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DLN: 93493318024312

Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

| ZU I

2011

OMB No 1545-0047

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

						Inspection			
		2011 calendar year, or tax year beginning 01-01-2011 C Name of organization	and ending 12-31-20	11	D Employe	r identification number			
_	eck if ap dress ch	Motor and Equipment Manufactures Association			13-106	8400			
_	me char	Doing Business As			E Telephor				
_	ne chai nal retur		·		(919) 5	49-4800			
_		10 Laboratory Drive	to street address) Room/	suite	G Gross reco	eipts \$ 11,198,601			
_	mınated								
_	ended r	Research Triangle Park, NC 27709							
App	olication	pending							
		F Name and address of principal officer Robert E McKenna			s a group re				
		10 Laboratory Drive		a ffilia	tes?	⊤Yes ▼ No			
		Research Triangle Park, NC 27709		H(b) Are al	l affiliates in	cluded?			
. To	v ovom	pt status	047/-\/1\ -::			list (see instructions)			
			947(a)(1) or 527	H(c) Grou	ıp exemptio	n number ►			
ı W	ebsit e	: ► www mema org							
K Forr	n of org	anization		L Year of fo	rmation 1904	M State of legal domicile IL			
Pa	rt I	Summary							
		Briefly describe the organization's mission or most sign							
	1	o foster the commercial interests of its members in the nformation	e motor vehicle suppli	er industry See	part III, lir	ne 1 for additional			
Governance									
Ē	-								
<u> </u>	-	Shock this hay Mar if the agreement of the street of the s	onorations and	1 of more ++= = 3	E0/2 05:4-	ot accets			
		Check this box if the organization discontinued its			1	1			
Activities &		lumber of voting members of the governing body (Part \ lumber of independent voting members of the governing			-	3 15 4 11			
Ę		rotal number of individuals employed in calendar year 2		•	_	5 0			
		otal number of volunteers (estimate if necessary) .	•		-	6 14			
ă		otal unrelated business revenue from Part VIII, colum			⊢	7a 52,700			
		Net unrelated business taxable income from Form 990-	` ''		<u> </u>	7b 4,198			
				Prio	r Year	Current Year			
	8	Contributions and grants (Part VIII, line 1h)				0 0			
≗	9		rogram service revenue (Part VIII, line 2g)						
Ravenue	10		restment income (Part VIII, column (A), lines 3, 4, and 7d)						
Ë	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c	, 9c, 10c, and 11e)		3,459,425				
	12	Total revenue—add lines 8 through 11 (must equal Pa	, , , , , , , , , , , , , , , , , , , ,	ne	10 6 10 70	0.202.422			
	42	12)			10,642,78				
	13	Grants and similar amounts paid (Part IX, column (A)			46,08	<u> </u>			
	14	Benefits paid to or for members (Part IX, column (A), Salaries, other compensation, employee benefits (Par	•			0 0			
8	15	10)	t IX, column (A), lines	5 5 -	4,050,36	4,798,712			
₩ ₩	16a	Professional fundraising fees (Part IX, column (A), lin	e 11e)			0 0			
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 🜬							
ш	17	Other expenses (Part IX, column (A), lines 11a-11d,	,11f-24e)		3,187,74	3,409,058			
	18	Total expenses Add lines 13-17 (must equal Part I)	(, column (A), line 25)		7,284,189 8,264,52				
	19	Revenue less expenses Subtract line 18 from line 12	<u>.</u>		3,358,60	37,603			
ზგ_ წ					g of Current	End of Year			
Net Assets or Fund Balances	20	Total accete (Bart V. Line 16)		Y	ear				
4 B a	20	Total assets (Part X, line 16)			19,973,32				
žž.	21	Net assets or fund balances Subtract line 21 from lin			1,253,45				
	22 13 1	Signature Block	e 20		10,/19,0/	7 10,334,703			
		Signature block ties of perjury, I declare that I have examined this return, in	ncludina accompanyina	echedules and s	tatements a	nd to the best of my			
mow	ledge a	and belief, it is true, correct, and complete. Declaration of p							
anow	ledge.								
		*****			112 11 12				
Sign	1	Signature of officer)12-11-12 ate				
Her		Wendy T Earp CFO							
		Type or print name and title							
		Preparer's	Date	Check If	Preparer's t	axpayer identification number			
Paid		signature		self- employed •	(see instruc				
	arer's	Firm's name (or yours & Grant Thornton LLP		Jp.10, Cu 7	1				
	Only	ıf self-employed),			EIN ▶				
•	,	address, and ZIP + 4 201 S COLLEGE STREET STE 2500			Phone no	▶ (704) 632-3500			
		CHARLOTTE, NC. 28244			1	(,			

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

Par		ent of Program Service A	Accomplishments to any question in this Part III		
1		the organization's mission			· ·
THE MAN AIRC AMO THE PAM MEM AGE INDI	OBJECTIVES OF UFACTURE, PRODUCT OF THE PROPULATION	THIS ASSOCIATION ARE TO DUCTION REMANUFACTURING IND RELATED PRODUCTS, AN RETHEIR OWN WELFARE AND IVITIES - DISSEMINATION HER EDUCATIONAL AND INFORM BOTH AT HOME FOR OUT ON THE PRODUCTS BOTH AT HOME TO THE PRODUCTS BOTH AT HOME DUCTS BUT AT HOME DUCTS BOTH AT HOME DUCTS BOTH AT HOME DUCTS BUT AT HOM	O FOSTER THE COMMERCIAL ING, SALE, SERVICE, AND USE ON TO SECURE THE ADVANTAGE OF GENERAL BULLETINS AND ORMATIONAL MATERIAL OF INGLESS - SERVICE RELATED E AND ABROAD - SERVICE RELATED E RELATIONS WITH OTHER OR	DF AUTOMOTIVE, HEAVY I GES TO BE OBTAINED BY F TRADE INTERESTS REPRES REPORTS, ARTICLES, SUR NTEREST TO MEMBERS - F INMENTS, AS WELL AS WIT TO MANUFACTURING AND LATED IN INDUSTRY TRAD	OUTY, OFF-HIGHWAY, RIENDLY CONTACTS ENTED, INCLUDING VEYS, STUDIES, EPRESENTATION OF H REGULATORY D DISTRIBUTING
2			rogram services during the year	which were not listed on	Yes ✓ No
	•	these new services on Schedi			
3	services?		significant changes in how it cor		Yes V No
4	Describe the organized expenses Section	anization's program service aco on 501(c)(3) and 501(c)(4) org	complishments for each of its thr anizations and section 4947(a)(nses, and revenue, if any, for eacl	1) trusts are required to repo	
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	among the various networking and info members), commit remanufacturing an on issues of interes associations and so	automotive aftermarket, remanufacture or matter exchange among the membetees, councils, forums, product line grad heavy duty industries to the commute to the members, developing benchmotels to promote information exchanges.	ers by 1 coordinating constructive dialoguring, and heavy duty industry participar ership through a wide range of conferenciups, and peer groups 3 Promoting pull unity and to the country with statistics of narking information and conducting forur ige, the introduction of companies, the pow association members to enhance bus	ts and the government entities that ses and exhibitions (that focus on to blic awareness of the importance of n sales, employment, taxes, export ins on specific issues 5 Developing fromotion of relevant research and	t regulate them 2 promoting the major issues of importance to the aftermarket, s, etc 4 Coordinating research strategic alliances with other
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d		services (Describe in Schedule	•		
	(Expenses \$		g grants of \$) (Revenue \$)
4e	lotal program s	ervice expenses►\$			

art IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		Νo
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Νo
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
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	Yes	
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, 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		No
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		Νο
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? <i>If "Yes," complete Schedule D, Part VI.</i>	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		Νο
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part III and IV</i>	16		No
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	17		No
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		No
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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νο
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31		Νο
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
Ь	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
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, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		. [
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 3			
h	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
b	1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this return			
L				
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2ь		
	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	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3Ь	Yes	
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 or securities	4a		
	account)?	4a		No
Ь	If "Yes," enter the name of the foreign country ▶JA			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
_				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N o
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
		5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Νo
L	organization solicit any contributions that were not tax deductible?			
D	were not tax deductible?	6Ь		
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	7a		
	services provided to the payor?			
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
_	Did the annumber was sure and finds diseably as individual to the new manner and a new and benefit			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	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		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
		8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
4.4				
11	Section 501(c)(12) organizations. Enter			
	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)			
	,			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization	42-		
	allocated to each state	13a		
Ь	Enter the aggregate amount of reserves the organization is required to maintain by			
_	the states in which the organization is incensed to issue qualified health plans			
С	Enter the aggregate amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule 0	14b		

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

Check if Schedule O contains a response to any question in this Part VI

Se	ction A. Governing Body and Management			
			Yes	No
_				
1a	Enter the number of voting members of the governing body at the end of the tax year			
ь	Enter the number of voting members included in line 1a, above, who are			
	ındependent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Νo
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Νo
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	venue Code.)			
	•		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
Ь	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		No
Se	ction C. Disclosure	•		
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	C Own website C A nother's website V Upon request			

- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 WENDY T EARP

10 LABORATORY DRIVE RTP, NC 27709

(919) 406-8806

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, and **current** key employees 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

◆ 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

(A) Name and Title	(B) A verage hours per week (describe	unles an	on (d e thai	n on son er ar	e bo: is bo nd a stee)	x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and related	
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	organizations	
(1) TERRY R MCCORMACK CHAIRMAN	2 0	х		х				0	0	0	
(2) JOHN COREY VICE CHAIR	2 0	х		х				0	0	0	
(3) JOSEPH MCALEESE VICE CHAIR	2 0	х		х				0	0	0	
(4) ROBERT E MCKENNA PRESIDENT & CEO	30 0	х		х				0	550,404	39,415	
(5) JEFF BREKKE AT LARGE	1 0	х						0	0	0	
(6) MICHAEL CARDONE JR DIRECTOR	1 0	х						0	0	0	
(7) PAT CAVANAUGH DIRECTOR	1 0	х						0	0	0	
(8) DAVID COOLIDGE DIRECTOR	1 0	х						0	0	0	
(9) DOUGLAS GRIMM DIRECTOR	1 0	х						0	0	0	
(10) CHARLEY JOHNSON DIRECTOR	1 0	х						0	0	0	
(11) WILLIAM KOZYRA DIRECTOR	1 0	х						0	0	0	
(12) DENNY MICHELS DIRECTOR	1 0	х						0	0	0	
(13) JIM ORCHARD DIRECTOR	1 0	х						0	0	0	
(14) FRANK ORDONEZ DIRECTOR	1 0	х						0	0	0	
(15) JIM MCELYA PAST CHAIR	1 0	х						0	0	0	
(16) WENDY T EARP VP, SECRETARY, TREASURER, CFO	23 0			х				0	171,418	24,211	
(17) STEVE HANDSCHUH VICE PRESIDENT	40 0				х			0	345,283	38,821	

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

(A) Name and Title	(B) A verage hours per week (describe hours for related organizations in Schedule O)	unles an	on (d e tha	n one son er ar /trus	e boo is bo nd a stee)	x, oth	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) TIM KRAUS VICE PRESIDENT	40 0		•		X	<u>~</u>		0	201,633	38,513
(19) LACY WILSON SENIOR VP GOV'T AFFAIRS	27 0				Х			0	289,519	17,539
(20) JACK CAMERON VICE PRESIDENT	40 0				х			0	192,781	30,868
(21) CHRIS GARDNER VICE PRESIDENT	40 0				х			0	178,609	31,666
(22) JOHN CHALIFOUX VICE PRESIDENT	40 0				х			0	196,915	38,023
(23) PAUL MCCARTHY VICE PRESIDENT	40 0				х			0	160,196	26,676
(24) JO ANNE FARR VP HUMAN RESOURCES/ADMIN	20 0					х		0	117,648	19,137
(25) MARK IASIELLO VICE PRESIDENT	40 0					х			119,286	22,986
(26) CATHERINE BOLAND VICE PRESIDENT	27 0					х			104,785	35,777
1b Sub-Total	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u></u>		<u> </u> ▶-			
c Total from continuation sheets to							•			
d Total (add lines 1b and 1c)						ı	•	0	2,628,477	363,632
2 Total number of individuals (include \$100,000 of reportable compensations)	•				ed a	bove)	who	received more thai	1	

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	,		
	on the 1d 1, 7es, complete senerales 70, such many sadd.	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		.,	
	man and a second a	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for			
	services rendered to the organization? If "Yes," complete Schedule J for such person	5		Νo

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
ARENT FOX LLP 1050 CONNECTICUT AVE NW WASHINGTON, DC 20036	LEGAL	301,631
CLARK WEINSTOCK 52 VANDERBILT AVENUE NEW YORK, NY 10017	PUBLIC RELATIONS	180,484
UNITED PROPERTIES LLC PO BOX 10810 RALEIGH, NC 27605	OFFICE SPACE LESSOR	474,664
LINCOLN PROPERTY COMPANY 1030 15TH STREET NW SUITE 250 WES WASHINGTON, DC 20005	OFFICE SPACE LESSOR	261,742
Total number of independent contractors (including but not limited to those listed above)	who received more than	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►4

Part V	<u> </u>	Statement o	n Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or
, grants mounts	1a b c	Federated camp Membership due	_					514
Contributions, gifts, grants and other similar amounts	d e f	Government grants All other contribution	ons, gifts, grants, and 1f					
Contribut and other	g h	lines 1a-1f \$ _	butions included in	•	0			
				Business Code				
Program Service Revenue	2a	TRADE SHOWS		900099	4,141,900	4,141,900		
₽e Z	ь	MEMBERSHIP DUES	5	900099	1,772,823	1,772,823		
92	С	MEETING REVENUE	<u> </u>	900099	568,282	568,282		
<u> </u>	d	ADVERTISING REVE	ENUE	511120	52,700		52,700	
E	e	REIMBURSED EXPE	_	900099	695,745	695,745		
ğ	f	All other progra	m service revenue		163,460	163,460		
<u></u>	g	Total. Add lines	32a-2f		7,394,910			
	3		ome (including dividen	. F	000 701			060 701
	۱,		ar amounts) tment of tax-exempt bond		869,781			869,781
	4 5				0			
			(ı) Real	(II) Personal				
	6a	Gross rents	79,712					
	ь	Less rental expenses	79,712					
	c c	Rental income or (loss)						
	d	' '	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	2,840,013					
	b	Less cost or other basis and sales expenses	2,745,676	86				
	c	Gain or (loss)	94,337	-86 -	94,251			94,251
an e	d 8a	Gross income fi events (not incl			54,231			34,231
Other Revenue			reported on line 1c) e 18					
ţ	ь		penses b					
o	C Oo		loss) from fundraising	events 🟲	0			
	9a	See Part IV, lin	rom gaming activities e 19 a					
	ь		penses b					
	C 10-		loss) from gaming activ	vities	0			
	10a	Gross sales of returns and allo		14,185				
	b c	Net income or (loss) from sales of inve		-56,819			-56,819
	11a	Miscellaneous	s kevenue	Business Code				
	ы							
	c d	All other revenu	IA -					
	e e	Total. Add lines		<u></u>				
				•	0			
	12	Total revenue.	See Instructions .	▶[8,302,123	7,342,210	52,700	907,213

3

5

7

17

25

SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Form 990 (2011) Page **10** 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) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX (B) (C) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 56,750 Grants and other assistance to individuals in the United States See Part IV, line 22 0 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 0 Benefits paid to or for members Compensation of current officers, directors, trustees, and 2,589,415 key employees . . . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 0 Other salaries and wages 1,585,687 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 54,576 378,378 Other employee benefits 190,656 10 Fees for services (non-employees) 11 Management 278,172 Legal Accounting 60,740 0 Lobbying Professional fundraising See Part IV, line 17 . . 0 80,347 Investment management fees 487,960 g Advertising and promotion . . . 31,359 12 Office expenses 178,610 13 141,069 14 Information technology 15 Royalties . . 0 684,848 16 297,078 Payments of travel or entertainment expenses for any federal, 18 state, or local public officials 0 19 Conferences, conventions, and meetings 626,591 0 20 0 21 Payments to affiliates 22 Depreciation, depletion, and amortization 123,459 57,572 23 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	626,111	1	492,125
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	1,236,030	4	2,101,192
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of			
		Schedule L	0	5	0
	6	Receivables from other disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ Complete Part II of			
66		Schedule L	0	6	0
Assets	7	Notes and loans receivable, net	0	7	0
883	8	Inventories for sale or use	0	8	0
4	9	Prepaid expenses and deferred charges	117,672	9	75,070
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 1,536,267			
	ь	Less accumulated depreciation 10b 562,153	781,857	10c	974,114
	11	Investments—publicly traded securities	13,619,048	11	12,537,111
	12	Investments—other securities See Part IV, line 11	1,599,996	12	1,595,090
	13	Investments—program-related See Part IV, line 11	1,933,381	13	2,123,381
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	59,233	15	59,233
	16	Total assets. Add lines 1 through 15 (must equal line 34)	19,973,328	16	19,957,316
	17	Accounts payable and accrued expenses .	1,175,741	17	1,414,984
	18	Grants payable	0	18	0
	19	Deferred revenue	620,602	19	724,937
	20	Tax-exempt bond liabilities	0	20	0
ø	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
iabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
<u> </u>		persons Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule	-542,892	25	-737,310
	٦,	D	1,253,451	26	1,402,611
	26	Total liabilities. Add lines 17 through 25	1,255,451	26	1,402,611
Balances		Organizations that follow SFAS 117, check here ► ✓ and complete lines 27 through 29, and lines 33 and 34.			
<u> </u>	27	Unrestricted net assets	18,719,877	27	18,554,705
ă	28	Temporarily restricted net assets	0	28	0
Fund	29	Permanently restricted net assets	0	29	0
or Fu		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
¥	33	Total net assets or fund balances	18,719,877	33	18,554,705
_	34	Total liabilities and net assets/fund balances	19,973,328	34	19,957,316

Ра	Tt XII Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI			. [
1	Total revenue (must equal Part VIII, column (A), line 12)	1		8,3	302,123
2	Total expenses (must equal Part IX, column (A), line 25)	2		8,2	264,520
3	Revenue less expenses Subtract line 2 from line 1	3			37,603
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		18,7	719,877
5	Other changes in net assets or fund balances (explain in Schedule O)	5		- 2	202,775
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		18,5	54,705
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		•	୮	
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
Ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain				
	Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were on a separate basis, consolidated basis, or both	ıssued			
	Separate basis Consolidated basis Both consolidated and separated basis				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	ne	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	required	3b		

Additional Data

Software ID: Software Version:

EIN: 13-1068400

Name: Motor and Equipment Manufactures Association

Form 990, Special Condition Description:

Special Condition Description

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493318024312

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities For Organizations Exempt From Income Tax Under section 501(c) and section 527

> ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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

- 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

Provide a description of the organization's direct and indirect political campaign activities on behalf of or

◆ Section 527 organizations Complete Part I-A only

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

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

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

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

Name of the organization Motor and Equipment Manufactures Association Employer identification number

13-1068400

- in opposition to candidates for public office in Part IV Political expenditures
- Volunteer hours

art I-B	Complete it	f the organiza	ation is exem	<u>pt under sectio</u>	n 501(c)(3).

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

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

- Enter the amount directly expended by the filing organization for section 527 exempt function activities
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- 4 Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing

organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Sch	edule C (Form 990 or 990-EZ) 2011					Page 2
Pa	rt II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c)	(3) and file	ed Form 5768	(election
	Check If the filing organization belongs to a expenses, and share of excess lobb	ying expenditures)		affiliated grou	up member's nam	e, address, EIN,
<u> </u>	Limits on Lobbying E (The term "expenditures" means a	xpenditures			(a) Filing Organization's Totals	(b) Affiliated Group Totals
	Total lobbying expenditures to influence public of					
ь	Total lobbying expenditures to influence a legisl	-				
c	Total lobbying expenditures (add lines 1a and 1	b)		Ī		
d	Other exempt purpose expenditures			Γ		
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount columns	from the following table	ın both			
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	00		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,00			
	Over \$17,000,000	\$1,000,000				
	Grassroots nontaxable amount (enter 25% of lir	ne 1f)				1
h	Subtract line 1g from line 1a If zero or less, ent	er -0-		Γ		
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -		Γ		
j	If there is an amount other than zero on either lissection 4911 tax for this year?	ne 1h or line 1ı, did the	organization file Fo	orm 4720 repo	orting	┌ Yes ┌ No
	(Some organizations that made a columns below. See t		ection do not h r lines 2a throu	avè to con ıgh 2f on p		ne five
	Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a	Lobbying non-taxable amount					
ь	Lobbying ceiling amount (150% of line 2a, column(e))					
_с	Total lobbying expenditures					
d	Grassroots non-taxable amount					

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

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

(election under section 501(h)).						
		(a)		(a)		
		Yes	No	A	moun	ıt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities? If "Yes," describe in Part IV					
j	Total lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c)(5), o	rse	ctio	n
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		Νo
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		Νo
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3	Yes	
	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".	II-À,				
1	Dues, assessments and similar amounts from members	1			1,25	0,49
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				2.0	4.00
а	Current year	2a			29	4,09
Ь	Carryover from last year	2b				
	Total	2c				4,09
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3			31	2,624
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5		5			- 1	8,529
	Int IV Supplemental Information					- ,

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier Return Reference Explanation efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493318024312

OMB No 1545-0047

Open to Public

Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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

Supplemental Financial Statements

Name of the organization Motor and Equipment Manufactures Association

Employer identification number

Pa	organizations Maintaining Donor Acorganization answered "Yes" to Form 99			or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advi- funds are the organization's property, subject to the		or advı:	sed Yes No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit			
Pa	rt II Conservation Easements. Complete	ıf the organization answered "Yes" to	o Form	990, Part IV, line 7.
2	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitating Preservation of open space Complete lines 2a-2d if the organization held a qualice easement on the last day of the tax year	on or pleasure) Preservation of an Preservation of a c	ertified	cally importantly land area I historic structure nservation
	easement on the last day of the tax year	Γ		Held at the End of the Year
-	Total number of conservation easements		2a	neid at the End of the Year
a b	Total acreage restricted by conservation easements		2b	
	Number of conservation easements on a certified his	ŀ	20 2c	
C	Number of conservation easements included in (c) ac	` '		
d			2d	
3	Number of conservation easements modified, transfe the taxable year -		a by th	e organization during
4 5	Number of states where property subject to conserva Does the organization have a written policy regarding	the periodic monitoring, inspection, hand	— dling of	
6	enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, insp		ants di	Yes No
				·
7	A mount of expenses incurred in monitoring, inspectings	ng, and enforcing conservation easements	s auring	tne year
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	2(d) above satisfy the requirements of sec	tion	┌ Yes
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	the footnote to the organization's financial		•
Par	TIII Organizations Maintaining Collection Complete if the organization answered "		or Oth	ner Similar Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	:h ın fur	
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research ii		·
	(i) Revenues included in Form 990, Part VIII, line 1			▶ \$
	(ii) Assets included in Form 990, Part X			▶ \$
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFAS		r financ	cial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1			▶ \$

b Assets included in Form 990, Part X

Part	•••• Organizations Maintaining Co	llections of Ar	<u>t, His</u>	stori	cal T	reasu	res, or Otl	<u>her</u>	Similar Asse	ts (co	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	ıy of th	ne fol	lowing	that are	e a significan	ıt us	e of its collection	1	
а	Public exhibition		d	Γ	Loan	orexch	nange progra	ms			
b	Scholarly research		e	Γ	O the	r					
С	Preservation for future generations										
4	Provide a description of the organization's co Part XIV	ollections and expla	ain hov	w the	y furth	er the o	rganızatıon's	exe	empt purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,						Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Compl	ete ıf	the	organ	ızatıon			es" to Form 990	,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interm	ediary	for c	ontribi	utions o	rotherasse	ts n	ot $\ \ $	Yes	Г No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ving t	able				A		
_							-	_	A mou	nτ	
q C	Beginning balance							.c			
d	Additions during the year							.d			
e f	Distributions during the year							e _			
f	Ending balance						_1	f			
2a	Did the organization include an amount on Fo		ıe 21?						I	Yes	No
	If "Yes," explain the arrangement in Part XIV				- d 111.4	II L	000 F) - ·	TV 1 40		
Pal	rt V Endowment Funds. Complete	(a)Current Year)Prior						\ Four Y	ears Back
1a	Beginning of year balance	(a)current rear		<i>)</i> 11101	rear	(c) w	3 Tears back	(u)	ince rears back (e	ji our i	cars back
 b	Contributions										
c	Investment earnings or losses										
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held	as			1			•		
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment 🕨										
С	Term endowment ▶										
3a	Are there endowment funds not in the posses	ssion of the organiz	zation	thata	are hel	d and a	dministered 1	for t	he		
	organization by	<u>-</u>								Yes	No
	(i) unrelated organizations							•	3a(i)		<u> </u>
	(ii) related organizations							•	3a(ii)	 	<u> </u>
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the second secon	•						•	3b	<u> </u>	<u> </u>
	t VI Land, Buildings, and Equipme					1 0					
Fal	Land, Buildings, and Equipme	int. See Form 93	<i>5</i> 0, Fa				(h)Cost or oth	har	(a) Assumulated		
	Description of property					or other stment)	(b)Cost or oth basis (other		(c) Accumulated depreciation	(d) B	ook value
	Land		•					\perp			
	Buildings		•								
С	Leasehold improvements		•				50,8	310	37,561		13,249
d	Equipment			1			519,0	078	381,372		137,706
	Other	<u> </u>					966,3	379	143,220		823,159

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	2.
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(2,200	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
(3)O ther		
(A) PRIVATE INVESTMENT FUND	1,595,090	F
	4 505 000	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	_/	
Part VIII Investments—Program Related. See	Form 990, Part X, line	
(a) Description of investment type	(b) Book value	(c) Method of valuation
	(=, 200.1, 10.00	Cost or end-of-year market value
(1) INVESTMENT-MKT SERVICES CO	2,123,381	С
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	2/120/001	
Part IX Other Assets. See Form 990, Part X, lin	e 15.	
(a) Descrip	tion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.		
Part X Other Liabilities. See Form 990, Part X	, line 25.	
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes	0	
	-	
SHORT TERM DEFERRED GAIN	198,957	
LONG TERM DEFERRED GAIN	-994,786	
ACCRUED RENT LIABILITY	58,519	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	-737,310	
	,	

Par	12XII Reconciliation of Change in Net Assets from Form 990 to Financial Statement	<u>its</u>	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per l	Return
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses]	
d	Other (Describe in Part XIV) 2d]	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a]	
b	Other (Describe in Part XIV) 4b]	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
Par	t XIV Supplemental Information		

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanat ion
Liability for Uncertain Tax Position (ASC 740)	, ,	The Company has no uncertain tax positions that required disclosure in the financial statements

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As Filed Data -

DLN: 93493318024312

OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States ► Complete if the organization answered "Yes" to Form 990,

> Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization Motor and Equipment Manufactures Association

Employer identification number

ъ-		A - 1 · - · · · ·		h - 11-11-1 Cl-1 C	13-1068400	
Ра	rt I General Informatio "Yes" to Form 990, Pa			ne United States. Co	ompiete if the organiz	ation answered
1	For grantmakers. Does the	organization r	naıntaın record	s to substantiate the	amount of the grants (or
	assistance, the grantees' elig	_			_	
	the grants or assistance?					
_	-					
2	For grant makers. Describe in Pa United States	art vitne organiz	zation's procedui	es for monitoring the use	or grant runds outside tr	ne
3	Activites per Region (Use Part	V ıf addıtıonal s	pace is needed)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
	Central America and the Caribbean			Investments		1,595,000
	Campbean					
٦.	Cub total					1 505 000
	Sub-total Total from continuation sheets					1,595,000
	to Part I					
С	Totals (add lines 3a and 3b)	1	1	1		1,595,000

Part	Part IV, lı	ne 15, for any					plete if the organiza received more than		
•	n) Name of ganization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
-									
-									
-									
-									
-									
-									
-									
-									
-									
-									
-									
-									
_									
2 E	enter total nun ax-exempt by	nber of recipie the IRS, or fo	ent organizations lis or which the grante	ted above that are i	recognized as chari ovided a section 50:	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . 🟲	
3 E	nter total nun	nber of other o	organizations or en	tities					· (Farra 000) 2011

Part III	Grants and Oth	er Assistance to	Individuals	Outside the Unit	ed States. Complete	ıf the organızatıon a	inswered "Yes" to	o Form 990	, Part IV, line 16.
	Use Part V if add	itional space is nec	eded.						

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash	(g) Description of non-cash	(h) Method of valuation
	1		<u> </u>		assistance	assistance	(book, FMV, appraisal, other)
			1				
					1		
	1				1		
	1				1		
	1				1		
					1		
					1		
	1				1		
	1				,		
	1				,		
					1		
	1				1		
					,		
					,		
			- 1		1		

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	굣	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	굣	Yes	Γ	Νο
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	।⊽	Νο
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	굣	Νο
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	굣	Νο

Schedule F (Form 990) 2011

information. Identifier	ReturnReference	Explanation
racitimer	Returniterence	Explanation

DLN: 93493318024312

Schedule I (Form 990)

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

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

TOTOL AND L	- quipinent manuacti	ares Association					13-1068400	
Part I	General Inform	nation on Grants	and Assistance				•	
the s	election criteria used	d to award the grants o	tantiate the amount of to or assistance? res for monitoring the us					✓ Yes 🗀
Part II		<u> </u>	Governments and			s. Complete if the or	ganization answered	d "Yes" to
	Form 990, Part I	V, line 21 for any r	recipient that received 0) if additional space	d more than \$5,000	. Check this box if i	no one recipient rece	ived more than \$5,0	000. Use
0	ne and address of rganization government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TASK FO SEAL DR	ONAL OTIVE SERVICE RCE101 BLUE IVE SE SUITE 101 RG,VA 20175	76-0837727	501(C)6	16,080				A utomotive Study Financial Hardship LEGISLATOR A WARENESS PROGRAM General support TRAINING PROGRAM TO EDUCATE AUTO TECHNICIANS RECOGNIZE PIONEERS IN THE AUTO INDUSTRY SUPPORT THE BOYS AND GIRLS CLUB OF SPRINGFIELD HOLIDAY CONTRIBUTION SUPPORT TRADE FORUM SERIES
FOUNDA 864520	AFTERMARKET TIONPO BOX O,FL 32886	62-1759489	501(C)3	10,000				FINANCIAL HARDSHIP
AUTO AF ASSOC5 SUITE 10	ANCE OF STATE TERMARKET 330 WALL STREET 00 N,WI 53718	48-0802043	501(C)6	10,000				Legislator A wareness Program
REFORM 1101 CO NW	RICAN TORT ASSOCIATION NNECTICUT AVE GTON, DC 20036	52-1464785	501(C)6	11,120				General Support
2 Enter	total number of sect	tion 501(c)(3) and go	vernment organizations	listed in the line 1 tabl	e			1

Enter total number of other organizations listed in the line 1 table

(b) Number of recipients	(c)A mount of cash grant	(d) A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
	recipients	recipients Cash grant	recipients cash grant non-cash assistance	

Part IV Suppleme	ental Information. Complete t	his part to provide the information required in Part I, line 2, and any other additional information.
Ident if ier	Return Reference	Explanation
Procedure for Monitoring Use of Grant Funds Inside	, , ,	MEMA ENSURES RESEARCH STUDIES IT PROVIDES GRANTS FOR ARE CONDUCTED IN ACCORDANCE WITH SIGNED CONTRACTS

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DLN: 93493318024312

OMB No 1545-0047

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Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Name of the organization

Motor and Equipment Manufactures Association

Employer identification number

	13-1000400			
Pa	rt I Questions Regarding Compensation			
	F		Yes	Νo
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments F Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which if any of the following the organization uses to establish the companyation of the			
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	▼ Compensation committee ▼ Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		
b	Any related organization?	5b		
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		
Ь	Any related organization?	6b		
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation
		(i) Base compensation	(i) Base (ii) Bonus & incentive compensation				(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) ROBERT E MCKENNA	(ı) (ıı)	0 334,200	0 174,104	0 42,100	0 14,700	0 24,715	0 589,819	
(2) WENDY T EARP	(I) (II)	0 120,644	0 33,592	0 17,182	0 8,580	0 15,631	0 195,629	
(3) STEVE HANDSCHUH	(ı) (ıı)	0 221,500	0 105,549	0 18,234	0 14,700	0 24,121	0 384,104	
(4) TIM KRAUS	(ı) (ıı)	0 153,771	0 33,768	0 14,094	0 10,380	0 28,133	0 240,146	
(5) LACY WILSON	(ı) (ıı)	0 222,000	0 42,000	0 25,519	0 14,003	0 3,536	0 307,058	
(6) JACK CAMERON	(ı) (ıı)	0 124,410	0 45,427	0 22,944	0 8,417	0 22,451	0 223,649	
(7) CHRIS GARDNER	(ı) (ıı)	0 125,045	0 41,215	0 12,349	0 8,449	0 23,217	0 210,275	
(8) JOHN CHALIFOUX	(ı) (ıı)	0 147,005	0 33,228	0 16,682	0 10,320	0 27,703	0 234,938	
(9) PAUL MCCARTHY	(ı) (ıı)	0 98,197	0 0	0 61,999	0 3,960	0 22,716	0 186,872	

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
		The MEMA Management Services Group, a related organization, pays for a club membership that is primarily for MEMA's President to conduct business MEMA reimburses The MEMA Management Services Group monthly for these club dues
'	Schedule J, Part I, Line 1a	Paul McCarthy received a taxable benefit of \$16,382 in tax gross ups due to relocation costs
Severance Payments	Schedule J, Part I, Line 4a	Mark Iasiello received \$29,137 as severance pay during 2011
Supplemental Nonqualified Retirement Plan	•	Robert Mckenna participated in a frozen (As of 12/31/2009) supplemental nonqualified retirement plan during the year No amounts were paid into the plan by this or any related organization during the year and he did not receive any distributions out of the plan during the year

Schedule J (Form 990) 2011

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DLN: 93493318024312

Employer identification number

OMP No 1545 0047

Schedule L

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

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

2011

Open to Public Inspection

Motor and	l Equipment Manufactures Associ	ation						1	3-10684	0.0			
Part I	Excess Benefit Trai							organı	zations (only).	40h		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (a) Name of disqualified person (b) Description of transaction								orrected?				
1 (a) Name of disqu			ualified person			(b) Description			ı of transactıon			No	
2 Ent	er the amount of tax ımpos	ad on t	he organ	uzation man	lagers or	disqualified pers	one dur	ng the v	ear unde	r		<u> </u>	
	tion 4958		_		-	•			-	· · \$ —			
3 Ent	er the amount of tax, ıf any	, on lin	e 2, abo	ve, reımburs	ed by th	e organization .			🕨	· \$			
Part II	Loans to and/or l	From	Intere	sted Pers	sons.								
	Complete if the organiz					, Part IV, line 26	, or For	n 990-E	Z, Part V	, line 38	а		
		(b) ∟	oan to				(e) 1	'n	(f) Approv		(g) Writ	ttan	
(a) Nam	e of interested person and purpose	or from the organization?		(c)O riginal principal amount		(d)Balance due	defau		t? by board o		agreement?		
	purpose	<u> </u>		principal e	amount		V	committe			W	N-	
		То	From				Yes	No	Yes	No	Yes	No	
												+	
Total .		<u> </u>			▶ \$			<u> </u>		<u> </u>			
Part III	Grants or Assistar												
	Complete if the oran						/ l 1	7					
	Complete if the orga	mizati				rm 990, Part IV		27.					
(a) Name of interested pers			b) Relationsh	nıp betwe	<u>rm 990, Part IV</u> een interested per ganization			ount of g	rant or t	ype of ass	ıstance	
(b) Relationsh	nıp betwe	en interested per			ount of g	rant or ty	ype of ass	ıstance	
(b) Relationsh	nıp betwe	en interested per			ount of g	rant or ty	ype of ass	ıstance	
(b) Relationsh	nıp betwe	en interested per			ount of g	rant or t	ype of ass	ıstance	

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Complete if the organization	ii aiisweieu Tes Oii	ioiiii 990, Paiciv, III	ie 20a, 20b, 01 20c.		
(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
	organization			Yes	No
(1) MEMA FINANCIAL SERVICES GROUP	See Part V	234,741	See part V		Νο
(2) MEMA MANAGEMENT SERVICES GROUP	See Part V	4,798,712	See part V		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Ident if ier	Return Reference	Explanation
TRANSACTIONS WITH INTERESTED PERSONS		b) Relationship the following five directors and/or officers of this organization were also directors and/or officers during all or part of 2011 of the above noted companies Robert McKenna, John Corey, Terry McCormack, Joseph McAleese, Wendy Earp d) Description of Transactions Reimbursement of Expenses for certain services and payroll

Schedule L (Form 990 or 990-EZ) 2011

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SCHEDULE O (Form 990 or 990-

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization Motor and Equipment Manufactures Association	Employer identification number
' '	13-1068400

ldentifier	Return Reference	Explanation
Delegation of Authority	Form 990, Part VI, Line 1	THE EXECUTIVE COMMITTEE HAS THE AUTHORITY TO ACT ON BEHALF OF THE BOARD

ldentifier	Return Reference	Explanation
Relationships	Form 990, Part VI, Line 2	During all or part of 2011, two of this organization's officers, Robert McKenna and Wendy Earp, and three of this organization's directors, Terry McCormack, Joseph McAleese and John Corey, were also officers and directors, respectively, of the MEMA Marketing Services Company, Inc., a corporation wholly owned by Motor and Equipment Manufacturers Association. Robert McKenna and Wendy Earp are employees of the MEMA Management Services Group, Inc., a corporation wholly owned by the MEMA Marketing Services Company, Inc. The same two officers and three directors are officers and directors, respectively, of The Educational and Research Foundation of MEMA, an organization related to this organization. One of the officers (Robert McKenna) is also on the board of Original Equipment Suppliers Association, an organization related to this organization. Another officer (Wendy Earp) is also an officer of the Original Equipment Supply Association. In addition, board members John Corey, Douglas Grimm, William Kozyra, James Mcelya and James Orchard are also on the board of Original Equipment Suppliers Association. Robert McKenna and Wendy Earp have a business relationship with Steve Handschuh, Tim Kraus, Lacy Wilson, Jack Cameron, Chris Gardner, John Chalifoux, and Paul McCarthy

ldentifier	Return Reference	Explanation
Significant Changes to Governing Documents	Form 990, Part VI, Line 4	During 2011, the ByLaw's were updated to add appointment of up to two board members by new market segment member, MERA. As noted in the response to question 7, below, up to eight of the fifteen members of the board of directors are now elected by four market segment boards who are also members of MEMA or related to MEMA. The remaining seven at-large board members are elected by the other board members.

ldentifier	Return Reference	Explanation
Members or Stockholders		MEMA members consist of companies of good repute and sound financial condition with at least one facility in North America, actually engaged in the manufacture, production, remanufacturing or formulation of products or services integral to the manufacture of products for the automotive, heavy duty, off-highway, aircraft, marine, or related industries

ldentifier	Return Reference	Explanation
Members or Stockholders Who May Elect		Of the fifteen maximum board members of MEMA, up to eight of those positions are elected by the four market segment boards (two positions elected by each AASA, HDMA, OESA and up to 2 by MERA) Three of those market segments consist of members of MEMA One of those segments, Original Equipment Suppliers Association, is a separate organization which is related to MEMA

ldentifier	Return Reference	Explanation
Contemporaneous Documentation - Committees	Form 990, Part VI, Line 8b	The committee's meetings are not formally documented at the time the meetings are held Meetings are discussed at board meetings and this discussion is documented in the board minutes

ldentifier	Return Reference	Explanation
Form 990 Review Process	Form 990, Part VI, Line 11b	The form 990 is provided to all board members prior to filing via email. The form is reviewed in detail by the director of accounting, CFO/Secretary and president prior to filing. Any questions are addressed and resolved prior to filing. If changes are necessary to the Form 990 then those items will be circulated to the board members so that they have the Final 990.

ldentifier	Return Reference	Explanation
Conflict of Interest Policy Monitoring & Enforcement	l '	The policy is reviewed and signed annually by any staff member with the title manager or above. Any volunteer with decision making authority, board member and officer is to review and sign annually. They are to sign a statement which affirms such person 1) has received a copy of the conflicts of interest policy, 2) has read and understands the policy, 3) has agreed to comply with the policy, 4) understands that MEMA is a nonprofit corporation and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes.

ldentifier	Return Reference	Explanation
Process for Determining Compensation	Form 990, Part VI, Line 15a & 15b	The compensation committee with oversight from the MEMA executive committee is responsible for 1) evaluating the performance of the president and awarding an appropriate compensation package, 2) approving any employment, retention and severance agreement with the president, 3) with the approval of the board of directors, obtaining benchmark compensation data from an outside consultant, and 4) overseeing the president's evaluation and compensation decisions with respect to the association's senior staff

ldentifier	Return Reference	Explanation
How Documents are Made Available to the Public	Form 990, Part VI, Line 19	MEMA does not make its governing documents, conflict of interest policy or financial statements available to the public

ldentifier	Return Reference	Explanation
Other Changes in Net Assets or Fund Balances	Part XI, Line 5	Unrealized Investment Losses - (\$401,732) Deferred Gain on Building Sale - \$198,957 Total (202,775)

ldentifier	Return Reference	Explanation
HOURS DEVIOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME TERRY R MCCORMACK TITLE CHAIRMAN HOURS 1

ldentifier	Return Reference	Explanation
HOURS DEVIOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JOHN COREY TITLE VICE CHAIR HOURS 1

ldentifier	Return Reference	Explanation
HOURS DEVIOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JOSEPH MCALEESE TITLE VICE CHAIR HOURS 1

ldentifier	Return Reference	Explanation
HOURS DEVIOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ROBERT E MCKENNA TITLE PRESIDENT & CEO HOURS 10

ldentifier	Return Reference	Explanation
HOURS DEVIOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME WENDY T EARP TITLE VP, SECRETARY, TREASURER, CFO HOURS 17

ldentifier	Return Reference	Explanation
HOURS DEVIOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME LACY WILSON TITLE SENIOR VP GOV'T AFFAIRS HOURS 13

ldentifier	Return Reference	Explanation
HOURS DEVIOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JO ANNE FARR TITLE VP HUMAN RESOURCES/ADMIN HOURS 20

ldentifier	Return Reference	Explanation
HOURS DEVIOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME CATHERINE BOLAND TITLE VICE PRESIDENT HOURS 13

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SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** Motor and Equipment Manufactures Association 13-1068400 Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) (d) Name, address, and EIN of disregarded entity Legal domicile (state Total income End-of-year assets Direct controlling Primary activity or foreign country) entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) (a) (13)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity		. g) 512(b)(13 trolled nization							
						Yes	No							
(1) EDUCATIONAL & RESEARCH FOUND OF MEMA														
10 LABORATORY DRIVE	RESEARCH	NJ	501(c)(3)	11A	NA	Yes								
RTP, NC 27709 22-2463502														
(2) ORIGINAL EQUIPMENT SUPPLIERS ASSOCIATION														
10 LABORATORY DRIVE	TRADE ASSOC	DC	501(c)(6)	N/A	NA		No							
RTP, NC 27709 38-3490170														
For Privacy Act and Panerwork Reduction Act Notice, see the Instruct	ions for Form 990	Cat No. 50	1 1135Y	I	Schedule R (I	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y Schedule R. (Form 990) 2011								

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514) (f) Share of total income		(g) Share of end-of- year assets	Disprop	(h) Disproprtionate allocations? (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) AAPEX SHOW SANDS EXPO CENTER LAS VEGAS, NV 89109 36-4257968	TRADE SHOW	NV	NA	RELATED	3,553,833	1,377,670		No	0	Yes		40 000 %
(2) PAACE AUTOMECHANIKA MEXICO LLC 1600 PARKWOOD CIRCLE ATLANTA, GA 30338 20-8927572	TRADE SHOW	GA	NA	RELATED	40,449	124,192		No	0		No	16 667 %
												
												<u> </u>

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) THE MEMA MARKETING SERVICE COMPANIES 10 LABORATORY DRIVE RTP, NC 27709 22-2290049	HOLDING CO	DE	NA	C Corp	-110,943	1,727,011	100 000 %
(2) THE MEMA FINANCIAL SERVICES GROUP 10 LABORATORY DRIVE RTP, NC 27709 22-2290046	CREDIT REPORT	DE	MEMA MKT SV	C Corp	648,363	392,242	100 000 %
(3) THE MEMA MANAGEMENT SERVICES GROUP 10 LABORATORY DRIVE RTP, NC 27709 13-2670086	ASSOC MGT	NJ	MEMA MKT SV	C Corp	461,546	2,149,496	100 000 %
(4) THE MOTIVATION GROUP 10 LABORATORY DRIVE RTP, NC 27709 22-2053314	INACTIVE	NJ	MEMA MKT SV	C Corp	0	6,394	100 000 %

Note. Complete line 1 if any entity is listed in Parts II, III or IV				۱	res	No		
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related org	anızatıons lısted ın Part	s II-IV?						
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity				1a		No		
b Gift, grant, or capital contribution to related organization(s)								
c Gift, grant, or capital contribution from related organization(s)								
d Loans or loan guarantees to or for related organization(s)								
e Loans or loan guarantees by related organization(s)								
f Sale of assets to related organization(s)				1f		No		
g Purchase of assets from related organization(s)								
h Exchange of assets with related organization(s)				1h		No		
i Lease of facilities, equipment, or other assets to related organization(s)				1i \	res			
j Lease of facilities, equipment, or other assets from related organization(s)				1j		No		
k Performance of services or membership or fundraising solicitations for related organization(s)				1k		No		
l Performance of services or membership or fundraising solicitations by related organization(s)	taran da antara da a							
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
n Sharing of paid employees with related organization(s)				1n \	res			
• Reimbursement paid to related organization(s) for expenses				10 \	⁄es			
p Reimbursement paid by related organization(s) for expenses				1p \	res			
q O ther transfer of cash or property to related organization(s)				1q		No		
r Other transfer of cash or property from related organization(s)				1r		No		
			•					
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line,	ıncludıng covered relat	ıonships and transacti	on thresholds					
	_ (b)	(c)		1)				
Name of other organization	Transaction type(a-r)	Amount involved	Method of dete		g amo	unt		
(1) MEMA FINANCIAL SERVICES GROUP	р	234,741	COST					
(2) MEMA MANAGEMENT SERVICES GROUP	0	4,798,712	COST					
b 190,000 COST								
(4) MEMA FINANCIAL SERVICES GROUP	I	61,698	COST					
(5)								
(6)								

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man		(k) Percentage ownership
			311)	Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Ident if ier	Ret urn Ref erence	Explanation
SCHEDULE R, GENERAL NOTE		The organization is disclosing Original Equipment Suppliers Association as a related entity even though they do not explicitly meet the related entity definitions contained in the instructions of Form 990. The organizations have determined through other means that they are related and in the interest of full disclosure, are listing each other and all related transactions (as required) on the Form 990.
AAPEX SHOW	PART III- RELATED PARTNERSHIP	While MEMA's share of the profit and loss of the AAPEX Show is 40%, MEMA is a 50% owner/partner with regard to the show's operations and management

Schedule R (Form 990) 2011