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Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation

OMB No 1545-0052

2010

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

For calendar year 2010, or tax year beginning 10/04, 2010, and ending 10/02, 2011

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return
☐ Amended return ☐ Address change ☐ Name change

Name of foundation: MERITOR, INC. TRUST (FKA - ARVINMERITOR, INC.)
A Employer identification number: 52-2089611

Number and street (or P O box number if mail is not delivered to street address): 2135 W. MAPLE ROAD
Room/suite:
B Telephone number (see page 10 of the instructions): 248-435-1000

City or town, state, and ZIP code: TROY, MI 48084
C If exemption application is pending, check here ☐
D 1. Foreign organizations, check here ☐
2. Foreign organizations meeting the 85% test, check here and attach computation ☐

H Check type of organization: ☐ Section 501(c)(3) exempt private foundation
☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 258,158.00
J Accounting method: ☒ Cash ☐ Accrual ☐ Other (specify) _____
E If private foundation status was terminated under section 507(b)(1)(A), check here ☐
F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions).)

| | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|--|------------------------------------|---------------------------|-------------------------|---|
|--|------------------------------------|---------------------------|-------------------------|---|

| | | | | |
|---------|---|------------|-------|-------|
| Revenue | 1 Contributions, gifts, grants, etc., received (attach schedule) | 289,229.00 | | |
| | 2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B | | | |
| | 3 Interest on savings and temporary cash investments | 68.00 | 68.00 | 68.00 |
| | 4 Dividends and interest from securities | | | |
| | 5a Gross rents | | | |
| | b Net rental income or (loss) | | | |
| | 6a Net gain or (loss) from sale of assets not on line 10 | | | |
| | b Gross sales price for all assets on line 6a | | | |
| | 7 Capital gain net income (from Part IV, line 2) | | | |
| | 8 Net short-term capital gain | | | |
| | 9 Income modifications | | | |
| | 10a Gross sales less returns and allowances | | | |

| | | | | |
|---------------------------------------|---|------------|-------|------------|
| Operating and Administrative Expenses | b Less Cost of goods sold | | | |
| | c Gross profit or (loss) (attach schedule) | | | |
| | 11 Other income (attach schedule) | | | |
| | 12 Total. Add lines 1 through 11 | 289,297.00 | 68.00 | 68.00 |
| | 13 Compensation of officers, directors, trustees, etc. | | | |
| | 14 Other employee salaries and wages | | | |
| | 15 Pension plans, employee benefits | | | |
| | 16a Legal fees (attach schedule) | | | |
| | b Accounting fees (attach schedule) | | | |
| | c Other professional fees (attach schedule) | | | |
| | 17 Interest | | | |
| | 18 Taxes (attach schedule) (see page 14 of the instructions) | | | |
| | 19 Depreciation (attach schedule) and depletion | | | |
| | 20 Occupancy | | | |
| | 21 Travel, conferences, and meetings | | | |
| | 22 Printing and publications | | | |
| | 23 Other expenses (attach schedule) | | | |
| | 24 Total operating and administrative expenses. Add lines 13 through 23 | | | |
| | 25 Contributions, gifts, grants paid | 281,229.00 | | 281,229.00 |
| | 26 Total expenses and disbursements. Add lines 24 and 25 | 281,229.00 | | 281,229.00 |
| | 27 Subtract line 26 from line 12: | | | |
| | a Excess of revenue over expenses and disbursements | 8,068.00 | | |
| | b Net investment income (if negative, enter -0-) | | 68.00 | |
| | c Adjusted net income (if negative, enter -0-) | | 68.00 | |

Part II Balance Sheets

Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.)

| | | Beginning of year | End of year | |
|---|--|-------------------|----------------|-----------------------|
| | | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| Assets | 1 Cash - non-interest-bearing | 250,090.00 | 258,158.00 | 258,158.00 |
| | 2 Savings and temporary cash investments | | | |
| | 3 Accounts receivable ▶ Less: allowance for doubtful accounts ▶ | | | |
| | 4 Pledges receivable ▶ Less: allowance for doubtful accounts ▶ | | | |
| | 5 Grants receivable | | | |
| | 6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions) | | | |
| | 7 Other notes and loans receivable (attach schedule) ▶ Less: allowance for doubtful accounts ▶ | | | |
| | 8 Inventories for sale or use | | | |
| | 9 Prepaid expenses and deferred charges | | | |
| | 10 a Investments - U S and state government obligations (attach schedule) | | | |
| | b Investments - corporate stock (attach schedule) | | | |
| | c Investments - corporate bonds (attach schedule) | | | |
| | 11 Investments - land, buildings, and equipment basis Less: accumulated depreciation (attach schedule) ▶ | | | |
| | 12 Investments - mortgage loans | | | |
| | 13 Investments - other (attach schedule) | | | |
| | 14 Land, buildings, and equipment basis Less: accumulated depreciation (attach schedule) ▶ | | | |
| 15 Other assets (describe ▶) | | | | |
| 16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I) | 250,090.00 | 258,158.00 | 258,158.00 | |
| Liabilities | 17 Accounts payable and accrued expenses | | | |
| | 18 Grants payable | | | |
| | 19 Deferred revenue | | | |
| | 20 Loans from officers, directors, trustees, and other disqualified persons | | | |
| | 21 Mortgages and other notes payable (attach schedule) | | | |
| | 22 Other liabilities (describe ▶) | | | |
| 23 Total liabilities (add lines 17 through 22) | | | | |
| Net Assets or Fund Balances | Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31. | | | |
| | 24 Unrestricted | | | |
| | 25 Temporarily restricted | | | |
| | 26 Permanently restricted | | | |
| | Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ▶ <input type="checkbox"/> | | | |
| | 27 Capital stock, trust principal, or current funds | 250,090.00 | 258,158.00 | |
| | 28 Paid-in or capital surplus, or land, bldg, and equipment fund | | | |
| | 29 Retained earnings, accumulated income, endowment, or other funds | | | |
| | 30 Total net assets or fund balances (see page 17 of the instructions) | 250,090.00 | 258,158.00 | |
| 31 Total liabilities and net assets/fund balances (see page 17 of the instructions) | 250,090.00 | 258,158.00 | | |

Part III Analysis of Changes in Net Assets or Fund Balances

| | | |
|--|---|------------|
| 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) | 1 | 250,090.00 |
| 2 Enter amount from Part I, line 27a | 2 | 8,068.00 |
| 3 Other increases not included in line 2 (itemize) ▶ | 3 | |
| 4 Add lines 1, 2, and 3 | 4 | 258,158.00 |
| 5 Decreases not included in line 2 (itemize) ▶ | 5 | |
| 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 | 6 | 258,158.00 |

Part IV Capital Gains and Losses for Tax on Investment Income

| (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs. MLC Co) | | | (b) How acquired P-Purchase D-Donation | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) |
|---|--|---|---|--------------------------------------|----------------------------------|
| 1a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | (h) Gain or (loss) (e) plus (f) minus (g) | | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 | | | (i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h)) | | |
| (i) F.M.V. as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col. (i) over col. (j), if any | | | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 2 Capital gain net income or (net capital loss) | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 </div> <div style="font-size: 2em;">}</div> </div> | | 2 | | |
| 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions). If (loss), enter -0- in Part I, line 8. </div> <div style="font-size: 2em;">}</div> </div> | | 3 | | |

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see page 18 of the instructions before making any entries.

| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitable-use assets | (d) Distribution ratio (col (b) divided by col (c)) |
|---|--|--|---|
| 2009 | 298,360.00 | 247,806.00 | 1.2040 |
| 2008 | 320,888.00 | 238,197.00 | 1.3472 |
| 2007 | 738,595.00 | 163,946.00 | 4.5051 |
| 2006 | 1,165,823.00 | 115,971.00 | 10.0527 |
| 2005 | 1,347,985.00 | 104,320.00 | 12.9216 |
| 2 Total of line 1, column (d) | | | 2 30.0306 |
| 3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years | | | 3 6.0061 |
| 4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5 | | | 4 247,153.24 |
| 5 Multiply line 4 by line 3 | | | 5 1,484,427.07 |
| 6 Enter 1% of net investment income (1% of Part I, line 27b) | | | 6 0.68 |
| 7 Add lines 5 and 6 | | | 7 1,484,427.75 |
| 8 Enter qualifying distributions from Part XII, line 4 | | | 8 281,229.00 |

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions on page 18.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the instructions)

| | | | |
|---|----|---|------|
| 1 a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 | | | |
| Date of ruling or determination letter _____ (attach copy of ruling letter if necessary - see instructions) | | | |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b | | 1 | 1.00 |
| c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b) | | | |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | | 2 | |
| 3 Add lines 1 and 2 | | 3 | 1.00 |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | | 4 | |
| 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | | 5 | 1.00 |
| 6 Credits/Payments: | | | |
| a 2010 estimated tax payments and 2009 overpayment credited to 2010 | 6a | | |
| b Exempt foreign organizations-tax withheld at source | 6b | | |
| c Tax paid with application for extension of time to file (Form 8868) | 6c | | |
| d Backup withholding erroneously withheld | 6d | | |
| 7 Total credits and payments. Add lines 6a through 6d | 7 | | |
| 8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached | 8 | | |
| 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | | 1.00 |
| 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | | |
| 11 Enter the amount of line 10 to be. Credited to 2011 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/> | 11 | | |

Part VII-A Statements Regarding Activities

| | Yes | No |
|--|-----|----|
| 1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? | | X |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)? | | X |
| If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. | | |
| c Did the foundation file Form 1120-POL for this year? | | X |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year. (1) On the foundation <input type="checkbox"/> \$ _____ (2) On foundation managers <input type="checkbox"/> \$ _____ | | |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ _____ | | |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? | | X |
| If "Yes," attach a detailed description of the activities | | |
| 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | | X |
| 4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | X |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | | |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | X |
| If "Yes," attach the statement required by General Instruction T. | | |
| 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? | X | |
| 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV | X | |
| 8 a Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) <input type="checkbox"/> | | |
| b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation | | X |
| 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page 27)? If "Yes," complete Part XIV | | X |
| 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses | X | |

Part VII-A Statements Regarding Activities (continued)

| | | | | |
|--|--|----|-----|----|
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions) | 11 | | X |
| 12 | Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008? | 12 | | X |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | X | |
| Website address ▶ _____ | | | | |
| 14 | The books are in care of ▶ PAUL BIALY Telephone no ▶ 248-435-1000 | | | |
| | Located at ▶ 2135 W. MAPLE RD., TROY, MI ZIP + 4 ▶ 48084-7189 | | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here ▶ <input type="checkbox"/> | | | |
| | and enter the amount of tax-exempt interest received or accrued during the year ▶ 15 | | | |
| 16 | At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? | 16 | Yes | No |
| See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes," enter the name of the foreign country ▶ _____ | | | | |

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

| | Yes | No |
|---|-----|----|
| 1a During the year did the foundation (either directly or indirectly): | | |
| (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)? <input type="checkbox"/> | 1b | |
| Organizations relying on a current notice regarding disaster assistance check here ▶ <input type="checkbox"/> | | |
| c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2010? | 1c | X |
| 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)). | | |
| a At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| If "Yes," list the years ▶ _____ | | |
| b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see page 22 of the instructions) | 2b | X |
| c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ _____ | | |
| 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| b If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2010.) | 3b | |
| 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | X |
| b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010? | 4b | X |

Form 990-PF (2010)

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**5a** During the year did the foundation pay or incur any amount to:

- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No
- (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No
- (3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions) ☐ Yes ☒ No
- (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)? ☐ **5b**

Organizations relying on a current notice regarding disaster assistance check here ☐

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ **6b** ☒

If "Yes" to 6b, file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? ☐ **7b**

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1** List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).

| (a) Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|------------------------|---|---|---|---------------------------------------|
| SEE ATTACHED STATEMENT | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

2 Compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions). If none, enter "NONE."

| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---|---|------------------|---|---------------------------------------|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Total number of other employees paid over \$50,000 ☐

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3** Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none, enter "NONE."

| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Total number of others receiving over \$50,000 for professional services ▶

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

| | Expenses |
|--|----------|
| 1 DONATE AND APPLY ITS FUNDS EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, SCIENTIFIC, LITERACY, AND EDUCATIONAL PURPOSES. | |
| 2 | |
| 3 | |
| 4 | |

Part IX-B Summary of Program-Related Investments (see page 24 of the instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

| | Amount |
|---|--------|
| 1 N/A | |
| 2 | |
| All other program-related investments. See page 24 of the instructions. | |
| 3 | |
| Total. Add lines 1 through 3 ▶ | |

Form **990-PF** (2010)

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see page 24 of the instructions.)

| | | | |
|----------|---|-----------|------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | |
| a | Average monthly fair market value of securities | 1a | 250,917.00 |
| b | Average of monthly cash balances | 1b | |
| c | Fair market value of all other assets (see page 25 of the instructions) | 1c | |
| d | Total (add lines 1a, b, and c) | 1d | 250,917.00 |
| e | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) | 1e | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | 250,917.00 |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25 of the instructions) | 4 | 3,763.76 |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 247,153.24 |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 12,357.66 |

Part XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

| | | | |
|-----------|---|-----------|-----------|
| 1 | Minimum investment return from Part X, line 6 | 1 | 12,357.66 |
| 2a | Tax on investment income for 2010 from Part VI, line 5 | 2a | 1.00 |
| b | Income tax for 2010. (This does not include the tax from Part VI.) | 2b | |
| c | Add lines 2a and 2b | 2c | 1.00 |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 12,356.66 |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 | Add lines 3 and 4 | 5 | 12,356.66 |
| 6 | Deduction from distributable amount (see page 25 of the instructions) | 6 | |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | 12,356.66 |

Part XII Qualifying Distributions (see page 25 of the instructions)

| | | | |
|----------|---|-----------|------------|
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| a | Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 | 1a | 281,229.00 |
| b | Program-related investments - total from Part IX-B | 1b | |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | |
| a | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 281,229.00 |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see page 26 of the instructions) | 5 | |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 281,229.00 |

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see page 26 of the instructions)

| | (a) Corpus | (b) Years prior to 2009 | (c) 2009 | (d) 2010 |
|---|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2010 from Part XI, line 7 | | | | 12,356.66 |
| 2 Undistributed income, if any, as of the end of 2010 | | | | |
| a Enter amount for 2009 only | | | | |
| b Total for prior years 20____, 20____, 20____ | | | | |
| 3 Excess distributions carryover, if any, to 2010. | | | | |
| a From 2005 | | | | |
| b From 2006 | | | | |
| c From 2007 | | | | |
| d From 2008 | | | | |
| e From 2009 | | | | |
| f Total of lines 3a through e | | | | |
| 4 Qualifying distributions for 2010 from Part XII, line 4: ► \$ 281,229.00 | | | | |
| a Applied to 2009, but not more than line 2a . . . | | | | |
| b Applied to undistributed income of prior years (Election required - see page 26 of the instructions) | | | | |
| c Treated as distributions out of corpus (Election required - see page 26 of the instructions) | | | | |
| d Applied to 2010 distributable amount | | | | |
| e Remaining amount distributed out of corpus . . . | | | | |
| 5 Excess distributions carryover applied to 2010 . (If an amount appears in column (d), the same amount must be shown in column (a).) | | | | |
| 6 Enter the net total of each column as indicated below: | | | | |
| a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | | | | |
| b Prior years' undistributed income. Subtract line 4b from line 2b | | | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | | | |
| d Subtract line 6c from line 6b. Taxable amount - see page 27 of the instructions | | | | |
| e Undistributed income for 2009. Subtract line 4a from line 2a. Taxable amount - see page 27 of the instructions | | | | |
| f Undistributed income for 2010. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2011. | | | | 12,356.66 |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions) | | | | |
| 8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see page 27 of the instructions) | | | | |
| 9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a | | | | |
| 10 Analysis of line 9. | | | | |
| a Excess from 2006 | | | | |
| b Excess from 2007 | | | | |
| c Excess from 2008 | | | | |
| d Excess from 2009 | | | | |
| e Excess from 2010 | | | | |

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|--|--------------------------------------|-------------------------------------|------------|
| a Paid during the year SEE ATTACHED STATEMENT | | | | 281,229.00 |
| Total | | | 3a | 281,229.00 |
| b Approved for future payment | | | | |
| Total | | | 3b | |

Enter gross amounts unless otherwise indicated.

| Enter gross amounts unless otherwise indicated. | | Unrelated business income | | Excluded by section 512, 513, or 514 | | (e) Related or exempt function income (See page 28 of the instructions.) |
|---|--|---------------------------|---------------|--------------------------------------|---------------|--|
| | | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | |
| 1 Program service revenue: | | | | | | |
| a _____ | | | | | | |
| b _____ | | | | | | |
| c _____ | | | | | | |
| d _____ | | | | | | |
| e _____ | | | | | | |
| f _____ | | | | | | |
| g Fees and contracts from government agencies | | | | | | |
| 2 Membership dues and assessments | | | | | | |
| 3 Interest on savings and temporary cash investments | | | | 14 | 68.00 | |
| 4 Dividends and interest from securities | | | | | | |
| 5 Net rental income or (loss) from real estate: | | | | | | |
| a Debt-financed property | | | | | | |
| b Not debt-financed property | | | | | | |
| 6 Net rental income or (loss) from personal property . | | | | | | |
| 7 Other investment income | | | | | | |
| 8 Gain or (loss) from sales of assets other than inventory | | | | | | |
| 9 Net income or (loss) from special events | | | | | | |
| 10 Gross profit or (loss) from sales of inventory . . | | | | | | |
| 11 Other revenue: a _____ | | | | | | |
| b _____ | | | | | | |
| c _____ | | | | | | |
| d _____ | | | | | | |
| e _____ | | | | | | |
| 12 Subtotal. Add columns (b), (d), and (e) | | | | | 68.00 | |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | | | | 68.00 |

(See worksheet in line 13 instructions on page 29 to verify calculations)

[illegible]

STATEMENT ATTACHED TO AND MADE PART OF

**RETURN OF PRIVATE FOUNDATION
FORM 990-PF**

**MERITOR, INC. TRUST
FEIN: 52-2089611**

FOR THE TAX YEAR ENDED OCTOBER 2, 2011

Part I, Line 1 - Contributions, gifts, grants, etc. received

| Date | Donor | Amount |
|-----------|-------------------|-------------------|
| 2/23/2011 | ArvinMeritor Inc. | 138,779.40 |
| 4/20/2011 | ArvinMeritor Inc. | 106,600.00 |
| 7/8/2011 | Meritor, Inc. | 43,850.00 |
| | | <u>289,229.40</u> |

STATEMENT ATTACHED TO AND MADE PART OF

**RETURN OF PRIVATE FOUNDATION
FORM 990-PF**

**MERITOR, INC. TRUST
FEIN: 52-2089611**

FOR THE TAX YEAR ENDED OCTOBER 2, 2011

Part VII-A, Line 10 - Schedule of substantial contributors during the tax year

Meritor, Inc.
FEIN: 38-3354643
2135 W. Maple Road
Troy, MI 48084-7186

Part VII-A, Line 8b - Copy of Form 990-PF to the Attorney General (or designate)

Meritor, Inc. Trust is not required to register in the State of Michigan as a charitable trust since the contributions come solely from the parent company, Meritor, Inc. Therefore, a copy of Form 990-PF is not required to be sent to the Attorney General.

STATEMENT ATTACHED TO AND MADE PART OF

**RETURN OF PRIVATE FOUNDATION
FORM 990-PF**

MERITOR, INC. TRUST
FEIN: 52-2089611

FOR THE TAX YEAR ENDED OCTOBER 2, 2011

Part VIII, Line 1 - List all officers, directors, trustees, foundation managers and their compensation

| (a) Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (if not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---|---|---|---|---------------------------------------|
| Charles G. "Chip" McClure 2135 W. Maple Road, Troy, MI 48084 | Chairman/CEO/President - 5min | -0- | -0- | -0- |
| Vernon G. Baker, II 2135 W. Maple Road, Troy, MI 48084 | Sr. VP/ Gen. Counsel - 5min | -0- | -0- | -0- |
| Timothy E. Bowes 2135 W. Maple Road, Troy, MI 48084 | President Commercial Truck/Executive Officer - 5min | -0- | -0- | -0- |
| Jeffrey Craig 2135 W. Maple Road, Troy, MI 48084 | Sr. VP/CFO - 5min | -0- | -0- | -0- |
| Barbara Novak 2135 W. Maple Road, Troy, MI 48084 | VP/Secretary - 5min | -0- | -0- | -0- |
| Pedro Ferro 2135 W. Maple Road, Troy, MI 48084 | VP & President/Industrial - 5min | -0- | -0- | -0- |
| Larry Ott 2135 W. Maple Road, Troy, MI 48084 | Sr. VP/Human Resources - 5min | -0- | -0- | -0- |
| Joseph Mejaly 2135 W. Maple Road, Troy, MI 48084 | VP & President/Aftermarket & Trailer - 5min | -0- | -0- | -0- |

**STATEMENT ATTACHED TO AND MADE PART OF
RETURN OF PRIVATE FOUNDATION
FORM 990-PF**

MERITOR, INC. TRUST

FEIN: 52-2089611

FOR THE TAX YEAR ENDED OCTOBER 2, 2011

Part XV, Line 3a - Grants and Contributions Paid During the Year or Approved for Future Payment

| Month | Recipient Name and address (home or business) | Amount | Total |
|-----------|--|------------|------------|
| 12/9/2010 | Redeposit | (1,000.00) | (1,000.00) |
| 2/24/2011 | United Way For Southeastern Michigan | 63,514.00 | |
| 2/24/2011 | Manning Primary School | 1,000.00 | |
| 2/24/2011 | East Henderson High School | 1,000.00 | |
| 2/24/2011 | West Henderson High School | 1,000.00 | |
| 2/24/2011 | North Henderson High School | 1,000.00 | |
| 2/24/2011 | T.C. Roberson High School | 1,000.00 | |
| 2/24/2011 | Clothe-A-Child | 1,500.00 | |
| 2/24/2011 | Asheville High School | 1,000.00 | |
| 2/24/2011 | Hendersonville High School | 1,000.00 | |
| 2/24/2011 | Boone County High School | 1,500.00 | |
| 2/24/2011 | J.D. Patton Area Technology Center | 1,500.00 | |
| 2/24/2011 | United Way and Community Chest | 2,500.00 | |
| 2/24/2011 | Cincinnati Institute of Fine Arts | 1,500.00 | |
| 2/24/2011 | United Way of Scotland County, Inc. | 500.00 | |
| 2/24/2011 | United Way of Sumter, Clarendon And Lee | 900.00 | |
| 2/24/2011 | Perry Hocking Educational Service Center | 3,000.00 | |
| 2/24/2011 | Newark Catholic Capital Foundation | 3,000.00 | |
| 2/24/2011 | Licking County Schools District | 3,000.00 | |
| 2/24/2011 | Heath School District | 3,000.00 | |
| 2/24/2011 | Newark City Schools | 3,000.00 | |
| 2/24/2011 | Par Excellence Learning Center | 3,000.00 | |
| 2/24/2011 | Morristown Fire Department | 500.00 | |
| 2/24/2011 | Enka High School | 1,000.00 | |
| 2/24/2011 | Citizens Reserch Council of Michigan | 6,000.00 | |
| 2/24/2011 | United Way of York County | 6,000.00 | |
| 2/24/2011 | Clothe-A-Child | 1,865.00 | |
| 2/24/2011 | North Buncombe High School | 1,000.00 | |
| 2/24/2011 | Conner High School | 1,500.00 | |
| 2/24/2011 | A.C. Reynolds High School | 1,000.00 | |
| 2/24/2011 | United Way of Licking County | 4,500.00 | |
| 2/24/2011 | Central Carolina Technical College | 3,000.00 | |
| 2/24/2011 | Tennessee Technology Center | 3,000.00 | |
| 2/24/2011 | St Elizabeth Medical Center Foundation | 2,500.00 | |
| 2/24/2011 | Erwin High School | 1,000.00 | |
| 2/24/2011 | Walton-Verona High School | 1,500.00 | |
| 2/24/2011 | American Cancer Society Relay for Life | 2,500.00 | |
| 2/24/2011 | University of Kentucky, College of Engineering | 2,000.00 | |
| 2/24/2011 | Larry A Ryle High School | 1,500.00 | 138,779.00 |
| 4/14/2011 | Redeposit | (6,000.00) | |
| 4/21/2011 | York Technical College | 10,000.00 | |
| 4/21/2011 | United Way of Hendricks County | 2,250.00 | |
| 4/21/2011 | Plainfield Chamber of Commerce | 750.00 | |
| 4/21/2011 | Trucker Buddy International | 15,000.00 | |
| 4/21/2011 | Michigan Opera Theatre | 10,000.00 | |
| 4/21/2011 | Chase High School | 1,000.00 | |
| 4/21/2011 | Chase Middle School | 1,000.00 | |
| 4/21/2011 | Community Foundation of Henderson County, Inc. | 1,000.00 | |
| 4/21/2011 | Charles D Owen High School | 1,000.00 | |
| 4/21/2011 | Community Foundation of Henderson County, Inc. | 1,000.00 | |
| 4/21/2011 | St Andrews Presbyterian College | 1,000.00 | |
| 4/21/2011 | University of North Carolina At Pembroke | 2,000.00 | |
| 4/21/2011 | Covington Street School Friends | 500.00 | |
| 4/21/2011 | County Library | 1,000.00 | |
| 4/21/2011 | Whitesburg Elementary School | 2,500.00 | |
| 4/21/2011 | Russellville Elementary School | 2,500.00 | 46,500.00 |

| | | | |
|-----------|---|-------------|-------------------|
| 5/3/2011 | Urban League of Greater Cincinnati | 1,500.00 | |
| 5/3/2011 | United Way of Franklin County/Frankfort Trust | 2,600.00 | |
| 5/3/2011 | Scotland High School | 3,000.00 | |
| 5/3/2011 | Richmond Technical Institute | 2,000.00 | |
| 5/3/2011 | Walsh College Trust | 2,500.00 | |
| 5/3/2011 | Grace Centers of Hope | 5,000.00 | |
| 5/3/2011 | Youth Development Foundation | 2,500.00 | |
| 5/3/2011 | York Place Trust | 1,000.00 | |
| 5/3/2011 | Blue Ridge Community College | 1,000.00 | |
| 5/3/2011 | Isothermal Community College | 1,000.00 | |
| 5/3/2011 | University of North Carolina Asheville | 3,000.00 | |
| 5/3/2011 | Asheville Buncombe Technical College | 1,000.00 | 26,100.00 |
| 5/11/2011 | Friends of the Harvin Clarendon County | 1,000.00 | |
| 5/16/2011 | Redeposit | (1,000.00) | |
| 5/18/2011 | Redeposit | (1,000.00) | (1,000.00) |
| 6/1/2011 | Education Foundation of the Henderson Trust | 1,000.00 | |
| 6/1/2011 | Buncombe Co Schools Foundation | 1,000.00 | |
| 6/1/2011 | Big Brothers Big Sisters of Trust | 1,000.00 | |
| 6/1/2011 | Junior Achievement Trust | 1,000.00 | |
| 6/1/2011 | Mcelvey Arts Center, Inc | 1,000.00 | |
| 6/1/2011 | Scotland County Literacy Council | 500.00 | |
| 6/1/2011 | Junior Achievement of Trust | 10,000.00 | |
| 6/1/2011 | Morristown-Hamlin High School | 1,250.00 | |
| 6/1/2011 | Morristown-Hamlin High School | 1,250.00 | |
| 6/1/2011 | Detroit Symphony Orchestra | 5,000.00 | |
| 6/2/2011 | Detroit Institute of Art | 5,000.00 | 28,000.00 |
| 7/25/2011 | Redeposit | (63,514.40) | |
| 7/29/2011 | Noah's House | 1,000.00 | |
| 7/29/2011 | Franklin County Career & Technical | 1,600.00 | |
| 7/29/2011 | Kentucky Historical Society Foundation | 1,000.00 | |
| 7/29/2011 | Indianapolis Museum of Art | 750.00 | |
| 7/29/2011 | Mission Healthcare Foundation | 1,000.00 | |
| 7/29/2011 | Pardee Hospital Foundation Trust | 1,000.00 | |
| 7/29/2011 | American Cancer Society Trust | 5,000.00 | |
| 7/29/2011 | Kingswood School Trust | 1,000.00 | |
| 7/29/2011 | Park Ridge Hospital | 1,000.00 | |
| 7/29/2011 | Path Shelter | 1,000.00 | |
| 7/29/2011 | Boys & Girls Club of Troy | 9,000.00 | |
| 7/29/2011 | Interlochen Center of Art | 2,500.00 | |
| 7/29/2011 | Walters State Community College | 3,000.00 | |
| 7/29/2011 | Boys & Girls Club of Henderson County | 1,000.00 | |
| 7/29/2011 | Rutherford Hospital | 1,000.00 | |
| 7/29/2011 | The Free Clinic | 1,000.00 | |
| 7/29/2011 | United Way For Southeastern Michigan | 63,514.40 | |
| 7/29/2011 | WNC Community Health Services | 1,000.00 | 32,850.00 |
| 9/19/2011 | League of Women Voter's - Educational Fund | 1,000.00 | |
| 9/19/2011 | Michigan Colleges Foundation | 10,000.00 | 11,000.00 |
| | | | <u>281,229.00</u> |

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

► **File a separate application for each return.**• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☐ ►• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐ ►*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

Enter filer's identifying number, see instructions

**Type or
print**File by the
due date for
filing your
return. See
instructions.

Name of exempt organization or other filer, see instructions.

Employer identification number (EIN) or

Number, street, and room or suite no. If a P.O. box, see instructions.

Social security number (SSN)

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

Enter the Return code for the return that this application is for (file a separate application for each return) ☐ ☐ ☐

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|--------------------------|-------------|
| Form 990 | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 990-EZ | 01 | Form 4720 | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

• The books are in the care of ► _____

Telephone No. ► _____ FAX No. ► _____

• If the organization does not have an office or place of business in the United States, check this box ☐ ►• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until _____, 20____, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year 20____ or

► ☐ tax year beginning _____, 20____, and ending _____, 20____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return

☐ Change in accounting period

| | |
|--|--------------|
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a \$ |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b \$ |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c \$ |

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2012)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box. ☒ **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

| | | | | |
|--|--|--|--|--|
| Type or print File by the due date for filing your return. See instructions. | Name of exempt organization or other filer, see instructions. | | Enter filer's identifying number, see instructions | |
| | ARVINMERITOR, INC. | | Employer identification number (EIN) or | |
| | Number, street, and room or suite no. If a P.O. box, see instructions. | | Social security number (SSN) | |
| | 2135 W. MAPLE ROAD | | <input checked="" type="checkbox"/> 52-2089611 | |
| City, town or post office, state, and ZIP code. For a foreign address, see instructions. | | | | |
| TROY, MI 48084 | | | | |

Enter the Return code for the return that this application is for (file a separate application for each return) 0 4

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|--------------------|-------------|
| Form 990 | 01 | | |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 990-EZ | 01 | Form 4720 | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **Paul Bialy**
Telephone No. **248-435-1978** FAX No. **248-435-9395**
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐ . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.
- 4 I request an additional 3-month extension of time until **August 15**, 20 **12**.
- 5 For calendar year **2010**, or other tax year beginning **October 4**, 20 **10**, and ending **October 2**, 20 **11**.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period
- 7 State in detail why you need the extension **Additional time is needed to gather the information necessary to prepare the Form 990-PF return.**

| | | |
|--|--------------|------|
| 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 8a \$ | 0.00 |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | 8b \$ | 0.00 |
| c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 8c \$ | 0.00 |

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Paul Bialy**Title **Sr. Director-Global Tax** DateForm **8868** (Rev. 1-2012)

Application for Extension of Time To File an
Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ X
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete **Part II** unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| | | |
|--|--|--------------------------------|
| Type or print File by the due date for filing your return. See instructions | Name of exempt organization | Employer identification number |
| | ARVINMERITOR, INC. | 52-2089611 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. | |
| | 2135 W. MAPLE ROAD | |
| City, town or post office, state, and ZIP code. For a foreign address, see instructions. | | |
| TROY, MI 48084 | | |

Enter the Return code for the return that this application is for (file a separate application for each return) 0 4

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|--------------------------|-------------|
| Form 990 | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 990-EZ | 03 | Form 4720 | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

- The books are in the care of ▶ Paul Bialy

Telephone No. ▶ 248-435-1000

FAX No. ▶ 248-435-9395

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until May 15, 20 12, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ▶ ☐ calendar year 20 or
- ▶ ☒ tax year beginning October 4, 20 10, and ending October 2, 20 11.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

| | | |
|---|-------|---|
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a \$ | 0 |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b \$ | 0 |
| c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c \$ | 0 |

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2011)