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Form **990-EZ****Short Form**  
**Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2010****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

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

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

**A For the 2010 calendar year, or tax year beginning**, **2010**, and ending **20**

|                                              |                                                                            |                                         |
|----------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------|
| <b>B</b> Check if applicable                 | <b>C</b> Name of organization                                              | <b>D</b> Employer identification number |
| <input type="checkbox"/> Address change      | HARRISBURG AUTOMOTIVE TRADE ASSOCIATION                                    | 23-2057767                              |
| <input type="checkbox"/> Name change         | Number and street (or P O box, if mail is not delivered to street address) | <b>E</b> Telephone number               |
| <input type="checkbox"/> Initial return      | P.O. BOX 4097                                                              | (717) 761-7171                          |
| <input type="checkbox"/> Termination         | City or town, state or country, and ZIP + 4                                | <b>F</b> Group Exemption Number         |
| <input type="checkbox"/> Amended return      | HARRISBURG, PA 17111                                                       |                                         |
| <input type="checkbox"/> Application pending |                                                                            |                                         |

**G** Accounting method ☒ Cash ☐ Accrual Other (specify) ▶**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**I** Website: ▶ N/A**J** Tax-exempt status (check only one) - ☐ 501(c)(3) ☒ 501(c)(6) (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required through Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 71,651.**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)  
Check if the organization used Schedule O to respond to any question in this Part I. ☒

|                                                                                                             |                                                                                                                                                                                                                     |           |          |
|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>Revenue</b>                                                                                              | <b>1</b> Contributions, gifts, grants, and similar amounts received                                                                                                                                                 | <b>1</b>  |          |
|                                                                                                             | <b>2</b> Program service revenue including government fees and contracts                                                                                                                                            | <b>2</b>  |          |
|                                                                                                             | <b>3</b> Membership dues and assessments                                                                                                                                                                            | <b>3</b>  | 9,921.   |
|                                                                                                             | <b>4</b> Investment income                                                                                                                                                                                          | <b>4</b>  | 4,304.   |
|                                                                                                             | <b>5 a</b> Gross amount from sale of assets other than inventory                                                                                                                                                    | <b>5a</b> |          |
|                                                                                                             | <b>b</b> Less cost or other basis and sales expenses                                                                                                                                                                | <b>5b</b> |          |
|                                                                                                             | <b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)                                                                                                                    | <b>5c</b> |          |
|                                                                                                             | <b>6</b> Gaming and fundraising events                                                                                                                                                                              |           |          |
|                                                                                                             | <b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)                                                                                                                                      | <b>6a</b> |          |
|                                                                                                             | <b>b</b> Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | <b>6b</b> | 57,426.  |
| <b>c</b> Less direct expenses gaming and fundraising events                                                 | <b>6c</b>                                                                                                                                                                                                           | 51,360.   |          |
| <b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | <b>6d</b>                                                                                                                                                                                                           | 6,066.    |          |
| <b>7 a</b> Gross sales of inventory, less returns and allowances                                            | <b>7a</b>                                                                                                                                                                                                           |           |          |
| <b>b</b> Less cost of goods sold                                                                            | <b>7b</b>                                                                                                                                                                                                           |           |          |
| <b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)                     | <b>7c</b>                                                                                                                                                                                                           |           |          |
| <b>8</b> Other revenue (describe in Schedule O)                                                             | <b>8</b>                                                                                                                                                                                                            |           |          |
| <b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8                                      | <b>9</b>                                                                                                                                                                                                            | 20,291.   |          |
| <b>Net Assets or Fund Balances</b>                                                                          | <b>10</b> Grants and similar amounts paid (list in Schedule O)                                                                                                                                                      | <b>10</b> |          |
|                                                                                                             | <b>11</b> Benefits paid to or for members                                                                                                                                                                           | <b>11</b> |          |
|                                                                                                             | <b>12</b> Salaries, other compensation, and employee benefits                                                                                                                                                       | <b>12</b> | 0.       |
|                                                                                                             | <b>13</b> Professional fees and other payments to independent contractors                                                                                                                                           | <b>13</b> | 2,680.   |
|                                                                                                             | <b>14</b> Occupancy, rent, utilities, and maintenance                                                                                                                                                               | <b>14</b> |          |
|                                                                                                             | <b>15</b> Printing, publications, postage, and shipping                                                                                                                                                             | <b>15</b> | 434.     |
|                                                                                                             | <b>16</b> Other expenses (describe in Schedule O)                                                                                                                                                                   | <b>16</b> | 22,998.  |
|                                                                                                             | <b>17</b> <b>Total expenses.</b> Add lines 10 through 16                                                                                                                                                            | <b>17</b> | 26,112.  |
|                                                                                                             | <b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)                                                                                                                                           | <b>18</b> | -5,821.  |
|                                                                                                             | <b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)                                                          | <b>19</b> | 243,627. |
|                                                                                                             | <b>20</b> Other changes in net assets or fund balances (explain in Schedule O)                                                                                                                                      | <b>20</b> |          |
|                                                                                                             | <b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20                                                                                                                                   | <b>21</b> | 237,806. |

For Paperwork Reduction Act Notice, see the separate instructions

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Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

Check if the organization used Schedule O to respond to any question in this Part III . . . . . ☐

Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☐

**Part V Other Information** (Note the statement requirements in the instructions for Part V)Check if the organization used Schedule O to respond to any question in this Part V ☐

|                                                                                                                                                                                                                                                                                                                                           | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .                                                                                                                                                               |     | X  |
| <b>34</b> Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .                                                            |     | X  |
| <b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T                                                                                       |     |    |
| <b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?                                                                                                       |     | X  |
| <b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year (see instructions)? . . . . .                                                                                                                                                                                                                             |     |    |
| <b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .                                                                                                                                     |     | X  |
| <b>37 a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> 0.                                                                                                                                                                                                                  |     |    |
| <b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .                                                                                                                                                                                                                                                          |     | X  |
| <b>38 a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . .                                                                                            |     | X  |
| <b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b>                                                                                                                                                                                                                                  |     |    |
| <b>39</b> Section 501(c)(7) organizations Enter                                                                                                                                                                                                                                                                                           |     |    |
| <b>a</b> Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b>                                                                                                                                                                                                                                                |     |    |
| <b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b>                                                                                                                                                                                                                                       |     |    |
| <b>40 a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶                                                                                                                                                                        |     |    |
| <b>b</b> Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . . |     |    |
| <b>c</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶                                                                                                                                       |     |    |
| <b>d</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶                                                                                                                                                                                                         |     |    |
| <b>e</b> All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .                                                                                                                                                                |     | X  |
| <b>41</b> List the states with which a copy of this return is filed ▶                                                                                                                                                                                                                                                                     |     |    |
| <b>42 a</b> The organization's books are in care of ▶ DANA S NONNENMOCHER, TREASU Telephone no ▶ 717-761-7171<br>Located at ▶ 210 GRANDVIEW AVE CAMP HILL, PA ZIP + 4 ▶ 17011                                                                                                                                                             |     |    |
| <b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .                                                                               | Yes | No |
| If "Yes," enter the name of the foreign country ▶                                                                                                                                                                                                                                                                                         |     | X  |
| See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .                                                                                                                                                                                                 |     |    |
| <b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U S ? . . . . .                                                                                                                                                                                                                     |     | X  |
| If "Yes," enter the name of the foreign country ▶                                                                                                                                                                                                                                                                                         |     |    |
| <b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here. . . . . ▶ <input type="checkbox"/><br>and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>                                                                     |     |    |
| <b>44 a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .                                                                                                                                                                                  |     | X  |
| <b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .                                                                                                                                                                              |     | X  |
| <b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .                                                                                                                                                                                                                                 |     | X  |
| <b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .                                                                                                                                                                                    |     |    |

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|                                                                                                                                                                                                                                   | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?                                                                                                           |     | X  |
| <b>a</b> 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," Form 990 and Schedule R must be completed instead of Form 990-EZ |     | X  |
| <b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I                              |     | X  |

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this part VI ☐

|                                                                                                                                                                                                                                                                  | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II                                                                                                                                                             |     |    |
| <b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                                                                                                                                   |     |    |
| <b>49 a</b> Did the organization make any transfers to an exempt non-charitable related organization?                                                                                                                                                            |     |    |
| <b>b</b> If "Yes," was the related organization a section 527 organization?                                                                                                                                                                                      |     |    |
| <b>50</b> Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" |     |    |

| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|----------------------------------------------------------------|----------------------------------------------------------|------------------|---------------------------------------------------------------------|------------------------------------------|
|                                                                |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |

**f** Total number of other employees paid over \$100,000

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|------------------------------------------------------------------------------|---------------------|------------------|
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |

**d** Total number of other independent contractors receiving over \$100,000

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ☐ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

|                               |                                        |                      |                |           |
|-------------------------------|----------------------------------------|----------------------|----------------|-----------|
| <b>Sign Here</b>              | <i>[Signature]</i>                     | <i>4/27/11</i>       |                |           |
|                               | Signature of officer                   | Date                 |                |           |
| <b>Paid Preparer Use Only</b> | <i>Dana S. Nonnenmacher, Treasurer</i> | <i>4/27/11</i>       |                |           |
|                               | Type or print name and title           | Date                 |                |           |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name             | Preparer's signature | Date           | PTIN      |
|                               | <i>Dana S. Nonnenmacher</i>            | <i>[Signature]</i>   | <i>4/27/11</i> | P00050291 |
|                               | Firm's name                            | Firm's EIN           | Phone no       |           |
|                               | Firm's address                         |                      |                |           |

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

## Name of the organization

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a**  
**▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions**

**Open To Public  
Inspection**

23-2057767

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- |          |                          |                                  |          |                          |                                       |
|----------|--------------------------|----------------------------------|----------|--------------------------|---------------------------------------|
| <b>a</b> | <input type="checkbox"/> | Mail solicitations               | <b>e</b> | <input type="checkbox"/> | Solicitation of non-government grants |
| <b>b</b> | <input type="checkbox"/> | Internet and email solicitations | <b>f</b> | <input type="checkbox"/> | Solicitation of government grants     |
| <b>c</b> | <input type="checkbox"/> | Phone solicitations              | <b>g</b> | <input type="checkbox"/> | Special fundraising events            |
| <b>d</b> | <input type="checkbox"/> | In-person solicitations          |          |                          |                                       |

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

NON-26406

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                                                                         | (a) Event #1              | (b) Event #2                   | (c) Other Events     | (d) Total events              |
|-------------------------------------------------------------------------|---------------------------|--------------------------------|----------------------|-------------------------------|
|                                                                         | AUTO SHOW<br>(event type) | ANNUAL BANQUET<br>(event type) | 2.<br>(total number) | (add col (a) through col (c)) |
| <b>Revenue</b>                                                          |                           |                                |                      |                               |
| 1 Gross receipts . . . . .                                              | 46,197.                   | 10,800.                        | 429.                 | 57,426.                       |
| 2 Less Charitable contributions . . . . .                               |                           |                                |                      |                               |
| 3 Gross income (line 1 minus line 2) . . . . .                          | 46,197.                   | 10,800.                        | 429.                 | 57,426.                       |
| <b>Direct Expenses</b>                                                  |                           |                                |                      |                               |
| 4 Cash prizes . . . . .                                                 |                           |                                |                      |                               |
| 5 Noncash prizes . . . . .                                              |                           |                                |                      |                               |
| 6 Rent/facility costs . . . . .                                         |                           |                                |                      |                               |
| 7 Food and beverages . . . . .                                          |                           |                                |                      |                               |
| 8 Entertainment . . . . .                                               |                           |                                |                      |                               |
| 9 Other direct expenses . . . . .                                       |                           | 34,694.                        | 16,666.              | 51,360.                       |
| 10 Direct expense summary Add lines 4 through 9 in column (d) . . . . . |                           |                                |                      | ( 51,360.)                    |
| 11 Net income summary Combine line 3, column (d), and line 10 . . . . . |                           |                                |                      | 6,066.                        |

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                                                                            | (a) Bingo                 | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming          | (d) Total gaming (add col (a) through col (c)) |
|----------------------------------------------------------------------------|---------------------------|-----------------------------------------------|---------------------------|------------------------------------------------|
| <b>Revenue</b>                                                             |                           |                                               |                           |                                                |
| 1 Gross revenue . . . . .                                                  |                           |                                               |                           |                                                |
| <b>Direct Expenses</b>                                                     |                           |                                               |                           |                                                |
| 2 Cash prizes . . . . .                                                    |                           |                                               |                           |                                                |
| 3 Noncash prizes . . . . .                                                 |                           |                                               |                           |                                                |
| 4 Rent/facility costs . . . . .                                            |                           |                                               |                           |                                                |
| 5 Other direct expenses . . . . .                                          |                           |                                               |                           |                                                |
| 6 Volunteer labor . . . . .                                                | Yes _____ %<br>No _____ % | Yes _____ %<br>No _____ %                     | Yes _____ %<br>No _____ % |                                                |
| 7 Direct expense summary Add lines 2 through 5 in column (d) . . . . .     |                           |                                               |                           | ( )                                            |
| 8 Net gaming income summary Combine line 1, column d, and line 7 . . . . . |                           |                                               |                           |                                                |

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain \_\_\_\_\_

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain \_\_\_\_\_

- 11** Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity operated in
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization \$\_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$\_\_\_\_\_
- c** If "Yes," enter name and address of the third party

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

☐ Director/officer ☐ Employee ☐ Independent contractor

**17** Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

Employer identification number

HARRISBURG AUTOMOTIVE TRADE ASSOCIATION

23-2057767

ATTACHMENT 1

FORM 990EZ, PART I - INVESTMENT INCOME

DESCRIPTION

AMOUNT

INTEREST INCOME

4,304.

TOTAL

4,304.

ATTACHMENT 2

FORM 990EZ, PART I - FUNDRAISING EVENTS AND ACTIVITIES

| <u>DESCRIPTION</u> | <u>GROSS<br/>REVENUE</u> | <u>DIRECT<br/>EXPENSES</u> | <u>NET<br/>INCOME</u> |
|--------------------|--------------------------|----------------------------|-----------------------|
| AUTO SHOW          | 46,197.                  | 0.                         | 46,197.               |
| ANNUAL BANQUET     | 10,800.                  | 34,694.                    | -23,894.              |
| CAR SHOW           | 0.                       | 15,506.                    | -15,506.              |
| PICNIC             | 429.                     | 1,160.                     | -731.                 |
| TOTALS             | 57,426.                  | 51,360.                    | 6,066.                |

ATTACHMENT 3

FORM 990EZ, PART I - OTHER EXPENSES

SUPPLIES

794.

CHRISTMAS PARTY

4,475.

MONTHLY MEETING EXPENSE

12,707.

CHARITABLE CONTRIBUTIONS

5,022.

TOTAL

22,998.

ATTACHMENT 4

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

DESCRIPTION

BEGINNING  
OF YEAR

END  
OF YEAR

SAVINGS

243,627.

237,806.

TOTALS

243,627.

237,806.

Name of the organization

HARRISBURG AUTOMOTIVE TRADE ASSOCIATION

Employer identification number

23-2057767

ATTACHMENT 5

FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTSPROGRAM SERVICE ACCOMPLISHMENT 1

MONTHLY MEETINGS OF MEMBERS TO HEAR SPEAKERS DISCUSS ISSUES  
RELATIVE TO MEMBERS BUSINESS AND FELLOWSHIP, ANNUAL AUTO  
TRADE SHOW AND PROVIDE FUNDING FOR CRIME PREVENTION AT  
MEMBERS FACILITIES.

# HARRISBURG AUTOMOTIVE TRADE ASSOCIATION

23-2057767  
ATTACHMENT 6

## FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

| NAME AND ADDRESS                                           | TITLE AND AVERAGE<br>HOURS PER WEEK<br>DEVOTED TO POSITION | COMPENSATION | CONTRIBUTIONS<br>TO EMPLOYEE<br>BENEFIT PLANS | EXPENSE ACCT.<br>AND OTHER<br>ALLOWANCES |
|------------------------------------------------------------|------------------------------------------------------------|--------------|-----------------------------------------------|------------------------------------------|
| DON PERRY<br>P.O. BOX 4097<br>HARRISBURG, PA 17111         | PRESIDENT                                                  | 0.           | 0.                                            | 0.                                       |
| RAY BROMLEY<br>P.O. BOX 4097<br>HARRISBURG, PA 17111       | VICE PRESIDENT                                             | 0.           | 0.                                            | 0.                                       |
| DANA NONNENMOCHER<br>P.O. BOX 4097<br>HARRISBURG, PA 17111 | TREASURER                                                  | 0.           | 0.                                            | 0.                                       |
| ED CATALONE<br>P.O. BOX 4097<br>HARRISBURG, PA 17111       | VICE PRESIDENT                                             | 0.           | 0.                                            | 0.                                       |
| JIM GALLOWAY<br>P.O. BOX 4097<br>HARRISBURG, PA 17111      | DIRECTOR                                                   | 0.           | 0.                                            | 0.                                       |
| JEFF MILLAR<br>P.O. BOX 4097<br>HARRISBURG, PA 17111       | DIRECTOR                                                   | 0.           | 0.                                            | 0.                                       |
| DAVID SMITH<br>P.O. BOX 4097                               | DIRECTOR                                                   | 0.           | 0.                                            | 0.                                       |

HARRISBURG AUTOMOTIVE TRADE ASSOCIATION

23-2057767  
ATTACHMENT 6 (CONT'D)

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

| NAME AND ADDRESS                                        | TITLE AND AVERAGE<br>HOURS PER WEEK<br>DEVOTED TO POSITION | COMPENSATION | CONTRIBUTIONS<br>TO EMPLOYEE<br>BENEFIT PLANS | EXPENSE ACCT.<br>AND OTHER<br>ALLOWANCES |
|---------------------------------------------------------|------------------------------------------------------------|--------------|-----------------------------------------------|------------------------------------------|
| HARRISBURG, PA 17111                                    |                                                            |              |                                               |                                          |
| BRETT CORCORAN<br>P.O. BOX 4097<br>HARRISBURG, PA 17111 | DIRECTOR                                                   | 0.           | 0.                                            | 0.                                       |
| GRAND TOTALS                                            |                                                            | 0.           | 0.                                            | 0.                                       |