
(2)			·			
(3)						
(4)	<u>-</u>					
(5)						
(6)			· 			—
(7)			· 			├
(8)						
(9) (10)				 		
Part V	Supplemental Information					Ь_
raitv		on for responses to questions	on Schedule L (see	e instructions).		
		Tel responded to quadriene				
David Boul	av is employed by Bradley Unive	ereity (IMEC's fiscal agent) and	is leased to IMEC B	radley University compensates M	lr Boulas	v
David Doui	ay is employed by bradiey office	asty (IMLO 3 113cal agent) and	is leased to IMLO. L	radicy Offiversity Compensates in	ii. Doula	<i>I</i>
and IMEC i	s invoiced for his compensation	through a contractual arrangen	nent between the tw	o entities. Other personnel lease	d to IME	С
######################################						
do not mee	t the threshold noted in the instr	ructions.				
Additionall	y, IMEC provides services under	contract to board member com	panies on a fee for	service basis on the same terms	as are	
generally o	ffered to the public. There were	not any fee for service transact	tions that exceeded	the reporting threshold for Sched	lule, L	
Part IV dur	ing the tax year					
						••••
					•••••	
					·	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 2014

37-1368934

Open to Public Inspection

Internal Revenue Service

Illinois Manufacturing Excellence Center

► Attach to Form 990 or 990-EZ.

Department of the Treasury ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number

--Form 990, Part III, 4a A significant portion of IMEC's costs are incurred by IMEC's subrecipients that assist the organization in transferring manufacturing technology to Illinois manufacturers. Of the \$5,140,769 in subrecipient expenditures, \$5,062,526 is classified as program service and \$78,243 is classified as general and administrative --Form 990, Part V, 1a Bradley University serves as the fiscal agent for IMEC. Per the instructions relating to reporting agents of the filing organization, the number reported on line 1a is the number of forms filed by the University for providers of services to IMEC for calendar year 2014 --Form 990, Part V, 2a Bradley University has been granted authority to perform the acts required under Section 3505, Chapters 21, 22, 24 and/or 25 of Subtitle C of the Internal Revenue Code on behalf of IMEC Bradley University has also been granted authority to perform the acts required under Revenue Procedure 84-33 with regard to backup withholding on behalf of IMEC Since December 2005, IMEC has utilized ADP payroll services only for supplemental compensation for staff contracted to IMEC_IMEC staff's primary compensation is received as employees of host organizations that are IMEC subrecipients/contractors On December 2, 2014, IMEC entered into an agreement and plan of merger with Illinois Performance Excellence, an Illinois not-for-profit corporation. Effective December 31, 2014, Illinois Performance Excellence ceased operations and merged with and into IMEC Additionally, IMEC's bylaws were updated effective April 2, 2015 Significant changes include: the expansion of the corporate purpose "to foster the long-term competitiveness of the state and nation by stimulating innovation and the development of new practices, products, services and production practices;" and the broadening of eligibility for board members to include representation from non-manufacturing organizations, while still retaining a majority of members from small and medium-sized manufacturers. The board size will not increase.

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization Illinois Manufacturing Excellence Center	Employer identification number
minors monardotaring Excenence oction	37-1368934
Form 990, Part VI, 9	
Names and addresses of board members that cannot be reached at IMEC's mailing address:	
Robert Barnett, 1445 S. Ridge Road, Lake Forest, IL 60045	
David Fox, Advocate Good Samarıtan Hospital, 3815 Highland Avenue, Downers Grove, IL 60515	
Jim Haley, Illini Wire Works, Inc , 4705 E. Radio Tower Lane, Olney, IL 62450	
Daryl Lindemann, Illinois Valley Plastics, 300 N Cummings Lane, Washington, IL 61571	·
Mike Loquercio, D&W Fine Pack, 1900 Pratt Blvd , Elk Grove Village, IL 60007	
Ash Luthra, LSL Industries, Inc., 5535 N. Wolcott Avenue, Chicago, IL 60640	
Larry Meeske, 3610 74th Street, Moline, IL 61265	
Patrick Murzyn, Caterpillar Global Purchasing, Route 29 and Rench Road, Building AC, Mossville, IL 61552	·
Dan Schueller, Federal Signal Corporation, 2645 Federal Signal Drive, University Park, IL 60484	
Jeff Townsend, Eclipse, Inc., 1665 Elmwood Road, Rockford, IL 61103	
Tom Welge, Gilster-Mary Lee Corporation, 1037 State St., Chester, IL 62233	
Ed Wolbert, Transco Products Inc., 200 N LaSalle Street, Suite 1550, Chicago, IL 60601	
Brad Albrecht, Budnick Converting, Inc., P.O. Box 197, Columbia, IL 62236	
Richard Louis, Turner Electric Corporation, 131 Enterprise Drive, Edwardsville, IL 62025	
Gerry Wappelhorst, 39 Lake Top Court, St. Charles, MO 63301	
Craig Zoberis, Fusion Systems, Inc , 6951 High Grove Boulevard, Burr Ridge, IL 60527	
Form 990, Part VI, 11b	·
This form is prepared by IMEC's fiscal agent in collaboration with the IMEC president and vice-president for	or finance. A draft is reviewed
by the fiscal agent's assistant controller and the IMEC president and vice-president for finance. When the	final draft is completed, it is
distributed to board members for their review prior to submission.	•
·	

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization	Employer identification number
Illinois Manufacturing Excellence Center	37-1368934
Form 990, Part VI, 12c	
IMEC's Conflict of Interest Policy is published in IMEC's Operations Manual. Employees are required to a	nnually acknowledge their receipt
of the policy as well as their understanding of and agreement to comply with the policy. When IMEC beco	mes aware of a potential conflict
of interest, the organization follows the process as described in its policy. The conflict of interest policy i	n the board by-laws (section 2.8)
provides additional guidance for the board . Specifically, the by-laws address topics including that direct	ors and their companies may
not receive special consideration for IMEC services, that conflicts should be disclosed and made a matter	of record, and directors should not
vote on any matter of conflict.	
Form 990, Part VI, 15a and 15b	
Compensation for IMEC's president is established by IMEC's board of directors' personnel committee and	approved by the full board. The
board reviews data gathered from comparable organizations in setting salary IMEC's president establish	es the salary for other employees,
utilizıng board ınput as well as independent salary survey data for comparable job responsibilities.	
Form 990, Part VI, 19	
IMEC's governing documents, conflict of interest policy and financial statements are made available to the	e public upon request.
Form 990, Part IX, 24b	
A significant portion of IMEC's costs are incurred by IMEC's subrecipients that assist the organization in t	ransferring manufacturing
technology to Illinois manufacturers. Of the \$5,140,769 in subrecipient expenditures, \$5,062,526 is classif	
\$78,243 is classified as general and administrative.	