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Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form 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)

Sponsoning organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

OMB No 1545-1150

2011

Open to Public Inspection

A F	or the	ZU11 Calenda		, and ending			, 20	
B	B Check if applicable		C Name of organization		D Emplo	D Employer identification no		
✓	Address change		PORSCHE CLUB OF AMERICA CENTRAL PENNSYLVANIA REGION			23-2	2335776	
	Name char	Number and street (or P O box, if mail is not delivered to street address) Room/suite E Tele			E Teleph	Telephone number		
=	initial retun		120 N VERNON STREET			717.515,1438		
=	Terminated		City or town, state or country, and ZIP + 4	_1	F Grou	Proup Exemption		
=	Amended (Application		YORK, PA 17402-2343			ber ▶	Juon	
		ing Method:	✓ Cash Accrual Other (specify) ▶	l u			ne organization is not	
	Websit		V.CPA-PCA.ORG	["			h Schedule B	
			eck only one) — 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	yr	•		Z, or 990-PF).	
								
	Check ▶		e organization is not a section 509(a)(3) supporting organization or a section					
			io. A Form 990-EZ or Form 990 return is not required though Form 990-N	(e-postcard) m	ay be requ	ıırea (se	e instructions). But if	
	-		oses to file a return, be sure to file a complete return.	15 4-4-1	4- /D-+ U			
			b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or mor			_		
_				· · · ·		\$	63,120	
۲	art I		e, Expenses, and Changes in Net Assets or Fund Balar					
	,		the organization used Schedule O to respond to any question				<u> </u>	
	1		, 3, 3,		[1		
	2	Program s	ervice revenue including government fees and contracts		[2	57,259	
	3	Membersh	nip dues and assessments		[3	5,738	
	4	Investmen	t income		[4	123	
	5a	Gross amo	ount from sale of assets other than inventory 5	a	ſ	7		
	Ь	Less: cost	or other basis and sales expenses	5		1 1		
	c		ss) from sale of assets other than inventory (Subtract line 5b from	n line 5a)		5c	•	
	6	Gaming ar		- 				
	a	Gross inc	Ì					
9				a l	ŀ			
Revenue	Ь	Gross inco	ome from fundraising events (not including \$	of contribution	ne			
ě	"		raising events reported on line 1) (attach Schedule G if the	_01 001111100110	113	Art Por		
Œ			ch gross Income and contributions exceeds \$15,000) 6	. I		5.75%		
			ct expenses from gaming and fundraising events 6			10 mg 10 mg		
	2	Net incom	ubtract	FEET ST				
	d	line 6c)						
		,		- 1		<u>6d</u>		
	7a		- · · · · · · · · · · · · · · · · · · ·	8				
	þ		t of goods sold			7c		
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)						
	8	Other reve	enue (describe in Schedule U)	6. 150		8	0	
_	9			7. MESE	<i>y</i> . ▶	9	63,120	
	10	Grants and similar amounts paid (list in Schedule O)					0	
	11	Renetits b	aid to or for members		11	3,490		
Exnenses	12	Salaries, o	other compensation, and employee benefits	. 65	12	0		
Č	13	Profession	nal fees and other payments to independent contractors	المراء ا	13	550		
Š	14	Occupano	Occupancy, rent, utilities, and maintenance				11,976	
ű	1 15	Printing, publications, postage, and shipping				15	11,884	
	16	Other expenses (describe in Schedule 0)					29,703	
_	17	Total exp	enses. Add lines 10 through 16		🕨	17	57,603	
g	, 18	Excess or	(deficit) for the year (Subtract line 17 from line 9)			18	5,517	
ģ	19	Net asset	s or fund balances at beginning of year (from line 27, column	(A)) (must agr	ee with			
Ů	}	end-of-ye	par figure reported on prior year's return)			19	85,907	
Not Accete	20		inges in net assets or fund balances (explain in Schedule O)			20		
2	21	Net asset	s or fund balances at end of year. Combine lines 18 through 20		•	21	91,424	
Fo	or Paper			Cat. No. 106421			Form 990-EZ (2011)	



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Form	ARO-	-7	(201	133

Page	2

Par				···		<del></del>
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part II		<u> </u>
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			85,907	22	91,424
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			85,907	_	91,424
26		· · · · · · · · ·			26	<del></del>
27	Net assets or fund balances (line 27 of column			85,907	27	91,424
Par		- '		•		Expenses
	Check if the organization used Schedule	O to respond to a	ny question in this	Part III	(Re	quired for section
What	is the organization's primary exempt purpose?					(c)(3) and 501(c)(4)
as m	ribe the organization's program service accompli- easured by expenses. In a clear and concise nones on the concise of the concise of the contraction for each of the contr	nanner, describe the			494	anizations and section (7(a)(1) trusts, optional others.)
28	SEE SCHEDULE 0	<u> </u>	<del></del>			
						į
	(Grants \$ ) If this amount	includes foreign gra	ints, check here	• 🖺	28	•
29	AUTOCROSS DRIVER ED - THE PROGRAM PROVID					<del></del>
	AVOIDANCE SKILLS AND SAVE LIVES.				İ	
						1
	(Grants \$ ) If this amount	includes foreign gra	ants, check here .	▶ 🗇	291	a
30	SOCIAL EVENTS - THIS ACTIVITY SERVED 1,415 PI					<del></del>
	TO EXCHANGE IDEAS THAT WILL FURTHER THE C					
	COMMUNITY				}	
	(Grants \$ ) If this amoun	t includes foreign gra	ants, check here .	▶ □	30	a
31	Other program services (describe in Schedule O)					
		t includes foreign gra	ants, check here .	▶ 🗆	31	e
32	Total program service expenses (add lines 28a	through 31a)		🕨	32	2
Par	t IV List of Officers, Directors, Trustees, and Ke	y Employees. List ead	ch one even if not co	mpensated. (see the i	nstn	uctions for Part IV.)
	Check if the organization used Schedule	e O to respond to a			•	<i>.</i> 🛚
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS (if not paid, enter -0-		- 1	e) Estimated amount of other compensation
STE	VEN BAUN	PRESIDENT			T	
120	N VERNON STREET, YORK, PA 17402	5 00		0.	0.	0.
MA	RK CURTIS	VICE-PRESIDENT			1	
120	N VERNON STREET, YORK, PA 17402	5 00	<u> </u>	0.	0.	0
DAF	EN STONESIFER	TREASURER	1			
120	N VERNON STREET, YORK, PA 17402	5 00		0	0.	0.
	HOLLWAY	SECRETARY	ļ			
120	N VERNON STREET, YORK, PA 17402	5.00	<u> </u>	0.	0.	0.
	IY MILLER	DIRECTOR		]		
	N VERNON STREET, YORK, PA 17402	1 00	<del>}</del>	0.	0	0.
	TAGGART	DIRECTOR				
	N VERNON STREET, YORK, PA 17402	1.00	<del></del>	0.	0.	0.
	JL HESS	DIRECTOR	1			
	N VERNON STREET, YORK, PA 17402	1 00	<del> </del>	0.	0.	0.
	PEINHART	DIRECTOR	}			
120	N VERNON STREET, YORK, PA 17402	1.00	<del></del>	0.	0.	0
			1	1		
		<del></del>	-		-	
				- [		
		<del> </del>	<del> </del>	<del></del>	-+	
		·				
		+	<del> </del>	<del></del>	+	
				}	1	
			1	_1		

Part	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			[2]		
	indifferent for a lit 4.) Check if the organization used ochequie of to respond to any question in this	ran	v Yes	No		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	. 55	<u>₩</u>		
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		<u> </u>		
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?					
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b		<b>√</b>		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c				
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		<b>√</b>		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 27a 0.	<b>克克</b>	發落	%		
Ь	Did the organization file Form 1120-POL for this year?	37b	च र ज्या	LESSIE ALL		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	300				
b	If "Yes," complete Schedule L, Part II and enter the total amount involved   38b   N/A	38a	14524	<u>▼</u>		
39	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on line 9					
b	Gross receipts, included on line 9, for public use of club facilities					
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  section 4911 ▶ N/A; section 4912 ▶ N/A; section 4955 ▶ N/A					
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I					
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958					
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization					
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e				
41	List the states with which a copy of this return is filed. ▶ PENNSYLVANIA					
42a		717.51				
	Located at ► 120 N VERNON STREET, YORK, PA ZIP + 4 ►	17402	-2343			
D	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)?	42b	Yes	No		
	If "Yes," enter the name of the foreign country: ▶	720	"	<b>V</b>		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
c						
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	▶ [		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No ✓		
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		<b>√</b>		
c d		44c	in the second	\ \ \ \		
45a		45a		1		
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b				

orm 99	0-EZ (20°	11)						F	age 4	
	<b>~</b> :		adianak la - Pu					Yes	No	
46	to car	e organization engage, directly or in ndidates for public office? If "Yes,"	complete Schedule C	, Parti			46	宏融		
² art		Section 501(c)(3) organizations								
	ε	501(c)(3) organizations and secti and 52, and complete the tables	for lines 50 and 51	•		nswer que	estions 4	7–49	b	
		Check if the organization used Sc	hedule O to respond	to any question in	this Part VI		<u> </u>	•		
	<b>5</b> 1.1.1.	and the state of t	Al- 242	50.41				Yes	No	
47	year?	le organization engage in lobbying if "Yes," complete Schedule C, Par	t11			luring the t	47		1	
48		organization a school as described in		•					✓	
49a		e organization make any transfers t	•		ilzation?	• • •	. 49a			
b		s," was the related organization a se					49b			
50		lete this table for the organization's yees) who each received more than								
	Ompio	yous with dath received their than	<del>,</del>	<del>r</del> -	(d) Health		, Giller 1	10110.		
	(a) Na	me and address of each employee paid more than \$100,000	(b) Title and average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC	contributions to benefit plans, a	, , ,		Estimated amount of their compensation		
			devoted to position	(FOITIS W-271099-MISC	" compen	sation				
NONE						ļ				
			1		ì	j				
				<del>                                     </del>	<u> </u>					
		<b></b>	<u> </u>			l				
	Total	number of other employees paid ov	ror #100 000	<u> </u>	<u></u>					
51		plete this table for the organization				who each	received	l more	a thai	
<b>J</b> 1		000 of compensation from the organization			n contractors	WIIO GGCI	i ioceivec	1111014	, ina	
(a)	Name ar	nd address of each independent contractor pa	aid more than \$100,000	(b) Type of se	ervice	(c)	Compensat	tion		
NON										
					<del></del>					
d	Total	number of other independent contr	actors each receiving	over \$100,000 .	.▶		0			
52		he organization complete Schedule xempt charitable trusts must attach			ns and 4947(a		► □ Ye	s [7]	No	
Under true, c	penalties	of perjury, I declare that Hrave examined this	return, including accompa	nving schedules and state	ments, and to the	best of my k		_=		
<u> </u>	$\overline{}$	1 Klessind.			1	5/16	1/20	/-		
Sign		Signature of officer			Dat	9	7			
Here	•	RICHARD C GORDON, TREASUR	RER							
		Type or print name and title	·							
Paid	j narer	Print/Type preparer's name	Preparer's signature	1	Date	Check Self-emplo				

Preparer

Use Only

Firm's address ▶
May the IRS discuss this return with the preparer shown above? See instructions

▶ ☐ Yes ☐ No

Finn's EIN ▶

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

Department of the Treasury Internal Revenue Service

Name of the organization

# Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

20**11** 

Open to Public Inspection

Employer identification number

PORSCHE CLUB OF AMERICA CENTRAL PENNSYLVANIA REGION	23-2335776
FORM 990-EZ PART I, LINE 4 - INVESTMENT INCOME IS INTEREST INCOME:	
DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST INCOME	123.
FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES	
DESCRIPTION OF OTHER EXPENSES	AMOUNT:
BANK SERVICE CHARGES	278.
OFFICE EXPENSES	379.
DISHONESTY BOND INSURANCE	257.
AUTOCROSS SUPPLIES	2,505
SOCIAL EVENT SUPPLIES	11,863.
SOCIAL EVENT TRAVEL	2,238.
SWAP MEET SUPPLIES AND MISCELLANEOUS	5,906.
DONATIONS	1,000.
CONFERENCES, CONVENTIONS AND MEETINGS	5,277.
TOTAL TO FORM 990-EZ, LINE 16	29,703.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - MEMBERSHIP MEETINGS, EDUCATION AND	OTHER ACTIVITIES WHERE MEMBERS
CAN SHARE INFORMATION REGARDING THE OWNERSHIP AND OPERATION OF A PORSCHE.	
······	
	***************************************