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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)

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

Open to Public

	revenue							Inspection
<b>B</b> Che		pplicable	C Name of organization PENNSYLVANIA AUTOMOTIVE ASSOCIATION	D Emplo	D Employer identification number			
_	ne char	-	Doing Business As				10201	2
Initi	al retur	rn		s not delivered to street address) Room	/suite	E Teleph	one num	nber
Ten	nınated	d	1925 NORTH FRONT STREET				) 255-8	
	ended r		City or town, state or country, and ZIP - HARRISBURG, PA 17102	+ 4			,	
App	lication	pending				<b>G</b> Gross	receipts	\$ 14,342,679
			<b>F</b> Name and address of princip J PAUL MCMILLEN	oal officer	H(a)	) Is this a group affiliates?	returr	n for
			1925 N FRONT STREET HARRISBURG, PA 17105					
					H(b)			uded? \( \text{Yes} \( \text{No} \) \( \text{(see instructions)} \)
Tax	r-exem	ıpt status	▼ 501(c)(3)	rt no )	H(c)			
			VW PAA-FOUNDATION ORG		H(C)	aroup exemp		THE P
	n of org r <b>t I</b>		Corporation Trust Association	Other -	LY	ear of formation 20	001 <b>M</b>	State of legal domicile PA
Ра			escribe the organization's mission o	er most significant activities				
ACUMINES & SOTEMBINE	PRINCIPAL IN A MANNER CONSISTENT WITH THE GENERAL CHARITABLE PURPOPER PROVIDING GRANTS TO OTHER CHARITABLE ORGANIZATIONS THAT CONDUCTO THE NEW MOTOR VEHICLE INDUSTRY, PAA MEMBERS AND EMPLOYEES OF PEDUCATIONAL OPPORTUNITIES TO THE FAMILIES OF THOSE WHO ARE EMPLOYEES OF VEHICLE INDUSTRY IN PENNSYLVANIA AS WELL AS YOUNG PEOPLE WHO WISH						AND A 3 PRC EWRE THE IN	CTIVITIES RELATED OVIDING TAIL MOTOR IDUSTRY
:	3 1	Vumher	of voting members of the governing	hody (Part VI June 1a)			з	23
			of independent voting members of t				4	2.
	<b>5</b> T	Γotal nu	mber of individuals employed in cal	endar year 2012 (Part V, line 2a)			5	
			mber of volunteers (estimate if nece				6	23
			related business revenue from Part elated business taxable income from				7a	
	D IV	verunne	erated business taxable income non	1 FOITH 990-1, HITE 34	<del></del>	Prior Year	7b	Current Year
	8	Contr	ibutions and grants (Part VIII, line :	1h)		2,079,	952	3,800,220
Kayenue	9	_	am service revenue (Part VIII, line			5,	287	12,984
9 1	10		tment income (Part VIII, column (A		•	701,		1,486,957
_	11 12		revenue (Part VIII, column (A), line revenue—add lines 8 through 11 (m		ine		0	(
		12) .	<u> </u>	<del> </del>		2,786,		5,300,161
	13 14		s and sımılar amounts paıd (Part IX, ıts paıd to or for members (Part IX, o			1,124,	.5/4	1,432,197
	15		es, other compensation, employee b					
expenses	4.5-	10)		/A \		104,		110,102
<b>⊕</b>	16a b		ssional fundraising fees (Part IX, col indraising expenses (Part IX, column (D), lir		•		0	C
ם	17		expenses (Part IX, column (A), line		¹. ├─	250,	931	220,595
	18	Total	expenses Add lines 13-17 (must e	qual Part IX, column (A), line 25	)	1,480,	471	1,762,894
	19	Rever	ue less expenses Subtract line 18	from line 12		1,305,		3,537,267
Fund Balances					Be	eginning of Curre Year	ent	End of Year
Baka	20	Total	assets (Part X, line 16)			32,693,	.380	38,922,364
end	21		liabilities (Part X, line 26)			3,396,		3,850,008
	22 :: TT		ssets or fund balances Subtract line	e 21 from line 20		29,297,	235	35,072,356
<b>Par</b> Inder ny kr	t III pena nowled rer ha	Sigr Ities of Ige and s any k	perjury, I declare that I have exami belief, it is true, correct, and comple nowledge	ned this return, including accomp	anying s	chedules and sta	atemen	nts, and to the best of
.016	•		UL MCMILLEN PRESIDENT e or print name and title					
		<u> </u>		reparer's signature	Date	Check If	PTIN P0007	5074
Paid			Firm's name  BOYER & RITTER			self-employed Firm's EIN F 2		
-	oare		Firm's address ► 211 HOUSE AVENUE			Phone no (71)	7) 761 7	7210
Jse	Onl	у	CAMPULL BA 17011			FRIONE NO (71)	,, 101-1	<b>∠</b> ± <b>∪</b>

	330 (LULL)				ray
Par			ice Accomplishments conse to any question in this Part II	I	
1	Briefly describe	the organization's missior			
A C T I FO U I RETA	IVITIES OF THE NDATION IS TO AIL MOTOR VEHI	NEW RETAIL MOTOR VE PROVIDE EDUCATIONA	TO SUPPORT, ENHANCE AND PROHICLE INDUSTRY IN PENNSYLVA L OPPORTUNITIES TO THE FAMI ISYLVANIA AS WELL AS TO FUND NDUSTRY	NIA ANOTHER IMPORTANT F LIES OF THOSE WHO ARE EMF	OCUS OF THE PLOYED IN THE NEW
	Did the organization	tion undertake any signific	ant program services during the yea	or which ware not listed on	
2	the prior Form 99	90 or 990-EZ?			┌ Yes ┌ No
	If "Yes," describ	e these new services on S	chedule O		
3			make significant changes in how it c		┌ Yes ┌ No
	If "Yes," describ	e these changes on Sched	ule O		
4	expenses Section	on 501(c)(3) and 501(c)(4	e accomplishments for each of its t ) organizations are required to repo each program service reported		
4a		) (Expenses \$ EACH - TO PROVIDE CONTRIBU DONOR ADVISED ACCOUNTS	1,215,197 including grants of \$ TIONS, GRANTS AND ASSISTANCE TO LOCAL	1,215,197 ) (Revenue \$ COMMUNITIES AND ORGANIZATIONS II	12,984 ) N PENNSYLVANIA THROUGH
4b	(Code EDUCATION PROGI	) (Expenses \$ RAM - GRANTING OF SCHOLARS	217,000 including grants of \$ HIPS FOR POST-SECONDARY EDUCATION	217,000 ) (Revenue \$	0)
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4d	Other program	services (Describe in Sch	edule O)		
	(Expenses \$	•	uding grants of \$	) (Revenue \$	)
4e	Total program s	service expenses 🕨	1,432,197		

Part IV	Che	cklist	of Re	auire	d Sch	redules
4:11714	CIIC	LKIISL	OI NO	uune	u sci	icuuics

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{*}$	2	Yes	
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		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
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		No
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	Yes	
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		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		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 $\sqrt[4]{2}$	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a		No
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		No
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		No
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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part $X^{\bullet}$	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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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 and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule $E$	13		N o
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	14b		No
15	valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I 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 United States? If "Yes," complete Schedule F, Parts III and IV	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 (see instructions)	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 hospital facilities? If "Yes," complete Schedule $H$	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	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		No
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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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? <i>If "Yes," complete Schedule L, Part IV </i>	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 direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$ ${\mathfrak Z}$	29	Yes	
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, Part I	31		No
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, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, 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		
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		No
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 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	

e I	Statements Regarding Other IRS Filings and Tax Compliance			-
	Check if Schedule O contains a response to any question in this Part V	•	 Yes	l No
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   2		res	NO
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
а	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			
•	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		N c
,	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
3	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
•	If "Yes," enter the name of the foreign country 🕒			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
•	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N o
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	) D		
	11 165, to fine 34 of 30, and the organization life Form 6000-17	5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		N
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		N
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		N
:	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		N (
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
	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		N
	Sponsoring organizations maintaining donor advised funds.	0-		, n
	Did the organization make any taxable distributions under section 4966?	9a ob		N ·
	Did the organization make a distribution to a donor, donor advisor, or related person?	9Ь		N
	Section 501(c)(7) organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
,	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
ı	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		
)	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	]		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
	If "Vas " has it filed a Form 720 to report these nayments? If "No " provide an explanation in Schedule O	14h		

Se	ection 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			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct 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		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
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	Yes	
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	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod	e.)
			Yes	No
40-	Did the examination have lead shorters branches as affiliates?	4.0		<u> </u>
IUa	Did the organization have local chapters, branches, or affiliates?	10a		No
	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?	10a 10b		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		Yes	N o
b 11a	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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	10b	Yes	No.
b 11a 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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes	N o
b 11a b 12a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b		N o
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a	Yes	N o
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b	Yes Yes	N o
b 11a b 12a b c	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b	Yes Yes Yes	N o
b 11a b 12a b c 13	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?	10b  11a  12a  12b  12c  13	Yes Yes Yes	N o
b 11a b 12a c 13 14	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b  11a  12a  12b  12c  13	Yes Yes Yes	No
b 111a b 112a c 13 14 15	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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?	10b  11a  12a  12b  12c  13  14	Yes Yes Yes	
b 111a b 112a c 13 14 15	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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official	10b  11a  12a  12b  12c  13  14	Yes Yes Yes	No
b 111a b 112a c 13 14 15 a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written whistleblower policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10b  11a  12a  12b  12c  13  14  15a  15b	Yes Yes Yes	N o N o
b 11a b 12a c 13 14 15 a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10b  11a  12a  12b  12c  13  14	Yes Yes Yes	No
b 11a b 12a c 13 14 15 a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written whistleblower policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10b  11a  12a  12b  12c  13  14  15a  15b	Yes Yes Yes	N o N o
b 11a b 12a c 13 14 15 a b 16a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b  11a  12a  12b  12c  13  14  15a  15b	Yes Yes Yes	N o N o
b 11a b 12a c 13 14 15 a b 16a 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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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?	10b  11a  12a  12b  12c  13  14  15a  15b	Yes Yes Yes	N o N o
b 11a b 12a c 13 14 15 a b 16a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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?	10b  11a  12a  12b  12c  13  14  15a  15b	Yes Yes Yes	N o N o
b 11a b 12a c 13 14 15 a b 16a 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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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?	10b  11a  12a  12b  12c  13  14  15a  15b	Yes Yes Yes	N o N o

State the name, physical address, and telephone number of the person who possesses the books and records of the organization FSTEVEN J SMITHCPA VP FINANCE AND HUMAN RESOURCES 1925 NORTH FRONT STREET HARRISBURG, PA (717) 255-

interest policy, and financial statements available to the public during the tax year

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

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

	<b>/-</b> >	l		, -				(5)	<b>/</b> E:	<b>/</b> E\
<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related	more pers and	than on is	one bot ecto	not box h ar or/tr	offic	ess er	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(1) BLAISE ALEXANDER	1 00	x						0	0	0
BOARD MEMBER										
(2) BRYAN M GAULT	1 00	х						0	0	0
BOARD MEMBER (3) CINDY COOK	1 00									
BOARD MEMBER	1 00	x						0	0	0
(4) CLARENCE B SMAIL JR	1 00	.,								
BOARD MEMBER		X						0	0	0
(5) CRAIG C SCOTT	1 00	×						0	0	0
BOARD MEMBER										
(6) DAVID B PENSKE CHAIRMAN	1 00	x		x				0	0	0
(7) DEBORAH FLAHERTY	1 00	x						0	0	0
BOARD MEMBER										
(8) FRED S SAVAGE	1 00	×						0	0	0
BOARD MEMBER (9) GARETH H MITCHELL	1 00									
	1 00	x		x				0	0	0
TREASURER (10) JOHN DEVLIN	1 00									
	100	x						0	0	0
PAA PRESIDENT (11) JOHN OYLER	1.00				-					
	1 00	x		x				0	0	0
SECRETARY (12) LOSEPH M HAFNIN IP	1.00									
(12) JOSEPH M HAENN JR	1 00	x						0	0	0
BOARD MEMBER										
(13) KENNETH B SHOCKEY	1 00	l x						0	0	0
BOARD MEMBER										
(14) KERMIT G HICKS	1 00	l x						0	0	0
BOARD MEMBER (15) LARRY L NEW	1.00	ļ								
	1 00	x						0	0	0
BOARD MEMBER (16) MICHAEL B SMITH	1 00				$\vdash$					
		x						0	0	0
BOARD MEMBER (17) JOHN GIAMBALVO	1 00				$\vdash$					
, ,		×						0	0	0
PAA CHAIRMAN										Form <b>990</b> (2012)

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

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box thar	chec x, unle n offic rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations		ompen from	ated of other sation the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W- 2/1099- MISC)		organiz	lated
(18) ROBERT J DOLAN	1 00	х						0		0		C
BOARD MEMBER								ŭ				
(19) ROBERT L HUNTER	1 00	x						o		0		C
BOARD MEMBER (20) ROBERT P KELLY	1.00				-					_		
` '	1 00	x						О		0		C
BOARD MEMBER (21) SCOTT LUSTGARTEN	1 00				$\vdash$		$\vdash$			+		
BOARD MEMBER		x						o		0		C
(22) STEVEN G JONES	1 00									+		
BOARD MEMBER		X						0				C
(23) WILLIAM P MANOS	1 00	х						0		0		
BOARD MEMBER		_ ^						ď				
(24) J PAUL MCMILLEN	10 00			×				0		0		C
PRESIDENT (25) STEVEN J SMITH CPA					-					_		
	1 00			×				o		0		C
VICE PRESIDENT OF FINANCE AND HUMAN RESOURCES												
										+		
					-					-		
					_					_		
1b Sub-Total						<b>P</b>						
c Total from continuation sheets to P	Part VII, Section A			•		<b>P</b>						
d Total (add lines 1b and 1c)				•		<b>P</b>		0	0			0
Total number of individuals (includin \$100,000 of reportable compensation				ed a	bove	e) who	rec	eived more than				
											V - :	B1 -
3 Did the organization list any <b>former</b>	officer directoror	trueta	م لم	v 2~	nnlo	V P P P	r hir	thest companests	d employee		Yes	No
on line 1a? If "Yes," complete Schedu.			-, re	. • •	٠,٢٠٥		• •	,		3		Νο
4 For any individual listed on line 1a, i	s the sum of report	table c	ompe	ensa	ition	and o	othe	r compensation fro				
organization and related organization												
		•	٠.	•	•	•	•			4		<u> No</u>
5 Did any person listed on line 1a rece services rendered to the organizatio		•						-		5		No
-	. ,					•				_		<u> No</u>
Section B. Independent Contra	ctors											
1 Complete this table for your five high compensation from the organization											. v v o o =	
	(A)	.1011 101	ше	cale	: iiu d	, year	e110		(B)	1 5 18	x year (C	
Name ar	nd business address								on of services	+	Compen	
										_		
										I		
								+		+		

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  $\blacktriangleright 0$ 

Part V	ш	Statement o						
		Check if Schedi	ule O contains a respo	nse to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
0	1a	Federated cam	paigns 1a	I				
ants	Ь	Membership du	es 1b	,				
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising eve	ents <b>1</b> 0	:				
ffs, ir A	d	Related organiz						
, Gi nila	e	Government grants						
Sin	٠							
utio	T	similar amounts no	ons, gifts, grants, and <b>1f</b> ot included above					
iti Ot	g	Noncash contribution 1a-1f \$	ons included in lines	1,222,831				
Cont and	h	Total. Add lines	s 1a-1f		3,800,220			
				Business Code				
enu	2a							
Rev	b							
ACe	С							
Seri	d							
E S	e	A.II. a.t.la. a. a. a. a. a. a.						
Program Serwce Revenue	f		am service revenue		12,984	12,984		
	g		s 2a-2f		12,984			
	3		ome (including divider ar amounts)		755,719			755,719
	4	Income from inves	stment of tax-exempt bond	proceeds 🕨				
	5	Royalties		🕨				
	6-	Gross rents	(ı) Real	(II) Personal				
	b	Less rental						
	c	expenses Rental income						
	d	or (loss)	me or (loss)					
	u u	Wee remaining	(i) Securities	(II) O ther				
	7a	Gross amount from sales of assets other	9,773,756					
	ь	than inventory Less cost or	0.042.510					
		other basis and sales expenses	9,042,518					
	c d	Gain or (loss)	731,238		731,238			731,238
		Gross income f		· · · · · •	7517230			,31,233
Other Revenue		events (not inc \$ of contributions	luding s reported on line 1c)					
<u>.</u>		See Part IV, lin	ne 18 <b>a</b>					
her	ь	Less direct ex	penses <b>b</b>					
ŏ	с	Net income or (	(loss) from fundraising	events 🛌				
	9a	Gross income f See Part IV, lin	rom gaming activities ne 19 a					
	ь	Less direct ex	penses b					
	С	Net income or (	(loss) from gamıng act	vities				
	10a	Gross sales of returns and allo						
	ь	Less cost of go	oods sold <b>b</b>					
	С		(loss) from sales of inv	· · · · · · · · · · · · · · · · · · ·				
		Miscellaneous	s Revenue	Business Code				
	11a							
	Ь							
	c d	All other revenu	ue					
	e	Total. Add lines		▶				
	12	Total revenue	See Instructions .					
		iotai ievellue.	oce manuchona .		5,300,161	12,984	0	1,486,957

	t IX Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns A	All other organizat	ions must comp	lete column (A)	
	Check if Schedule O contains a response to any question in this	Part IX			· ·
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B</b> ) Program service expenses	<b>(C)</b> Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	1,215,197	1,215,197		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	217,000	217,000		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16		,		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	83,598		75,238	8,360
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	19,523		17,571	1,952
9	Other employee benefits	6,981		6,282	699
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
ь	Legal	14,929		10,357	4,572
c	Accounting	13,916		13,916	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	139,216		139,216	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
	Office expenses	1,390		1,390	
14	Information technology	2,855		2,855	
15	Royalties	2,033		2,033	
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	35,213		28,031	7,182
20	Interest				<u> </u>
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	PRINTING & PUBLICATIONS	9,444		1,819	7,625
b	DUES & SUBSCRIPTIONS	2,350		2,350	
c	PROMOTION EXPENSE	764		382	382
d	BANK FEES	518			518
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,762,894	1,432,197	299,407	31,290
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				· .

Part X Balance Sheet

Cash—non-interest-bearing   158,142   1	(B) End of year
2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Command other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 Notes and loans receivable, net 7 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D b Less accumulated depreciation 10 lob 11 Investments—publicly traded securities 12 Investments—publicly traded securities 13 Investments—other securities See Part IV, line 11 14 Intangible assets 15 Other assets See Part IV, line 11 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 305,189 17 Accounts payable and accrued expenses 325,189 18 19 Deferred revenue 190 20 Tax-exempt bond liabilities 20	
Pledges and grants receivable, net	160,510
4 Accounts receivable, net	767,654
Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	
key employees, and highest compensated employees. Complete Part II of Schedule L	166,946
6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions) Complete Part II of Schedule L  6  7 Notes and loans receivable, net	
10a	
10a	500 400
10a	539,198
10a     Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D     10a       b     Less accumulated depreciation	
b Less accumulated depreciation	
11       Investments—publicly traded securities       30,540,599       11         12       Investments—other securities       See Part IV, line 11       12         13       Investments—program-related       See Part IV, line 11       13         14       Intangible assets       14         15       Other assets       See Part IV, line 11       37,346         15       Total assets       Add lines 1 through 15 (must equal line 34)       32,693,380       16         17       Accounts payable and accrued expenses       325,189       17         18       Grants payable       18         19       Deferred revenue       19         20       Tax-exempt bond liabilities       20	
12       Investments—other securities See Part IV, line 11	37,258,893
13       Investments—program-related See Part IV, line 11	37,236,693
14       Intangible assets	
15       Other assets See Part IV, line 11	
16       Total assets. Add lines 1 through 15 (must equal line 34)	20.402
17       A ccounts payable and accrued expenses	29,163
18       Grants payable	38,922,364
19       Deferred revenue	415,147
20 Tax-exempt bond liabilities	1,500
24 Faces were excepted as a count trade lists. Compute to Dank TV of Cabadyla D	1,500
(A   21 Escrow or custodial account liability Complete Part IV of Schedule D   21	
Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	
persons Complete Part II of Schedule L	
23 Secured mortgages and notes payable to unrelated third parties 23	
24 Unsecured notes and loans payable to unrelated third parties	
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	
D	3,433,361
26         Total liabilities. Add lines 17 through 25	3,850,008
Organizations that follow SFAS 117 (ASC 958), check here F and complete lines 27 through 29, and lines 33 and 34.	
27 Unrestricted net assets	35,072,356
R 28 Temporarily restricted net assets	
29 Permanently restricted net assets	
Second Part   Second Part	
complete lines 30 through 34.	
30 Capital stock or trust principal, or current funds	
32 Retained earnings, endowment, accumulated income, or other funds	
33 Total net assets or fund balances	35,072,356
34         Total liabilities and net assets/fund balances	38,922,364

Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	<del></del>	<u> </u>	<u>· · ·                                  </u>	• • • •
1	Total revenue (must equal Part VIII, column (A), line 12)			5 :	300,161
2	Total expenses (must equal Part IX, column (A), line 25)	2			762,894
3	Revenue less expenses Subtract line 2 from line 1	3			537,267
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			297,235
5	Net unrealized gains (losses) on investments	5			237,854
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		35,0	72,356
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. 区
				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
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ewed or	1		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t 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 audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	require	<b>3b</b>		

Open to Public Inspection

#### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Total

**Public Charity Status and Public Support** 

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization PENNSYLVANIA AUTOMOTIVE ASSOCIATION FOUNDATION **Employer identification number** 

								23-31026				
			blic Charity Sta						struct	tions.		
The	rganıza —	tion is not a privat	te foundation becaus	eitis (Forl	ines 1 throu	gh 11, check	only one bo	x )				
1		Church, conventi	on of churches, or as	ssociation of	churches de	escribed in <b>s</b> e	ection 170(b	)(1)(A)(i).				
2		A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E)										
3	Γ 4	A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>										
4			n organization operat	ed in conjun	ction with a	hospital desc	rıbed ın <b>sec</b>	tion 170(b)(	1)(A)(	iii). En	ter the	
_		nospital's name, ci										_
5			erated for the benefit		or universit	y owned or o	perated by a	government	ai unit	aescri	bea in	
_	_		A)(iv). (Complete P	-			470/13/4					
6	_	· ·	local government or	=								
7		-	at normally receives on 170(b)(1)(A)(vi).		•	support from	a governme	ntal unit or fr	om the	gener	ai public	
8	_		described in <b>sectior</b>		•	nplete Part II	)					
9	_	•	at normally receives			•	-	utions, meml	oers hip	fees,	and gros	s
			ities related to its ex									
		•	oss investment inco	•	-		•					
			janızatıon after June				-		•			
10	_		ganızed and operated	•			•	•				
11		-	, ganized and operated	·		•			o carry	out th	e purpos	ses of
	· c	ne or more public	ly supported organiz	atıons descri	bed ın secti	on 509(a)(1)	or section !	509(a)(2) Se	ee <b>sect</b>	ion 509	(a)(3).	Check
	t		bes the type of supp						_			
	_		<b>b</b> Type II <b>c</b>									
е			ox, I certify that the on managers and otl									
		ection 509(a)(2)	on managers and ou	iei tiiaii oile	or more pub	nciy supporte	eu organizat	ions describe	eu III 51	ection	309(a)(.	1)01
f			received a written de	etermination	from the IRS	5 that it is a <sup>-</sup>	Гуре I, Туре	II, or Type	III sup	pportin	g organı:	zation,
		heck this box										Г
g		- '	2006, has the organi	zation accep	ted any gift	or contribution	on from any	of the				
		ollowing persons? i) A person who di	rectly or indirectly o	ontrols eith	eralone ort	ogether with	nersons des	cribed in (ii)			Yes	No
	-	•	governing body of th	•		-	p 0 1 0 0 11 0 0 0 0 0	(II)		11g(i		No
			er of a person descri		_	•				11g(ii		No
	-	•	lled entity of a perso	, ,		hove?				11g(ii		No
h			ng information about							9(	·/ <sub>1</sub>	
••	•	Tovide the followin	ig illiormation about	the supporte	u organizati	011(3)						
(i) I	Name of	(ii) EIN	(iii) Type of	(iv) Is t	he	(v) Did you	notify	(vi) Is t	he		(vii) An	nount of
	ported	(,	organization	organizati		the organiz		organizati			mone	
orga	nizat ior	n	(described on	col (i) list	ed in	ın col <b>(i)</b> o		col (i) org			supp	oort
			lines 1- 9 above	your gove	-	suppor	t?	ın the U	S?			
			or IRC section	docume	nt?							
			(see instructions))									
			matructions))	Yes	No	Yes	No	Yes	No			
(A)	SYLVANIA											
	MOTIVE	230954880	501 C (6)	Yes		Yes		Yes				0
	CIATION											_
		+										

0

Sch	edule A (Form 990 or 990-EZ) 2012						Page <b>2</b>
Pa	Support Schedule for (Complete only if you c	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	tion failed to c	qualify under
	Part III. If the organiza ection A. Public Support	uon rans to qu	ality under the	tests listed bei	ow, piease com	piete Part III.,	)
	endar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
6	<b>Public support.</b> Subtract line 5 from line 4						
S	ection B. Total Support		•	•	•		•
Cal	endar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	A mounts from line 4						
8	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties and income from similar						
9	sources Net income from unrelated						
	business activities, whether or not						
	the business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
11	assets (Explain in Part IV )  Total support (Add lines 7 through						
	10)		<u> </u>			<del></del>	
12	Gross receipts from related activities		•			12	
13	First five years. If the Form 990 is f this box and stop here	<u> </u>	<u> </u>		•	· · · · <u>· ·</u>	nization, check
	ection C. Computation of Pub Public support percentage for 2012			11 (5)		1	
14	-			11, column (I))		14	
15	Public support percentage for 2011				4.4 22	15	
16a	<b>33</b> 1/3% <b>support test—2012.</b> If the cand <b>stop here.</b> The organization qua				ine 14 is 33 1/3%	or more, check t	inis box
b	33 1/3% support test - 2011. If the	•			and line 15 is 33	1/3% or more, ch	
17-	box and <b>stop here.</b> The organization				12 16 16	s and line 1.4	<b>►</b>
1/a	10%-facts-and-circumstances test— is 10% or more, and if the organizat	_				,	n
	ın Part IV how the organization mee						orted
L	organization 10%-facts-and-circumstances test-	.2011 Ifthe era	anization did not	chack a how on hi	no 13 162 166 a	or 17a and line	<b>▶</b> □
ט	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat						
18	supported organization <b>Private foundation.</b> If the organizati	on did not check	cahoxon line 13	.16a.16h 17a	or 17h check this	hox and see	<b>►</b> □
	instructions	on ala not check	. a box on fine 15	, 104, 100, 174,	o. I/b, check this	. DON GING SEE	<b>▶</b> ┌

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🏲	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
_	purpose						
3	Gross receipts from activities that are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
_	behalf The value of services or facilities		_				
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	A mounts included on lines 1, 2,						
	and 3 received from disqualified						
	persons						
Ь	A mounts included on lines 2 and 3 received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
Sa	rom line 6 ) ction B. Total Support						
	ndar year (or fiscal year beginning					l	
Caic	in) 🟲	<b>(a)</b> 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	(e) 2012	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar						
	sources						
ь	Unrelated business taxable						
_	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part IV )						
13	Total support. (Add lines 9, 10c,						
	11, and 12)						
14	First five years. If the Form 990 is	for the organizati	on's first, second	d, third, fourth, or	fifth tax year as	a 501(c)(3) orga	·
<u> </u>	check this box and stop here	lia Summant D	orconto a a				<u>► </u>
	ction C. Computation of Pub Public support percentage for 2012			12 column (f))		14-1	
15				: 13, COIUIIII (I))		15	
16	Public support percentage from 201					16	
	ction D. Computation of Inv				(4)		
17	Investment income percentage for	<b>2012</b> (line 10c, c	olumn (f) divided	by line 13, colum	nn (f))	17	
18	Investment income percentage from	n <b>2011</b> Schedule	A, Part III, line	17		18	
					1 4 E	h 22 + 120/	d line 17 is not
19a	33 1/3% support tests—2012. If the	_		•		· ·	d line 17 is not

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Fo	rm 990 or 990-E2) 2012 Page
Part IV	<b>Supplemental Information.</b> Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2012

**Supplemental Financial Statements** 

DLN: 93493192001013

OMB No 1545-0047

Inspection

Open to Public

**SCHEDULE D** (Form 990)

Internal Revenue Service

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

Name of the organization

Employer identification number

PENNSYLVANIA AUTOMOTIVE ASSOCIATION FOUNDATION			
			102612
Part I Organizations Maintaining I organization answered "Yes" to	Donor Advised Funds or Other Similar   Form 990, Part IV, line 6.	Funds o	or Accounts. Complete if the
	(a) Donor advised funds	(	(b) Funds and other accounts
. Total number at end of year		46	
Aggregate contributions to (during year)	3,771,1	.84	
Aggregate grants from (during year)	643,9	39	
Aggregate value at end of year	21,763,2	97	
	donor advisors in writing that the assets held in do lect to the organization's exclusive legal control?	onor advis	sed <b>▽ Yes  □ No</b>
used only for charitable purposes and not f	onors, and donor advisors in writing that grant func for the benefit of the donor or donor advisor, or for		purpose   VYes No
conferring impermissible private benefit?	Complete if the organization answered "Ves"	to Form	· · · · · · · · · · · · · · · · · · ·
•	Complete if the organization answered "Yes"	to Form	990, Part IV, line 7.
	Id by the organization (check all that apply) , recreation or education)  Preservation of a		cally important land area historic structure
	zation held a qualified conservation contribution ir	n the form	of a conservation
easement on the last day of the tax year			Held at the End of the Year
a Total number of conservation easements		2a	neid at the fild of the real
<b>b</b> Total acreage restricted by conservation e	eas ements	2b	
c Number of conservation easements on a c		2c	
	ed in (c) acquired after 8/17/06, and not on a	20	
historic structure listed in the National Re	gıster	2d	
	ed, transferred, released, extinguished, or termina	tea by the	e organization during
the tax year 🛌			
Number of states where property subject t	o conservation easement is located ►		
Does the organization have a written policy enforcement of the conservation easement	y regarding the periodic monitoring, inspection, ha ts it holds?	ndling of	violations, and <b>Yes No</b>
Staff and volunteer hours devoted to monit	toring, inspecting, and enforcing conservation easo	ements dı	uring the year
	g, inspecting, and enforcing conservation easemer	nts during	the year
<b>▶</b> \$			
Does each conservation easement reporte and section 170(h)(4)(B)(II)?	ed on line 2(d) above satisfy the requirements of so	ection 17	0 (h)(4)(B)(ı)
·	n reports conservation easements in its revenue a he text of the footnote to the organization's financi ition easements	•	· · · · · · · · · · · · · · · · · · ·
	Collections of Art, Historical Treasures nswered "Yes" to Form 990, Part IV, line 8.	, or Oth	er Similar Assets.
works of art, historical treasures, or other	nder SFAS 116 (ASC 958), not to report in its rev similar assets held for public exhibition, educatior he footnote to its financial statements that describ	n, or resea	arch in furtherance of public
	nder SFAS 116 (ASC 958), to report in its revenu similar assets held for public exhibition, educatior ating to these items		
(i) Revenues included in Form 990, Part V	/III, line 1		<b>&gt;</b> \$
(ii) Assets included in Form 990, Part X			<b>▶</b> \$
If the organization received or held works	of art, historical treasures, or other similar assets under SFAS 116 (ASC 958) relating to these item		

a Revenues included in Form 990, Part VIII, line 1

**b** Assets included in Form 990, Part X

Par	•••• Organizations Maintaining Co	llections of Art	t, His	tori	cal 7	<u> Treasur</u>	es, or O	ther	· Similar A	\sse	ts (cc	ntınued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	rds, ch	neck	·		_		sıgnıfıcant u	se of	ıts	
а	Public exhibition		d	Γ	Loa	n or excha	ange progr	ams				
b	Scholarly research		e	Γ	Oth	er						
С	Preservation for future generations											
4	Provide a description of the organization's co Part XIII	ollections and expla	ain hov	w the	y furt	her the or	ganızatıon	's exe	empt purpos	e ın		
5	During the year, did the organization solicit o			,					lar	_		_
	assets to be sold to raise funds rather than t		•							<u> </u>		│ No
Par	<b>TEXT IV</b> Escrow and Custodial Arrang  Part IV, line 9, or reported an an						answere	a "Ye	es" to Form	1 990	,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	ediary	ford	ontril	outions or	other ass	ets n	ot	Γ,	<b>r</b> es	┌ No
b	If "Yes," explain the arrangement in Part XII	.I and complete the	follov	ving	able							
									,	4 mou	nt	
С	Beginning balance							1c				
d	Additions during the year							1d				
е	Distributions during the year							1e				
f	Ending balance						L	1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, lın	e 21?							Γ,	<b>fes</b>	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	nati	n has	s been pro	vided in P	art X	III			Γ
Pa	rt V Endowment Funds. Complete											
_		(a)Current year	(b	<b>)</b> Prior	year	b (c)Two	o years back	: <b>(d)</b> ⊺	hree years bac	k (e)	Four ye	ears back
1a	Beginning of year balance							-		+		
b	Contributions									+		
С	Net investment earnings, gains, and 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 curr	rent year end balan	ce (lın	ie 1 g	, colu	mn (a)) he	eld as					
а	Board designated or quasi-endowment ►											
b	Permanent endowment ►											
c	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c show	uld equal 100%										
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	that	are he	eld and ad	mınıstere	d for t	he			
	organization by								_		Yes	No
	(i) unrelated organizations			•	•			•	<del></del>	a(i)		
b	(ii) related organizations								[3	a(ii) 3b		<u> </u>
4	Describe in Part XIII the intended uses of th	•				•		•		<u> </u>		
Par	rt VI Land, Buildings, and Equipme					10.						
	Description of property		Í	Τ(	a) Cos	t or other vestment)	(b)Cost or basis (otl		(c) Accumu depreciati		<b>(d)</b> B	ook value
1a	Land			$\top$								
b	Buildings											
	1											
С	Leasehold improvements		•								L	
	Equipment											
d	·	 	· ·									

Part VII Investments-Other Securities. Se		
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b)Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<b>•</b>	
Part VIII Investments—Program Related. S		
(a) Description of investment type	(b) Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
	<u> </u>	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13) <b>Part IX Other Assets.</b> See Form 990, Part X,	line 15	
(a) Desc		(b) Book value
		<u> </u>
Total. (Column (b) must equal Form 990, Part X, col.(B) line	15.)	
Part X Other Liabilities. See Form 990, Par		•
1 (a) Description of liability	(b) Book value	
Federal income taxes		
CARING FOR KIDS FOUNDATION ASSET MANAGEMENT	3,433,361	
THE STATE OF THE S	3,133,331	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	<b>▶</b> 3,433,361	
2. Fin 48 (ASC 740) Footnote In Part XIII, provide the		

Par	XI Reconciliation of Revenue per Audited Financial State	eme	nts With	Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements				1	7,398,799
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12					
а	Net unrealized gains on investments	2a		2,237,854		
b	Donated services and use of facilities	2b				
c	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII )	2d				
e	Add lines 2a through 2d				2e	2,237,854
3	Subtract line <b>2e</b> from line <b>1</b>				3	5,160,945
4	Amounts 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		139,216		
b	Other (Describe in Part XIII )	4b				
c	Add lines <b>4a</b> and <b>4b</b>				4c	139,216
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line :	12)			5	5,300,161
Part	XII Reconciliation of Expenses per Audited Financial Sta	teme	ents Witl	ı Expenses	per	Return
1	Total expenses and losses per audited financial statements	•			1	1,623,678
2	A mounts included on line 1 but not on Form 990, Part IX, line 25					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
c	Other losses	2c				
d	Other (Describe in Part XIII )	2d				
e	Add lines 2a through 2d				2e	0
3	Subtract line <b>2e</b> from line <b>1</b>				3	1,623,678
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		139,216		
b	Other (Describe in Part XIII )	4b				
c	Add lines <b>4a</b> and <b>4b</b>				4c	139,216
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18)			5	1,762,894

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

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48		THE INTERNAL REVENUE SERVICE HAS DETERMINED THAT THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE IN CERTAIN CIRCUMSTANCES, THE INTERNAL REVENUE CODE PROVIDES FOR TAXATION OF UNRELATED BUSINESS INCOME MANAGEMENT EVALUATED THE FOUNDATION'S TAX POSITIONS AND CONCLUDED THAT THE FOUNDATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE WITH FEW EXCEPTIONS, THE FOUNDATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE US FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2009

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

**Grants and Other Assistance to Organizations, Governments and Individuals in the United States** Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

DLN: 93493192001013

OMB No 1545-0047

Open to Public **Inspection** 

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

► Attach to Form 990

lame of the organization						Employer identification	on number
PENNSYLVANIA AUTOMOTIVE AS	SSOCIATION FOUNI	DATION				23-3102612	
Part I General Informati	on on Grants and	d Assistance				<b>,</b>	
<ol> <li>Does the organization maintain the selection criteria used to a</li> <li>Describe in Part IV the organization</li> </ol>	ward the grants or as	sıstance?			the grants or assist	ance, and	▽ Yes
				<b>United States.</b> Con ort II can be duplicate			es" to
(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> 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
See Additional Data Table	ı	1					
2 Enter total number of section 5						▶	54
3 Enter total number of other org				Cat No E00EED			0 lo I (Form 000) 2012

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Pa	art IV, line 22
	Part III can be duplicated if additional space is needed.	

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	<b>(d)</b> A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS	20	217,000			
Dort IV Supplemental Inform	ation	•	•		

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Ident if ier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	,	SCHEDULE I, PART I, LINE 2 GRANTS ARE ONLY MADE TO SEC 501(C)(3) PUBLIC CHARITIES AND ARE GENERALLY NOT RESTRICTED TO A SPECIFIC PURPOSE BUT ARE GENERAL SUPPORT GRANTS IF A GRANT IS RESTRICTED, APPROPRIATE FOLLOW-UP IS UNDERTAKEN TO SUBSTANTIATE THAT THE GRANT IS RESTRICTED TO THE INTENDED USE BY THE GRANTEE ORGANIZATION

Additional Data						Return to Form
	•	Software ID: Software Version:				
	•	EIN:	23-3102612 PENNSYLVANIA AU	TOMOTIVE ASSOCI	ATION FOUNDATION	
Form 990,Schedule I, Part	-	(c) IRC Code section	(d) A mount of cash	(e) A mount of non-	(f) Method of (g) Description of	(h) Purpose of grant
organization or government		if applicable	grant	cash assistance	valuation non-cash assistance (book, FMV, appraisal, other)	1
ABINGTON FRIENDS SCHOOL575 WASHINGTON LANE JENKINTOWN, PA 19046	80-0159584	501(C)(3)	100,000			GENERAL SUPPORT
ABINGTON MEMORIAL HOSPITAL FOUNDATION 1200 OLD YORK ROAD ABINGTON, PA 19001	23-2188052	501(C)(3)	15,000			GENERAL SUPPORT
ALLENTOWN PUBLIC LIBRARY1210 HAMILTON ST	22-2137289	501(C)(3)	5,000			GENERAL SUPPORT
ALLENTOWN,PA 18102  ALLISON-ANTRIM MUSEUM 365 S RIDGE AVE GREENCASTLE,PA 17225	25-1775509	501(C)(3)	25,000			GENERAL SUPPORT
AMERICA ON WHEELS5 N FRONT STREET ALLENTOWN,PA 18102	23-2759885	501(C)(3)	5,000			GENERAL SUPPORT
ANIMAL FRIENDS562 CAMP HORNE ROAD PITTSBURGH, PA 15237	25-0951565	501(C)(3)	15,000			GENERAL SUPPORT
ASSUMPTION BVM PARISH 4101 OLD BETHLEHEM ROAD BETHLEHEM,PA 18015	23-1598116	501(C)(3)	5,000			GENERAL SUPPORT
BENEDICTINE SISTERS OF ERIEMOUNT SAINT BENEDICT MONASTERY ERIE,PA 16511	25-0965501	501(C)(3)	5,000			GENERAL SUPPORT
BIG BROTHERS & BIG SISTERS OF THE LEHIGH VALLEY878 MINESITE RD ALLENTOWN,PA 18103	23-1746895	501(C)(3)	7,500			GENERAL SUPPORT
BOYS & GIRLS CLUB OF EASTONPO BOX 741 EASTON,PA 18044	23-1941228	501(C)(3)	7,500			GENERAL SUPPORT
CARING FOR KIDS FOUNDATION3311 SWEDE RD STE A EAST NORRITON, PA	03-0509965	501(C)(3)	7,178			GENERAL SUPPORT
19401 CARNEGIE MELLON UNIVERSITY5000 FORBES	25-0969449	501(C)(3)	12,500			GENERAL SUPPORT
AVENUE PITTSBURGH, PA 15213  CHILDREN'S HOME OF EASTON 2000 S 25TH ST	24-0806100	501(C)(3)	5,000			GENERAL SUPPORT
EASTON,PA 18042  CHILDREN'S HOSPITAL OF PHILADELPHIA	23-2237932	501(C)(3)	20,500			GENERAL SUPPORT
FOUNDATIONLOCKBOX 1352 PHILADELPHIA, PA 19178 CHILDREN'S HOSPITAL OF	25-1865744	501(C)(3)	5,000			GENERAL SUPPORT
PITTSBURGH FOUNDATION 1 CHILDRENS HOSPITAL DR 4401 PENN AVE			,			
PITTSBURG, PA 15224  COLONIAL WILLIAMSBURG FOUNDATION PO BOX 1776	54-0505888	501(C)(3)	40,000			GENERAL SUPPORT
WILLIAMSBURG, VA 23187  EASTER SEALS OF EASTERN PA1501 LEHIGH ST ALLENTOWN, PA 18103	23-2823542	501(C)(3)	5,000			GENERAL SUPPORT
ERIE CITY MISSION1017 FRENCH STREET ERIE,PA 16501	25-0987217	501(C)(3)	7,000			GENERAL SUPPORT
ERIE PHILHARMONIC609 WALNUT ST ERIE,PA 16502 EVANGELICAL LUTHERAN	25-6065898 36-3514270	501(C)(3) 501(C)(3)	50,000			GENERAL SUPPORT  GENERAL SUPPORT
CHURCH130 N WASHINGTON STREET GREENCASTLE,PA 17225						GENERAL SUPPORT
FRIENDS OF THE MONTEREY PASS BATTLEFIELD INC13013 WELTY RD	45-2746434	501(C)(3)	36,000			GENERAL SUPPORT
WAYNESBORO,PA 17268  FUEL THE CURE1735  MARKET ST  PHILADELPHIA,PA 19103	32-0246412	501(C)(3)	7,500			GENERAL SUPPORT
FULTON COUNTY LIBRARY 227 NORTH FIRST ST MCCONNELLSBURG, PA 17233	23-1726531	501(C)(3)	25,250			GENERAL SUPPORT
FULTON COUNTY MEDICAL CENTER FOUNDATION214 PEACH ORCHARD ROAD	51-0674514	501(C)(3)	35,000			GENERAL SUPPORT
MCCONNELLSBURG, PA 17233 GANNONDALE4635 EAST LAKE RD	25-1696747	501(C)(3)	5,000			GENERAL SUPPORT
GIRL SCOUNTS OF EASTERN PA2633	23-1599656	501(C)(3)	15,000			GENERAL SUPPORT
MORAVIAN AVE ALLENTOWN, PA 18103  GOOD SHEPHERD REHABILITATION 850 S 5TH	23-1371947	501(C)(3)	5,000			GENERAL SUPPORT
ST ALLENTOWN, PA 18103  GRACE UNITED METHODIST CHURCH163	31-1813333	501(C)(3)	7,000			GENERAL SUPPORT
WEST FREDERICK ST MILLERSVILLE, PA 17551 GREENCASTLE-ANTRIM	36-4491930	501(C)(3)	157,000			GENERAL SUPPORT
SCHOOL DISTRICT FOUNDATION 500 E LEITERSBURG ST GREENCASTLE, PA 17225						
GROVE CITY COLLEGE100 CAMPUS DRIVE GROVE CITY, PA 16127	25-1065148	501(C)(3)	26,750			GENERAL SUPPORT
HISTORICAL SOCIETY OF DAUPHIN COUNTY219 S FRONT ST HARRISBURG,PA 17104	23-1396832	501(C)(3)	6,500			GENERAL SUPPORT
HOSPICE OF WASHINGTON COUNTY747 NORTHERN AVE HAGERSTOWN,MD 21742	52-1192068	501(C)(3)	8,000			GENERAL SUPPORT
JEWISH FEDERATION OF GREATER PHILADELPHIA 2100 ARCH STREET	23-1500085	501(C)(3)	15,000			GENERAL SUPPORT
PHILADELPHIA, PA 19103  LSS FOUNDATION 1050  PENNSYLVANIA AVE  YORK, PA 17404	23-3032248	501(C)(3)	25,000			GENERAL SUPPORT
LUPUS FOUNDATION OF AMERICAPHILADELPHIA TRI-STATE CHAPTER JENKINTOWN, PA 19046	23-7080555	501(C)(3)	7,500			GENERAL SUPPORT
MERCERSBURG ACADEMY 300 EAST SEMINARY STREET	23-1365963	501(C)(3)	10,000			GENERAL SUPPORT
MERCERSBURG,PA 17236  MINSI TRAILS COUNCIL BSAPO BOX 20624 LEHIGH VALLEY,PA 18002	23-1708585	501(C)(3)	11,135			GENERAL SUPPORT
MUSCULAR DYSTROPHY ASSOCIATION LEHIGH VALLEY5940 HAMILTON	13-1665552	501(C)(3)	5,000			GENERAL SUPPORT
BLVD ALLENTOWN,PA 18106  NEMOURS FOUNDATION ALFRED I DUPONT	59-0634433	501(C)(3)	15,100			GENERAL SUPPORT
HOSPITAL FOR CHILDREN WILMINGTON, DE 19803 OPERATION WARM1653	38-3663310	501(C)(3)	20,000			GENERAL SUPPORT
BRINTONS BRIDGE RD CHADDS FORD, PA 19317 PA MUSEUMS234 N 3RD ST	22-2679634	501(C)(3)	50,000			GENERAL SUPPORT
3RD FLOOR HARRISBURG,PA 17101 PENN STATE COLLEGE OF MEDICINEMAIL CODE A120	25-1854772	501(C)(3)	50,000			GENERAL SUPPORT
HERSHEY, PA 17033  PENNYPACK ECOLOGICAL RESTORATION TRUST2955	23-1732453	501(C)(3)	5,000			GENERAL SUPPORT
EDGE HILL RD HUNTINGDON VALLEY, PA 19006 SPECIAL OLYMPICS OF	23-2078543	501(C)(3)	5,000			GENERAL SUPPORT
BETHLEHEMPO BOX 536 BETHLEHEM, PA 18016 ST JUDE THE APOSTLE CHURCH2801 WEST 6TH ST	25-0965322	501(C)(3)	6,200			GENERAL SUPPORT
ERIE,PA 16505 SUSQUEHANNA HEALTH FOUNDATION777 RURAL	23-2743470	501(C)(3)	25,000			GENERAL SUPPORT
AVE WILLIAMSPORT, PA 17701 SUSQUEHANNA VALLEY PREGNANCY SERVICESPO	25-1506510	501(C)(3)	5,000			GENERAL SUPPORT
BOX 707 LEBANON, PA 17042 THE HILL SCHOOL717 EAST	23-1352647	501(C)(3)	5,000			GENERAL SUPPORT
HIGH STREET POTTSTOWN,PA 19464 THE PHILADELPHIA ACADEMIES INC230 S	22-2442433	501(C)(3)	10,000			GENERAL SUPPORT
BROAD ST PHILADELPHIA, PA 19102 TRUSTEES OF THE UNIVERSITY OF	23-1352685	501(C)(3)	50,000			GENERAL SUPPORT
PENNYSYLVANIA HOSPITAL3535 MARKET ST PHILADELPHIA,PA 19104						
UNITED WAY OF THE CAPITAL REGION2235 MILLENNIUM WAY ENOLA,PA 17025	23-1352095	501(C)(3)	7,149			GENERAL SUPPORT
VALLEY YOUTH HOUSE829 LINDEN ST ALLENTOWN, PA 18101	23-7178820	501(C)(3)	5,000			GENERAL SUPPORT
VIA OF THE LEHIGH VALLEY336 W SPRUCE ST BETHLEHEM,PA 18018 WAYNESBORO AREA GALA	23-1457999	501(C)(3) 501(C)(3)	10,000			GENERAL SUPPORT  GENERAL SUPPORT
WAYNESBORD AREA GALA CANCER AUCTION INC 11455 PINE HILL DR WAYNESBORO, PA 17268	5_7533	301(0)(3)	10,000			
						GENERAL SUPPORT

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DLN: 93493192001013

OMB No 1545-0047

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

**Noncash Contributions** 

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

Inspection

	e of the organization SYLVANIA AUTOMOTIVE ASSOCIATION FO	LINDATION			Employer identificat	ion nu	mber	
PLININ	STEVANDA AUTOMOTIVE ASSOCIATION TO	ONDATION			23-3102612			
Pa	rt I Types of Property							
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d Method of d noncash contrib	etermı	_	ts
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	3	683,633	3			
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
	MORTGAGE							
25	Other $\blacktriangleright$ ( RECEIVABLE )	Х	1	539,198	3			
26	O ther ►()							
27	O ther ▶()							
28	O ther ▶ ()							
29	Number of Forms 8283 received for which the organization comple				29			
							Yes	No
30a	During the year, did the organiza							ĺ
	must hold for at least three year				ed to be used			
	for exempt purposes for the enti	re holding p	period?			30a		No
	If "Yes," describe the arrangem							
31	Does the organization have a gif	rt acceptano	ce policy that requires the	review of any non-standard	contributions?	31		No I
32a	Does the organization hire or us contributions?				noncash 	32a		Νo
b	If "Yes," describe in Part II							
	If the organization did not report	t an amount	: in column (c) for a type of	property for which column	(a) is checked.			l

describe in Part II

Schedule M (Form 990) (2012)

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b,

32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.  Identifier Return Reference Explanation		g in Part I, column (b), the number of contributions, the					
number of items rec	number of items received, or a combination of both. Also complete this part for any additional informatic						
Identifier	Return Reference	Explanation					

Schedule M (Form 990) (2012)

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As Filed Data -

DLN: 93493192001013

### **SCHEDULE 0**

(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.

2012

Open to Public Inspection

Name of the organization Employer identification number				
			Employer identific	cation number
PENNSYLVANIA AUTOMOTIVE ASSOCIATION FOUNDATION	ENNSYLVANIA AUTOMOTIVE A	SOCIATION FOUNDATION		
23-3102612			23-3102612	

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	THE BY LAWS AND ARTICLES OF INCORPORATION PROVIDE THAT THE BOARD OF TRUSTEES SHALL CONSIST OF AT LEAST NINE MEMBERS ELECTED BY THE PENNSYLVANIA AUTOMOTIVE ASSOCIATION BOARD OF DIRECTORS AND AT LEAST TWO OF THE TRUSTEES ELECTED SHALL NOT BE MEMBERS OF THE PENNSYLVANIA AUTOMOTIVE ASSOCIATION
	FORM 990, PART VI, SECTION A, LINE 7B	THE BOARD OF TRUSTEES CANNOT AMEND THE ARTICLES OF INCORPORTION OR ARTICLE V OF THE BY LAWS REGARDING THE ELECTION OF TRUSTEES WITHOUT THE APPROVAL OF THE PENNSY LVANIA AUTOMOTIVE ASSOCIATION BOARD OF DIRECTORS
	FORM 990, PART VI, SECTION B, LINE 11	THE 990 IS REVIEWED IN DETAIL BY PAUL MCMILLEN, PRESIDENT OF THE ORGANIZATION AND A COPY OF THE REVIEWED DRAFT IS THEN PROVIDED TO THE MEMBERS OF THE BOARD OF TRUSTEES 30 DAYS PRIOR TO FILING
	FORM 990, PART VI, SECTION B, LINE 12C	THE BOARD MUST COMPLETE AN ANNUAL CONFLICT OF INTEREST QUESTIONAIRE AND ANY ISSUES RAISED BY ANSWERS TO THE QUESTIONAIRE ARE APPROPRIATELY ADDRESSED BY THE TRUSTEES
	FORM 990, PART VI, SECTION C, LINE 19	THE FINANCIAL STATEMENTS AND OTHER WRITTEN POLICIES ARE ALL AVAILABLE UPON REQUEST A COPY OF THE FINANCIAL STATEMENTS IS ALSO FILED WITH THE STATE OF PENNSYLVANIA AS PART OF ITS ANNUAL FILING WITH THE BUREAU OF CHARITABLE ORGANIZATIONS
		THE PROCESS THAT IS USED BY THE COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM PRIOR YEARS

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DLN: 93493192001013

OMB No 1545-0047

Open to Public

# 2012

**Employer identification number** 

**SCHEDULE R** (Form 990)

Name of the organization

PENNSYLVANIA AUTOMOTIVE ASSOCIATION FOUNDATION

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.

Inspection

					23-31026	12			
art I Identification of Disregarded Entities (C	omplete if the organization	n answered "Yes" to	o Form 990, F	Part IV	/, line 33.)				
(a) Name, address, and EIN (If applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total income	End-o	<b>(e)</b> ıf-year assets	D	(f) Direct controlling entity		
Identification of Related Tax-Exempt Or or more related tax-exempt organizations du	ganizations (Complete If ring the tax year.)	the organization a	nswered "Yes	s" to F	orm 990, P	art IV,	line 34 because i	t had oi	ιе
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code so	ection	(e) Public charity (if section 501		(f) Direct controlling entity	Section (13) co	<b>g)</b> n 5120 ontrol tity?
PENNSYLVANIA AUTOMOTIVE ASSOCIATION 25 NORTH FRONT STREET	PROMOTE AUTOMOTIVE INSUSTRY	PA	501(C)(6)					Yes	No.
RRISBURG, PA 17105 -0954880							N/A		
									-
									$\frac{1}{1}$
									$\perp$
r Paperwork Reduction Act Notice, see the Instructions for For	m 990.	Cat No 501:	35Y				Schedule R (For	m 990) 2	012

(a)		(b)	(c)	(d)	(e)	(f)	(g)	(h)		(i)	(j)		(k)
Name, address, and EI related organization		Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disprop	ortionate	Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	ral or iging	Percentage ownership
					514)			Yes	No	•	Yes	No	
Part IV Identification of Related line 34 because it had one o	Organizations Taxable r more related organization	as a Corpo	ration s a cor	or Trust poration or	(Complete if	the organ	ization an ear.)	swere	d "Ye	s" to Form	990,	Part	IV,
<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Lega doma (state or count	al cile foreign	Dire		(e) pe of entity corp, S corp, or trust)	<b>(f)</b> Share of total Income	C	(g) re of end of-year assets	d- Percent owners	tage		(i) ection 512 (b)(13) controlled entity?
		Count	177									\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	'es No
(1) PAA EXPERIENCE RATED INSURANCE TRUST	INSURANCE			N/A	Т								No
1925 NORTH FRONT STREET HARRISBURG, PA 17105 20-6051638		P.A											
(2) PAA GROUP INSURANCE TRUST	INSURANCE			N/A	Т								No
1925 NORTH FRONT STREET HARRISBURG, PA 17105 42-6633905		P.A											

Part V	Transactions With Related Organizations (Complete if the organization a	nswered "Yes" to Forr	n 990, Part IV, lın	e 34, 35b, or 36.)				
Note	. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Y	es No		
<b>1</b> During t	the tax year, did the orgranization engage in any of the following transactions with one or moi	re related organizations li	sted in Parts II-IV?					
<b>a</b> Rece	eipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a	No		
<b>b</b> Gift,	grant, or capital contribution to related organization(s)				1b	No		
<b>c</b> Gift,	grant, or capital contribution from related organization(s)				1c Y	ès es		
<b>d</b> Loan	s or loan guarantees to or for related organization(s)				1d	No		
<b>e</b> Loan	s or loan guarantees by related organization(s)				1e	No		
<b>f</b> Divid	lends from related organization(s)				1f	No		
<b>g</b> Sale	of assets to related organization(s)				1g	No		
<b>h</b> Purc	hase of assets from related organization(s)				1h	No		
i Exch	ange of assets with related organization(s)				1i	No		
	e of facilities, equipment, or other assets to related organization(s)				1j	No		
					41.			
	e of facilities, equipment, or other assets from related organization(s)				1k	No No		
Terrormance of Services of membership of fundations for related organization(s)								
	rmance of services or membership or fundraising solicitations by related organization(s)				1m	No No		
	ng of facilities, equipment, mailing lists, or other assets with related organization(s)				1n 1o			
o Shar	ring of paid employees with related organization(s)					No		
<b>p</b> Reim	nbursement paid to related organization(s) for expenses				1p	No		
<b>q</b> Reim	nbursement paid by related organization(s) for expenses				1q	No		
r Othe	r transfer of cash or property to related organization(s)				1r	No		
<b>s</b> Othe	r transfer of cash or property from related organization(s)				1s	No		
<b>2</b> If the	e answer to any of the above is "Yes," see the instructions for information on who must comp	lete this line, including co	overed relationships	and transaction thresholds				
	(a) Name of other organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	<b>(d)</b> Method of determining amo	ount invo	ved		
			1					

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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)

( <b>a)</b> 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 section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	]
												1	1

#### Part VII Supplemental Information

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

Identifier Return Reference Explanation

Additional Data Return to Form

Software ID: Software Version:

**EIN:** 23-3102612

Name: PENNSYLVANIA AUTOMOTIVE ASSOCIATION FOUNDATION

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